Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr
Bridgend County Borough Council

Swyddfeydd Dinesig, Stryd yr Angel, Pen-y-bont, CF31 4WB / Civic Offices, Angel Street, Bridgend, CF31 4WB

Rydym yn croesawu gohebiaeth yn Gymraeg. Rhowch wybod i ni os mai Cymraeg yw eich dewis iaith.
We welcome correspondence in Welsh. Please let us know if your language choice is Welsh.

Gwasanaethau Gweithredol a Phartneriaethol / Operational and Partnership Services
Deialu uniongyrchol / Direct line /: 01656 643147
Gofynnwch am / Ask for: Andrew Rees

Ein cyf / Our ref:
Eich cyf / Your ref:

Dyddiad/Date: 15 November 2016

Dear Councillor,

PARTNERSHIPS AND GOVERNANCE OVERVIEW AND SCRUTINY COMMITTEE

A meeting of the Partnerships and Governance Overview and Scrutiny Committee will be held in the Council Chamber, Civic Offices Angel Street Bridgend CF31 4WB on **Monday, 21 November 2016** at **2.00 pm**.

AGENDA

1. Apologies for Absence
   To receive for apologies for absence from Members.

2. Declarations of Interest
   To receive declarations of personal and prejudicial interest (if any) from Members/Officers in accordance with the provisions of the Members Code of Conduct adopted by Council from 1 September 2008 (including Whipping Declarations)

3. Approval of Minutes 3 - 10
   To receive for approval, the minutes of the meeting of the Partnerships and Governance Overview and Scrutiny Committee of 10 October 2016.

4. Western Bay Substance Misuse 11 - 138
   Invitees:

   Cllr P White, Cabinet Member – Adult Social Care and Health and Wellbeing
   Sue Cooper, Corporate Director – Social Services and Wellbeing
   Jackie Davies, Head of Adult Social Care
   Mark Wilkinson, Group Manager - Learning Disability
   Steve Adie - Head of Substance Misuse Strategy and Development for Western Bay Area Planning Board
   Representative of South Wales Police

5. Child Sexual Exploitation 139 - 246

Invitees:

Cllr H Townsend, Cabinet Member - Childrens Social Services and Equalities
Sue Cooper, Corporate Director – Social Services and Wellbeing
Laura Kinsey, Head of Children's Social Care
Elizabeth Walton-James, Group Manager Safeguarding and Quality Assurance
Samantha Jones, Child Protection Coordinator
David Wright, Family Support Services Manager
Anthony Evans – Representative from South Wales Police
Josephine Jones – Representative from NHS
Hannah Denman – Representative from Barnardos
Lisa Hedley - Business Manager for Western Bay Children's Safeguarding Board

6. Forward Work Programme Update

7. Forward Work Programme Update 247 - 250

8. Urgent Items
To consider any items of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should by reason of special circumstances be transacted at the meeting as a matter of urgency.

Yours faithfully
P A Jolley
Corporate Director Operational and Partnership Services
Distribution:

Councillors:	Councillors	Councillors
N Clarke	JR McCarthy	M Thomas
E Dodd	HE Morgan	RL Thomas
EM Hughes	AD Owen	KJ Watts
M Jones	D Patel	C Westwood

MINUTES OF A MEETING OF THE PARTNERSHIPS AND GOVERNANCE OVERVIEW AND SCRUTINY COMMITTEE HELD IN COMMITTEE ROOMS 2/3, CIVIC OFFICES ANGEL STREET BRIDGEND CF31 4WB ON MONDAY, 10 OCTOBER 2016 AT 2.00 PM

Present

Councillor N Clarke – Chairperson

E Dodd	EM Hughes	AD Owen	M Thomas
RL Thomas	C Westwood		

Officers:

Gail Jewell	Democratic Services Officer - Scrutiny
Andrew Rees	Senior Democratic Services Officer - Committees

Invitees:

Angie Bowen	Group Manager - Housing & Community Regeneration
Julie Cooper	Emergency Planning & Electoral Services Team Manager
Gary Ennis	Group Manager Business Support
Andrew Jolley	Corporate Director Operational & Partnership Services
Kevin Mulcahy	Group Manager - Highways Services
Mark Shephard	Corporate Director - Communities

53. APOLOGIES FOR ABSENCE

Apologies for absence were received from the following Members:

Councillor M Jones
Councillor JR McCarthy
Councillor D Patel
Councillor KJ Watts
Councillor C Reeves – Cabinet Member Communities

54. DECLARATIONS OF INTEREST

Councillor AD Owen declared a personal interest in agenda item 4 – the Council's Critical Incident Policy and Procedure as he is employed by the South Wales Fire & Rescue Service which is mentioned briefly in the report.

55. APPROVAL OF MINUTES

RESOLVED: That the minutes of the Partnerships & Governance Overview and Scrutiny Committee of 4 July 2016 be approved as a true and accurate record.

56. THE COUNCIL'S CRITICAL INCIDENT POLICY AND PROCEDURE

The Scrutiny Officer introduced a report on the Council's Critical incident Policy and Procedure which outlined the current Emergency Planning documents in place which support the planning and response to a major incident, including the Strategic, Tactical and Operational Command structure. She stated that the report also looked at the collaborative arrangements in place and how the emergency services and other

agencies work together. It also explained how the Council plans for specific events such as inclement weather and biomass fire.

The Corporate Director Communities gave an overview of the Council's responsibilities and the role of Emergency Planning where the Council is prepared to respond to any major emergency it is faced with. He informed the Committee that the Council has a very strong focus in relation to communications and social care in emergency planning maintaining public services and assisting residents. He stated that the Council's role in responding to a major emergency is to support the emergency services and it will later take the lead for restoration and rehabilitation during the "Recovery" stage.

The Committee referred to emergency planning being available on a 24/7 basis and questioned what services are available out of hours to respond to incidents such as flooding and snowfalls and which can be contacted by Members. The Group Manager Highways informed the Committee that the Council provides out of hours cover, usually with two members of staff on standby. Generally, the Council would have advance warnings of severe weather conditions and the potential for flooding and in those circumstances the Council would increase the number of staff on standby. He stated that the Council has gritting teams at its disposal during the winter months.

The Committee questioned the resources available for the delivery of sandbags in the event of flooding at night and weekends. The Group Manager Highways informed the Committee that the Council would assist households faced with the threat of flooding by dispatching sandbags at short notice and also confirmed that they offer the public the ability to collect sandbags from the Council's depot. The Group Manager Business Support informed the Committee of the arrangements it has in place in dealing with major flooding incidents with the fire service and Highways Duty Officer. If the need arises, the Council would set up a centre where residents could evacuate to and there are support arrangements in place with the WRVS to provide supplies of food and drink. However, most residents would self-evacuate their homes and stay with relatives and friends.

The Committee questioned the arrangements available for Members to notify of incidents which happen out of hours. The Corporate Director Communities informed the Committee that Members should make contact with out of hours service at the Bryncethin depot. He stated that it had been necessary due to budget constraints to rationalise the number of staff on call but the Council continues to have resilience out of hours.

In response to a question from the Committee, the Scrutiny Officer stated that she would contact the Group Manager Housing and Community Regeneration to establish the progress made for the Committee to meet with representatives of the CHANNEL Panel to discuss the pilot.

The Committee questioned whether the Council had participated in any counter terrorism measures due to heightened security measures. The Group Manager Business Support informed the Committee that the Emergency Planning Officers from the Council had participated in a recent training exercise with Cardiff Council relating to terrorist attacks in both areas.

The Committee questioned where the funding would come from in the event of an incident and whether the Emergency Planning was sufficiently resourced. The Group Manager Business Support informed the Committee that expenditure incurred for a Major Incident, which was over an allocated amount of money, could be reclaimed through the Bellwin Scheme. He stated that the costs of recovery after a flooding

incident which was not on the scale of a Major Incident would have to be met from the Council's resources. The Corporate Director Communities informed the Committee that an Emergency Planning Officer is on call 24/7 in addition to standby staff, but incidents involving Emergency Planning occur infrequently.

The Committee questioned what steps would be taken in relation to marine protection. The Corporate Director Communities informed the Committee that such action would be taken by the Coastguard and the Police; however the Council would have responsibility in relation to any clearing up action which needed to be taken on the coastline.

The Committee questioned whether the Council felt constrained by matters which are the responsibility of other organisations and similarly is the Council unfairly blamed for matters which is not its responsibility affecting the Council's reputation. The Corporate Director Communities informed the Committee that there was often little the local authority could do in relation to matters it was not responsible for and sometimes public expectations were too great. He shared the Committee's concern around the co-ordination of public agencies, but there was now better communication between the Council, Natural Resources Wales and the emergency services. The Corporate Director Communities informed the Committee that in the event of a fire escalating to the point where residents needed to evacuate their homes, the Emergency Planning function would manage this process and inform residents of what was happening.

The Committee commented on the prevalence of fires particularly in schools and asked whether some fires were the cause of arson. The Committee also questioned whether some call out were incorrectly logged. The Corporate Director Communities stated that the service relied on CCSU to deal with calls and occasionally the wrong person is allocated to a call. In cases of fire, Emergency Planning will be notified. It is the role of Emergency Planning to determine whether there is a need for an area to be evacuated and to provide advice.

The Committee questioned the steps taken to check structures and appliances following fire. The Group Manager Highways informed the Committee that following a fire, the authority is involved in carrying out structural checks with the Fire Service, closing roads and erecting fencing. He stated that all appliances are PAT tested. The Group Manager Business Support informed the Committee that the person responsible for the premises is responsible for ensuring all testing of appliances is undertaken.

In response to a question from the Committee in relation to a fire at the Princess of Wales Hospital, the Group Manager Business Support informed the Committee that the hospital re-arranged its facilities once the fire had been dealt with.

In response to a question from the Committee, the Emergency Planning & Electoral Services Team Manager stated that the FOI request for contact information by a private defence company related to whether Emergency Planning had been involved.

The Committee questioned the reason for there being no financial implications relating to the report. The Group Manager Business Support confirmed there were no financial implications associated with the report; however the cost of the Emergency Planning is significant. The Group Manager Business Support informed the Committee that in terms of resources the authority has one Emergency Planning Officer, however all Directorates are geared up to respond to emergencies and that six duty officers are on duty each night. He assured the Committee that the authority was not at risk.

The Chairperson thanked the invitees for their contribution.

Conclusions

The Committee welcomed the report and commended the Emergency Planning Service on collaborating effectively with other partner agencies to ensure the Boroughs safety when and if a major incident should arise.

Members suggest that if a major incident should arise that the budgetary costs should be dealt with corporately rather than by the Directorate.

57. SOCIAL HOUSING - PARTNERSHIP WORKING WITH RESIDENTIAL SOCIAL LANDLORDS

The Scrutiny Officer introduced a report on Social Housing which gave an overview of how the Council is working in partnership with Registered Social Landlords (RSLs), including advising of the Welsh Government's responsibilities and governance arrangements for RSLs.

The Group Manager Housing and Community Regeneration reported on partnership working with RSLs, on an update on the Social Housing Programme and advised how services provided under the Supporting People Programme contribute to homeless prevention and better outcomes for service users and the wider community.

The Committee questioned how the Council is notified of V2C dwellings which are vacant. The Group Manager Housing and Community Regeneration informed the Committee that the Council is only notified of vacant dwellings when they are available for possession. This is to avoid incurring costs of providing temporary housing costs to nominees whilst the accommodation underwent repairs or improvements by V2C. She stated that RSLs had responsibility for ensuring that Welsh Government targets on void properties are met.

In response to a question from the Committee, the Group Manager Housing and Community Regeneration confirmed that families who refuse an offer of accommodation must give reasons for doing so. The Committee questioned the reason why a RSL had recently been granted planning consent without outside amenity space which appeared to be at variance with the Council's own standards. The Group Manager Housing and Community Regeneration informed the Committee that this would be due to families with older children not necessarily requiring outdoor amenity space whereas families with younger children would require such amenity space to play. She stated that increasingly children continued to live at home longer with their parents as opposed to finding their own accommodation. The social housing scheme being developed in Bridgend town centre would be aimed at being let to adults without young children due to its proximity to night time economy establishments.

The Committee welcomed the change in focus by the Council and its RSL partners in developing smaller units of accommodation as part of the Social Housing Programme. The Committee referred to a BBC News report of today which reported that 900 families had been made homeless by RSLs in Wales, with 500 of those families having children and questioned the steps being taken by the local authority to reduce these levels. The Group Manager Housing and Community Regeneration informed the Committee that the authority actively worked with RSLs to reduce the homelessness numbers, particularly since the introduction of Welfare Reform where campaigns had been run. Work was undertaken with families with children to avoid eviction action being taken. She stated that some families leave it critically too late in the eviction process before approaching the authority for advice and assistance. She also informed the Committee that the authority did not place families with children who were homeless into B&B

accommodation. She stated that many families are reluctant to accept the financial hardship they find themselves in and are also often reluctant to declare the extent of their indebtedness with all agencies, which is the focus of the authority's intervention.

The Committee questioned the part the authority plays in ensuring families are made aware of changes under Welfare Reform and benefits that could be made available to them. The Group Manager Housing and Community Regeneration informed the Committee that the authority works proactively with the Benefits Team and RSLs in relation to any Welfare Reform changes that are taking place. She stated that a Financial Inclusion Service which is funded by the Communities First programme focuses on assisting households with debts to other lenders, such as door step lenders within C1st Cluster areas, and that a new financial advice service commissioned by Supporting People is due to commence in November working with the Housing Solutions Team. The Group Manager Housing and Community Regeneration informed the Committee that under the Housing (Wales) Act 2014 the authority was able to widen its advice to citizens to include advice and nominations to the private rented sector. There was now a requirement on the authority for early intervention and prevention to help citizens maintain their tenancies and prevent homelessness and that Housing Solutions was now available to all.

The Committee questioned the support given from the Supporting People programme to prisoners on release. The Group Manager Housing and Community Regeneration explained there had been a change in legislation and Prisoners were now no longer a priority need category under the Housing (Wales) Act 2014. However, transitional funding was available for prisoners to be eligible for temporary accommodation following their release.

A member of the Committee referred to the quality of responses to referrals received from RSLs and asked whether a clearer pathway for submitting referrals could be made available to Members. The Corporate Director Operational and Partnership Services stated that this matter would be raised with RSLs but added that he would not want to have an additional stage inserted into the referrals process. He informed the Committee that RSLs are not responsible to Councillors.

The Committee requested that a case study be undertaken of vulnerable people who had received the support of the Supporting People programme in developing their independence. The Group Manager Housing and Community Regeneration confirmed that she would provide case studies. She informed the Committee of the early intervention support from the Supporting People programme which was available for 12 weeks which is to assist individuals in being less reliant on health and social services. She stated that hubs are available where individuals can self-refer for early access to services.

The Committee questioned whether individuals would retain their place on the waiting list if they refused an offer of accommodation. The Group Manager Housing and Community Regeneration informed the Committee of the process for individuals being placed on the waiting list in that they are placed on the waiting lists of all areas in the County Borough if they were homeless with the exception of if they were fleeing from domestic violence or excluded from living in certain areas. She stated that if an individual rejected an offer of accommodation for circumstances which the Council deemed to be unreasonable, they would lose their homelessness status and not necessarily be removed from the waiting list, but reduced to a lower band. If they subsequently refused another offer without reasonable grounds they would be removed from the waiting list.

The Committee requested an explanation of the number of challenges facing the Council and its RSL partners. The Group Manager Housing and Community Regeneration informed the Committee that the challenges are primarily are in relation to the introduction of Welfare Reform and in meeting the need and demands for different types of accommodation and with having 800 households on the register waiting for single persons accommodation. Further challenges related to the Supporting People programme and the rent payable by individuals living in supported accommodation such as Sheltered or Extra Care Housing. She stated that the Government was looking at bringing rent levels for accommodation offered by RSLs in line with rent charged by local authorities.

The Committee questioned the financial standing of RSLs. The Group Manager Housing and Community Regeneration informed the Committee that the responsibility for ensuring the financial standing of RSLs lay with the Welsh Government who would intervene should an RSL get into financial difficulty.

The Chairperson thanked the invitees for their contribution.

Conclusions

The Committee welcomed the introduction of the Local Housing Strategy 2016-18 and the fact that the Authority are responding to the housing needs of the County Borough when working with partners to make best use of existing homes and to deliver the right type of new housing.

As part of the new financial advice service that will be available from November 2016, Members suggest that the Council monitor the take-up of these services and if there was capacity look at appropriate ways to approach all tenants, to advertise the new service and to encourage residents to make contact to help deal with financial pressures prior to issues escalating.

While Members understand that the Council are unable to hold RSLs to account, the Committee would appreciate if any referrals made could be responded to in a timely manner with a detailed response, to ensure they are able to update the tenant appropriately.

The Committee requested the following additional information:

In relation to the Supporting People programme, Members have asked to receive a case study showing how the programme helps vulnerable people live as independently as possible as referred to at 3.18 of the report.

58. FORWARD WORK PROGRAMME UPDATE

The Scrutiny Officer presented a report which detailed the items to be considered at the next meeting of the Committee on 21 November 2016 and presented a list of further potential items for prioritisation by the Committee.

Conclusions

The Committee noted the items to be considered at its meeting on 21 November 2016 and scheduled the Domestic Abuse Strategy item for the meeting of 6 December 2016 and Community Cohesion – Local Delivery Plan for the meeting of 6 February 2017.

59. URGENT ITEMS

There were no urgent items.

The meeting closed at 4.38 pm

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO THE PARTNERSHIPS AND GOVERNANCE OVERVIEW AND SCRUTINY COMMITTEE

21 NOVEMBER 2016

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

WESTERN BAY SUBSTANCE MISUSE

1. Purpose of Report

1.1 To provide the Committee with an update on progress in the Western Bay Substance Misuse collaboration and developments in the area planning board arrangements.

2. Connection to Corporate Improvement Plan / Other Corporate Priority.

2.1 The report links to the following improvement priorities in the Corporate Plan:-

- Helping people to be self-reliant;
- Smarter use of our resources.

It is in accordance with the following:-

- Adult Social Care Commissioning plan 2010-20: Living independently in Bridgend in the 21st century.
- Welsh Government Strategy 'Working Together to Reduce Harm' 2008.
- Western Bay Substance Misuse Commissioning Strategy 2016-2020
- The Remodelling Adult Social Care Programme.
- The Council's Medium Term Financial Strategy (MTFS).

3. Background.

3.1 The development of substance misuse services have been made collaboratively as part of the Western Bay Health and Social Care Programme. These developments have been made in response to the Welsh Government ten year substance misuse strategy "Working together to Reduce Harm" published in 2008. The Welsh Government has also published a Delivery plan for the strategy covering the years 2016-18.

3.2 As part of this strategy, in 2010, regional Area Planning Boards (APBs) were set up with the overall objective of improving and strengthening the arrangements for planning, commissioning and performance management of substance misuse services in Wales. These Boards strengthened the previous arrangements and added a regional perspective. The Boards have enabled the development of performance indicators, strengthened links with the Welsh Government and increased the involvement of the independent sector in service planning.

3.3 APBs provide a mechanism for Local Authorities, Health Boards and Police Authorities and key partners in the independent sector to pool resources and share expertise in the delivery of the Welsh Government Substance Misuse Strategy which is funded through the Substance Misuse Action Fund (SMAF).

3.4 From April 2013, the Welsh Government stipulated that the SMAF would be managed on a regional basis, no longer through each Local Authority area. The relevant region for Bridgend is the Western Bay area. In October 2014, Cabinet agreed that Neath Port Talbot County Borough Council would act as the host organisation for the Western Bay Area Planning Board Regional Commissioning and Support Team and the administration of the SMAF across the area. This arrangement came into place in April 2015 and prior to this the Bridgend SMAF allocation was managed locally.

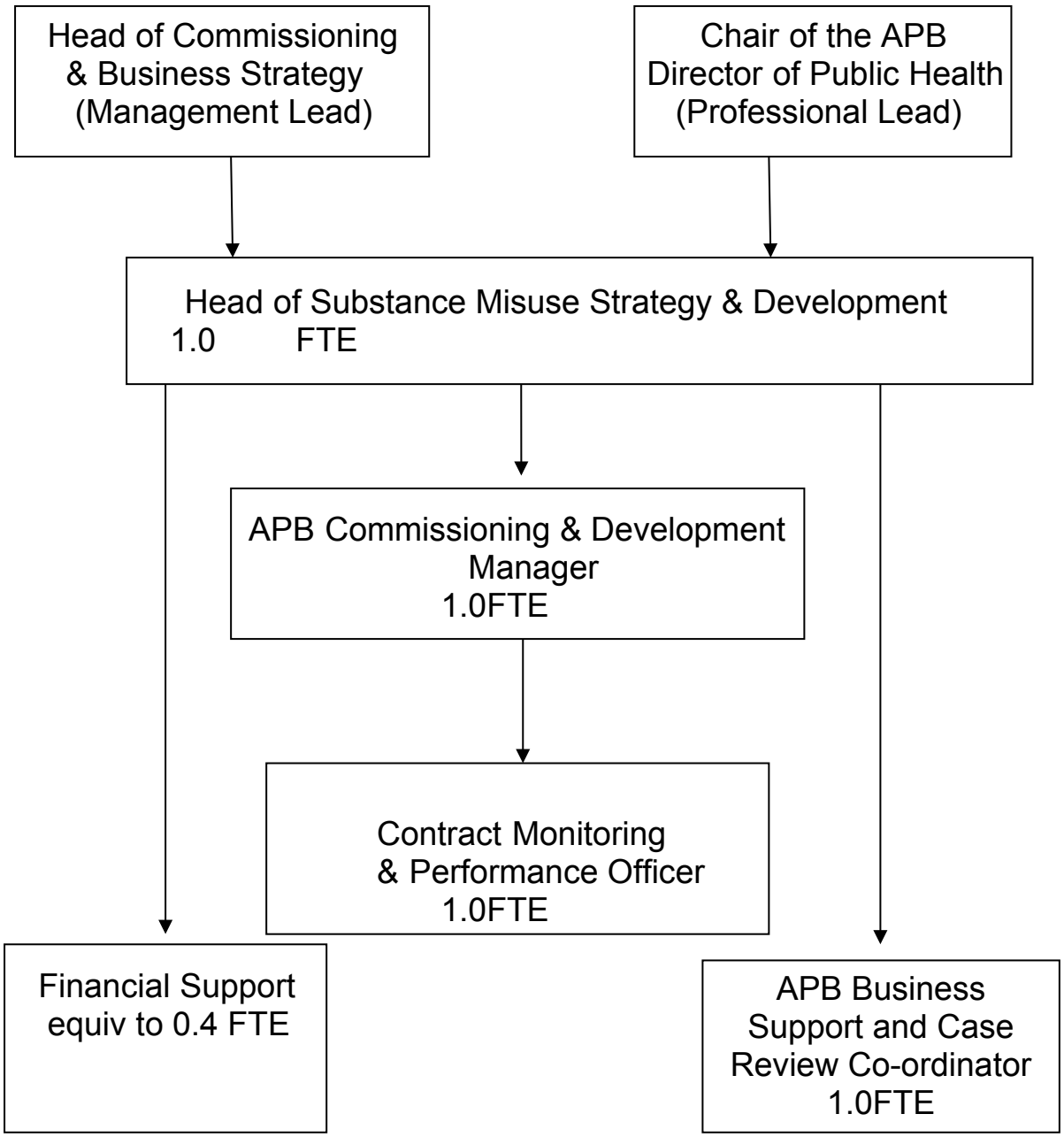
3.5 The APB is made up of officer representatives from the three Local Authorities in the Western Bay (Bridgend County Borough Council, Neath Port Talbot County Borough Council (NPTCBC) and City and County of Swansea), the Health Board, the Police Authority and key partners in the independent and voluntary sector. The APB has the responsibility for producing and delivering the regional commissioning plan. The Group Manager for Substance Misuse represents the Council.

3.6 In 2015, an executive group of the APB was established. This group is made up of senior officers from the three local authorities and the health board. The members consist of senior officers from the three local Authorities and the Council is represented by the Group Manager for Substance Misuse and a member of the Commissioning Team. This group has four main functions:

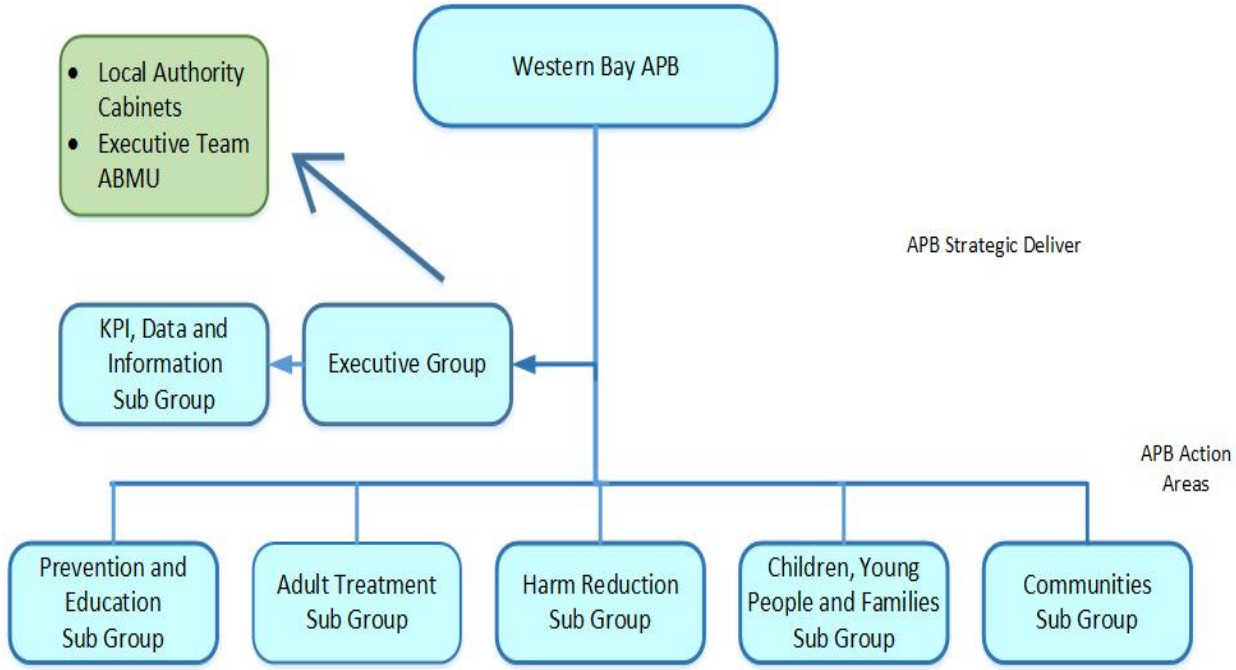
1. To approve the annual budget for substance misuse services in the Western Bay area in line with the allocation from the SMAF.
2. To oversee the production and implementation of the Western Bay Substance misuse Commissioning Strategy 2016-2020.
3. To ensure that the actions agreed by the APB are carried out effectively.
4. To monitor the Western Bay Substance Misuse performance management framework and ensure targets are being met appropriately.

3.7 As part of the collaborative arrangement a regional commissioning team has been established hosted by NPTCBC. The team consists of:

Western Bay Area Planning Board – Regional Commissioning and Support Team Organisational Structure Chart



3.8 The APB has also established five work streams which are set out on the diagram below:



3.9 In Bridgend there is the Community Drug and Alcohol Team (CDAT) based in Celtic Court. The multi-disciplinary teams are made up of health staff including nurses, therapists and a Consultant Psychiatrist, as well as two social workers and a senior social work practitioner. The team supports and helps people who have or are recovering from substance misuse problems. A case study is attached at **Appendix 1**. The manager of the team sits on the Executive Group and the APB.

3.10 The team's base is Celtic Court which was purchased by the Council in 2014 and extensively refurbished with a specific Welsh Government grant of £2 million. The work was finished in December 2015 and the CDAT is based there with two voluntary sector groups. The building was officially opened by the First Minister in March 2016.

4. Current situation / proposal.

4.1 The APB has set a number of work priorities for 2016/17. These are being implemented by the commissioning team and overseen by the Executive Board. These priority areas are set out below:

Priority 1
To conclude and implement a Strategy for the re-commissioning of substance misuse services across the Western Bay area. This involves re-tendering all the existing contracts for services.
Priority 2
To create and implement a Section 33 agreement (an explanation is given below) covering the financial risks associated with re-commissioning of substance misuse services across the Western Bay area.
Priority 3
To ensure that performance across the National Key Performance Indicators for substance misuse services are improved.
Priority 4
To develop and implement a Capital Estates Strategy for substance misuse services across Western Bay.

Priority 5
To monitor and report on the activities of substance misuse service providers across Western Bay, ensuring that they are acting in line with Welsh Government core standards for substance misuse services and with the Welsh Government Working Together to Reduce Harm Strategy and Delivery Plan.

Priority 1: To include and implement a Commissioning Strategy

- The Commissioning Strategy for the Western Bay Area Planning Board was approved in April 2016 (**Appendix 2).**
- Proposals for re-commissioning were presented to the APB by the Regional Commissioning and Support Team in July 2016.
- The Regional Commissioning and Support Team has reviewed prescribing services across the Western Bay area and a report is currently out for consultation. The recommendations in the report will help to inform re-commissioning decisions that the APB will take.
- The Regional Commissioning Support Team is currently drafting a set of specifications for a potential low threshold prescribing service and they are meeting with Legal Services (NPTCBC) to discuss contract terms.

Priority 2: To create and implement a Section 33 Agreement between partners

- Section 33 is part of the National Health Service (Wales) Act 2006 and it grants powers:
    - For local authorities to exercise prescribed NHS functions and for the local health board to exercise prescribed local authority health – related functions
    - For local authorities and the local health board to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority health-related functions and prescribed NHS functions
- A draft Section 33 Agreement has been produced by Legal Services (NPTCBC)
- This is currently out for consultation and will be presented to the Executive group in February 2017.

Priority 3: To ensure performance is improved for the National Key Performance Indicators (NKPI's)

- NKPI 1 – to increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidence of clients who do not attend (DNA) or respond to follow up contact post assessment. The target for this is less than 20% of DNA's. Currently this is not being met and performance for the first quarter of 2016/17 was 32.48%. Further work is being done to ensure that individuals are fully informed of the referral process and the support available.

- NKPI 2 – to achieve a waiting time of less than 20 working days between referral and treatment**.** The target for this is that more than 80% of clients should wait less than 20 working days. Currently this is being met and performance for the first quarter of 2016/17 was 92.56%.

- NKPI 3 – substance misuse is reduced for problematic substances between start and the most recent review exit TOP (Treatment Outcomes Profile). The target for this is 73.7% of clients reporting reduced substance misuse for

problematic substances. Currently this is not being met and performance for the first quarter of 2016/17 was 67.54%. Improvements in this will be brought about by focussing on particular problem areas such as 'legal highs' and the consumption of cheap alcohol.

- NKPI 4 – quality of life is improved over a specified period of time measured by TOP (Treatment Outcomes Profile). The target for this is that more than 56% of clients reporting that their quality of life has improved. Currently this is being met and performance for the first quarter of 2016/17 was 59.77%.

- NKPI 5 – the percentage of cases closed as treatment is complete. The target for this is less than 72.31% but last year was 37%.

4.2 Remedial action has been put in place for all these performance indicators but there continue to be issues with meeting KPI's 1 and 5 particularly. A number of things have been tried to get them on track, which have included closing gaps in the Paris database system, trialling a texting approach to remind service users of their appointments and introducing a new discharge letter. Fundamentally though problems still remain and therefore the Head of Substance Misuse Strategy & Development took a report to Welsh Government explaining the issues, some of which are with the way the NKPI's are constructed. The Welsh Government has listened to the concerns and has instigated a working group to look at possible change or amendment of the NKPI's which has had its first meeting and will report in February 2017. The Western Bay APB performance for 2015/16 is attached at **Appendix 3**. It illustrates the problems described above but does show an overall improvement over the year.

Priority 4: To develop and implement a Capital Estates Strategy across Western Bay

- A Capital Estates Strategy was drafted by the Regional Commissioning and Support Team and approved in July 2016. This lists all the property used by substance misuse services and the plans for each one.
- The Capital Estates Strategy has been submitted to Welsh Government.
- Five capital bids for projects across Western Bay have been submitted to Welsh Government for 2016/17**.** These will be funded from slippage in the SMAF and two of the bids are from the independent sector in Bridgend and have been agreed.

Priority 5: To monitor and report on the activities of substance misuse service providers across Western Bay

- The Regional Commissioning and Support Team undertake quarterly monitoring of substance misuse service providers and sub groups across the Western Bay.
- Monitoring records are submitted to Welsh Government.
- A dashboard of measures (including National Key Performance indicators) is also submitted quarterly to Welsh Government, see **Appendix 3.**
- Progress on the dashboard, the work plan for the Area Planning Board Regional Commissioning and Support Team and sub-group reports are presented to the Area Planning Board quarterly after being agreed by the Executive Committee.

4.3 **Next Steps**

In order to continue this work the next steps are:

- To continue working with the regional commissioning team to implement the priority actions in line with the timescales set out in the Commissioning Strategy.
- To continue to be represented on the APB, Executive group and the Workstreams as appropriate.
- To contribute to the re-commissioning of SMAT funded services.
- To work through the collaboration process to put a Section 33 agreement in place.

5. Effect upon Policy Framework and Procedure Rules.

5.1 There is no effect on the Policy Framework and Procedure Rules.

6. Equality Impact Assessments.

6.1 An Equality Impact screening assessment has been completed by the regional commissioning team which indicates that a full Equality Impact Assessment is not required for this report.

7. Financial Implications.

7.1 The Regional Commissioning and Support Team of the Area Planning Board administer a £4.3m budget for substance misuse service delivery across the Western Bay area. This is comprised of the following:-

Substance Misuse Action Funding (Welsh Government)	£3.6m
Voluntary Joint Partner Contributions	£719K

For the Joint Partner Contributions the £719K is comprised of the following:-

Neath Port Talbot CBC	£ 46K
Bridgend CBC	£128K funded from an Adult Social care core budget .
CC Swansea	£143K

ABMU (Abertawe Bro Morgannwg University Health Board)

ABMU Swansea	£199K
ABMU Neath Port Talbot	£168K
ABMU Bridgend	£ 35K

8. Recommendation.

8.1 It is recommended that the Committee note and provide comment on the context of this report.

Susan Cooper
Corporate Director, Social Services and Wellbeing
November 2016

9. Contact Officer: Mark Wilkinson

Telephone: 01656 642281
Email: mark.wilkinson@bridgend.gov.uk

10 Background documents

None

Case Study of one of the CDAT Social Workers involvement with a family in Bridgend.

The family I support consists of a father in his mid-thirties and mother in her lower thirties. They now have 3 children under 6.

The father has a long forensic, heroin, substance misuse history dating back prior to his teenage years. He became a prolific offender resulting in several convictions and episodes of imprisonment. Prior to support service's involvement he was committing several crimes a week.

The mother had been using heroin / substances for a number of years. There was a considerable amount of debt which was not being addressed. The family were at risk of being evicted from their social housing.

Initially I started working with the mother in 2014. At the time she was heroin dependent. She had two children; both of these had been removed to safeguard their well-being and placed in foster care. The father was also heroin dependent was serving another prison sentence (Assault / burglary /receiving stolen goods).

I was allocated the case several months after the children had been removed. The mother's contact sessions had been reduced, as she often failed to attend. During my initial sessions I felt the mother found it difficult to process and retain information given verbally / written. She had also experienced a dysfunctional education and therefore had difficulty with reading and understanding terminology of specific words. This led me to wonder how much of the process she had understood. Which format, of correspondence had been used to engage / involve her in decision making and the undertaking of given tasks; such as attending contact sessions. She sat in child care meetings; often presenting as disengaged and agreeing (nodding) with the opinions of the professionals involved. I felt this lack of engagement was due to her lack of understanding rather than a lack of interest in what was happening to her family.

The mother had undertaken a parental assessment, scoring very low. This determined she would struggle to parent her children affectively if they were returned to the family. Discussions took place regarding the possibility of the children being removed on a permanent basis.

Challenging the format used to gather this information and gaining the agreement for the assessment to be undertaken in a format the mother could understand; enabled her to show she could achieve much higher score.

This enabled the social workers to establish she would be able to affectively parent her children, although there would need to be on-going support and development of skills in specific areas of parenting.

On the fathers release from prison; early 2015 he immediately engaged in support services. Both parents receive substitute medication through CDAT for their heroin

dependency. Both are abstinent from all substances. Both have fully embraced the support on offer, never having failed to collect their medications, attend school or social service appointments. Both parents regularly provide negative drug screening tests. The father has not committed any criminal acts since his release from prison. The family are no longer at risk of being evicted and are now debt free.

The 2 children were returned to the family towards the end of 2015. The mother had another child and the children remained on the Child Protection Register. Recent reviews have established the children are developing appropriately and a decision has been made to remove the children from the at risk register.

The family undertook their first holiday together this summer. The children are progressing very well, receiving very positive feedback from the school, nursery and health professionals.

This has taken a multi-disciplinary approach: positive involvement with the family, extended family, support provided by Children Services, Foster carers, CDAT, IFSS, Probation, Health Care and Education Professional.

Western Bay Area Planning Board

Substance Misuse Commissioning Strategy 2016-2020

Illustration to

Contents

Appendix

1. KEY PRIORITIES FOR SUBSTANCE MISUSE SERVICES

1.1. From intent to action

This strategy was developed through a broad engagement process, over several months with service users, carers, service providers and partner organisations. The engagement with service users and carers was important, inspiring and enlightening. They raised issues that had not been considered previously in the planning of specialist substance misuse services – in particular, they wanted better access to services out of office hours and over weekends. They also wanted more involvement in the design and the delivery of services and a wider choice of interventions available to them. This appetite for co-production for our services will be a building block for how the APB will plan, monitor and develop services.

Another important issue raised during the engagement process was that, although specialist agencies provide many of the services for people affected by substance misuse, there are a large range of other generic services which also come into contact with these individuals and their families and carers. We will ensure that service users have full access to these wider generic services and are not disadvantaged in accessing them. This not only relates to their health and wellbeing but wider determinants such as access to benefits, work, appropriate housing, training and social inclusion.

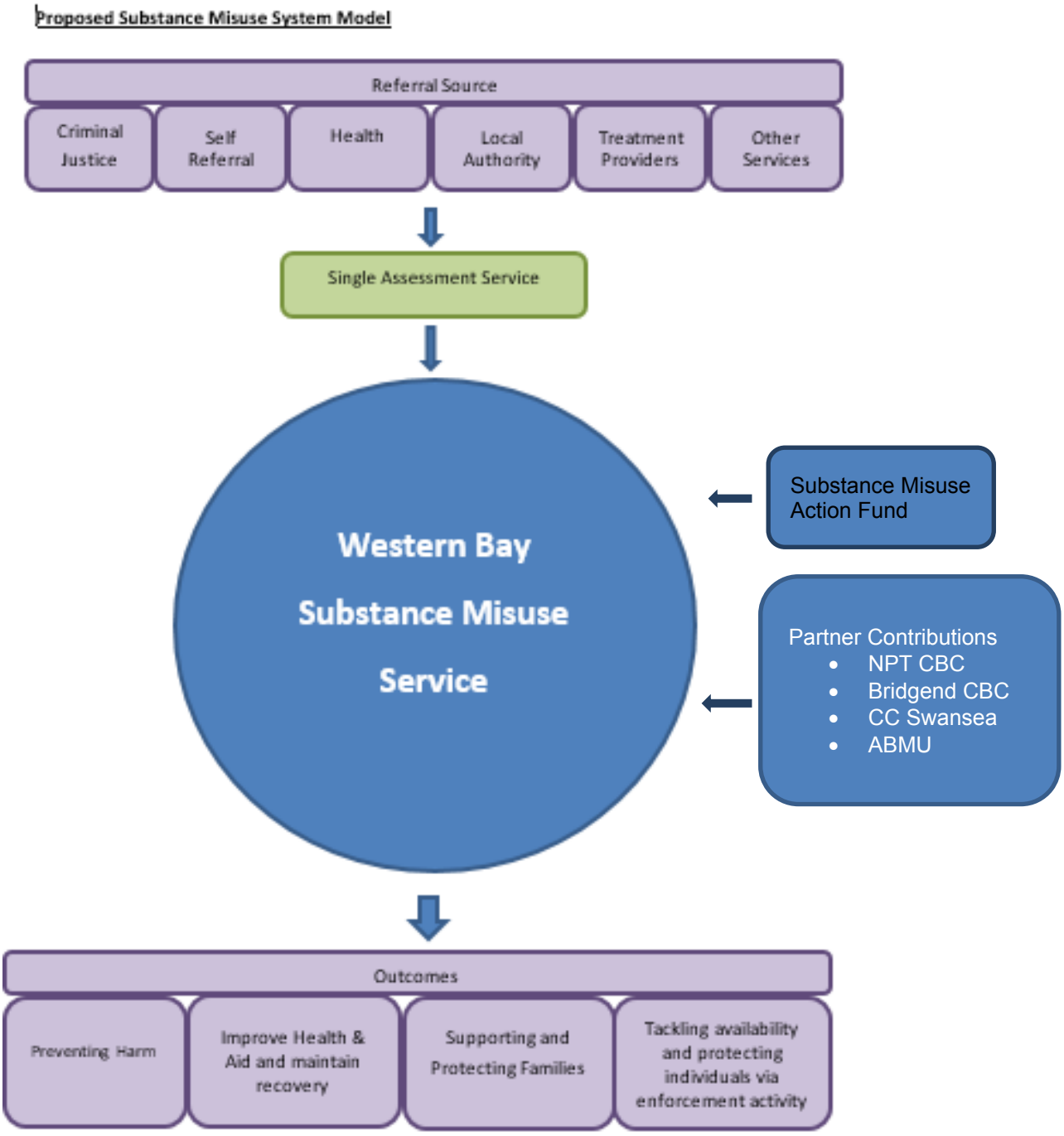
Making a difference in these areas requires the APB partner organisations to work with other partnerships and organisations with the same aim. These include Single Integrated Plan Processes, Local Service Boards, Youth Offending & Early Interventions Board, Regional Supporting People Partnership, Children & Young People's planning arrangements, Child & Adolescent Mental Health Services Planning Group, the Health Social Care & Wellbeing Third Sector Network, Homeless & Vulnerable Groups Action Planning Team, the Western Bay Safeguarding Board and others.

1.2. Purpose of this commissioning strategy

The APB wants to make sure there are a wide range of integrated services that meet the needs of residents and which improve people's wellbeing, preventing people from using drugs and alcohol harmfully and providing services for those who do need to access specialist service provision, '"where service users move seamlessly between services, or access a number of mutually supportive services without necessarily being aware that they are provided by different service providers or service sectors." (Welsh Government)

A major challenge in meeting the above aim is that there is a large range of individual tier 2 and 3 service providers in the Western Bay area without, until recently, overarching service architecture. That meant that substance misuse services were commissioned on a local level. This resulted in some duplication of services and disparity of access in others.

To address this issue service providers worked collaboratively throughout 2013 to make the transition to an integrated regional service model that provides more cohesive pathways for the population of Western Bay. This is illustrated below:



This commissioning strategy will be refreshed each year to ensure that it remains current.

A robust contractual and monitoring arrangement will be built into future service level agreements to enable the APB to have clear evidence of outcomes that benefit our client population.

2. STRATEGIC CONTEXT

2.1. National substance misuse strategy and associated policy

This Commissioning Strategy has been informed by the Welsh national strategy and implementation plans and also by a number of other national best practice and evidence based documents outlined below:

- *Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008 - 2018* and the associated draft Delivery Plan (2016-18)- within this document are 4 priority action areas on which the priority areas for commissioning services within Western Bay are based:

    1. **Prevention** - helping children, young people and adults resist, reduce or delay substance misuse by educating and informing them of the damage that substance misuse can cause.

    2. **Supporting substance misusers** - to reduce the harm they cause to themselves, their families and their communities.

    3. **Supporting families** - reducing the risk of harm to children and adults as a consequence of a parent's, partner's or child's substance misuse.

    - **Tackling availability and protecting individuals and communities**- reducing the harms caused by substance misuse related crime and anti-social behaviour, by tackling the availability of alcohol and other substances.The Social Services and Well-being (Wales) Act is in force from April 2016. It is the new legal framework that brings together and modernises social services law. The APB's commissioning will adhere to the above key priorities with particular emphasis on prevention and early intervention.*Wellbeing of Future Generations (Wales) Act 2015*

These substance misuse action areas are aligned to the priorities of the Wellbeing of Future Generations Act and the associated outcomes set out in appendix A of the Working Togehther to Reduce Harm Delivery Plan 2016-2018:

Wellbeing of Future Generations (Wales) Act 2015	Substance Misuse Outcomes
A Healthier Wales	• The general health and wellbeing of people with substance misuse issues are improved and related health inequalities are minimised. • Substance misuse issues are identified and tackled early. • People are able to make informed choices in order to prevent and reduce the harm associated with substance misuse.

A More Equal Wales	• Everyone affected by substance misuse issue can access timely, evidence based, safe and effective quality services. • Everyone affected by substance misuse issues are treated with dignity, fairness and respect. • Individuals and communities are effectively engaged in the planning and delivery of their local substance misuse services.
A Prosperous Wales	• People with substance misuse issues have the skills, resilience and opportunities to gain and maintain economic independence and the negative impact of substance misuse on the Welsh economy is minimised • A safe and vibrant night time economy is fostered across Wales.
A Wales of Vibrant Culture and Thriving Welsh Language	• People with substance misuse issues participate in culturally and socially diverse activities including the arts, sport and recreation. • Welsh speakers and their families are able to receive support for substance misuse issues through their own language.
A Wales of Cohesive Communities	• People are / feel safer in relation to crime. • Social exclusion and isolation as a result of substance misuse is minimised.

- The revised National Drug Strategy December 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug free life
- Welsh Government Substance Misuse Delivery Plan 2013 - 2015
- National Core Standards for Substance Misuse Services in Wales (2010)
- Welsh Government Substance Misuse Treatment Framework for Wales
- Welsh Government Health and Wellbeing Compendium

- Integrated care and Integrated Care Pathways for Adult Substance Misuse Services in Wales (2010)
- Welsh Government Guidance for Area Planning Boards (2015)
- Take Home Naloxone Guidance (2010)
- The Welsh National Database for Substance Misuse (WNDSM) and Treatment Outcomes
- Managing the Night Time Economy (2008)
- NICE Guidance (clinical guidelines)
- NICE Guidance (Public Health)
- Welsh Government Service Framework for Service User Involvement
- South Wales Police and Crime Reduction Plan 2013 -2017

2.2. Local plans and strategies

Swansea

The One Swansea Plan 2015 contains the following desired outcome and aim:

Outcome: People are healthy, safe and independent

Aim: People are physically healthy and equipped for a healthy, long life by

- Reducing smoking, alcohol and drug misuse in all age groups

Bridgend

The Bridgend Corporate Improvement Plan 2013 – 2017 has the following priority:

Improvement priority five: working together to tackle health issues and encourage healthy lifestyles

- What do we want to achieve by 31 March 2017?
- We want to see a healthier population by:
- Working with partners to address priority issues such as mental wellbeing, childhood obesity, alcohol, smoking and substance misuse, especially among young people

Neath Port Talbot

The substance misuse commissioning strategy will have an impact on the outcomes within the Neath Port Talbot Single Integrated Plan 2013 -2023.

Outcome 2: People in Neath Port Talbot “Feel Safe and are Safe”

Aim: Reducing the harm of substance misuse by

- Increasing the number of people entering and completing treatment programmes.
- Increasing public awareness of the consequences of substance misuse.
- Reducing the misuse of illegal and prescription drugs.

2.3. Dual diagnosis

The delivery of appropriate treatment to people who have mental health and substance misuse disorders is of increasing concern to the public, clinicians and policy makers. Evidence now suggests that drug and/or alcohol misuse among patients with mental health disorders must be considered as commonplace rather than exceptional. However, it is widely acknowledged that the provision for mental health and substance misuse co-morbidity in Wales is, at present, not satisfactory.

Abertawe Bro Morgannwg has published its *Dual Diagnosis Strategy 2015/16*. The strategy applies to all NHS health board, local authority and voluntary sector organisations that provide mental health and substance misuse services to individuals over the age of eighteen within the ABM area. It was developed by members of the ABM Dual Diagnosis Working Group, a subgroup of the Western Bay Area Planning Board.

The key message is that those with mental health problems and problematic drug and/or alcohol use should be cared for and treated by mainstream mental health services working in liaison with substance misuse services to ensure that care is comprehensive, co-ordinated and based on joint-working.

The evidence-based approach promotes services based on best practice for those with complex needs, the main needs being:

- To raise awareness of the needs of people with co-existing mental health and substance misuse conditions amongst professionals and the public
- To improve information and signposting for services and support for people with dual diagnosis, their families and carers
- To increase access to education, training and support for all staff in involved in the management of people with dual diagnosis
- To improve access to collaborative care across substance misuse and mental health services, both statutory and voluntary, and the criminal justice system
- To extend the capacity of ABM dual diagnosis services and increase the knowledge and skills of staff so they are able to provide timely and effective responses to service users

A multi-agency network will be established to ensure that services are readily able to engage, assess and co-ordinate treatment for people with dual diagnosis through a collaborative, integrated model of care.

2.4. Prudent Healthcare

The commissioning process will provide the APB with the opportunity to continue to develop services that are based on the Welsh Government's policy objective of prudent healthcare. Prudent healthcare is built around a set of principles that remodels the relationship between service users and providers on the basis of co-production, ensuring both are equal partners in any treatment delivered. It also means that we must use resources effectively by delivering services that are evidence based and provided by a broad range of professionals, enabling the workforce to be shaped on the 'only do what you can do' principle.

The APB will also assist in delivering the aims of the new plan for primary care services. The aim of this plan is to develop a more "social" model of health, which promotes physical, mental and social wellbeing, rather than just the absence of ill health and draws in all relevant organisations, services and people to ensure the root cause of poor health are addressed. Through the commissioning process we want to ensure substance misuse services are linked appropriately to other primary care services, ensuring integrated care pathways are in place which focuses on the needs of the service user. To enable the APB to do this effectively we will need to ensure there is appropriate input from primary care at an APB level.

APBs in Wales need to embed the value-based principles encouraged by prudent healthcare across its entire system. Prudent healthcare in this context requires the right service intervening at the right time and in the right way. Where more than one service is required to intervene this should be done collaboratively making best use of resources, ensuring a proportionate response and avoiding duplication of effort and treatment.

This cultural shift is of relevance when commissioning substance misuse services as we need to ensure that services are efficient, effective and empowering. To assist those commissioning substance misuse services the following broader principles have been adapted from the stated principles of prudent health care:

- **Do no harm**. The principle that interventions which do harm or provide no clinical benefit are eliminated

- Carry out the **minimum appropriate intervention**. The principle that treatment should begin with the basic level of intervention. Allowing the intensity of treatment to be consistent with the seriousness of the illness and the client's goals.

- **Organise the workforce** around the “only do, what only you can do” principle. The principle that all people working within substance misuse services in Wales should operate at the top of their competence. Nobody should be seen routinely by a nurse, for example, when their needs could be appropriately dealt with by a substance misuse key worker.

- **Promote equity**. The principle that it is the individual’s clinical need which matters when it comes to deciding treatment.

3. SUBSTANCE MISUSE SERVICE PROVISION

3.1. The Western Bay Area Planning Board

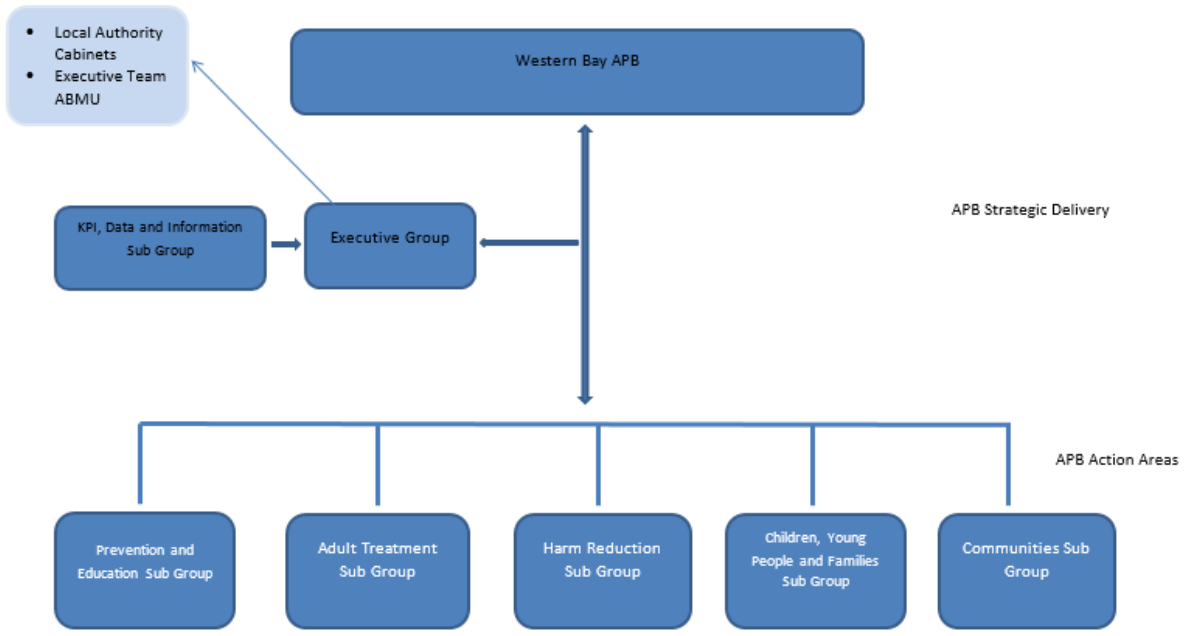
The statutory responsibility for formulating and implementing a strategy for combating substance misuse in Wales rests with the "responsible authorities" which form Community Safety Partnerships (CSPs). The Welsh Government's strategy for substance misuse 'Working Together to Reduce Harm' (2008-18) advocated strongly that CSPs and other agencies involved in tackling and reducing the harms associated with substance misuse should do more to plan treatment services and to pool resources at a regional level where appropriate. To support this delivery at a regional (local health board) level, area planning boards (APBs) were established in 2010.

Following a review in 2011, the role and membership of APBs was strengthened in order to assist responsible authorities to discharge their duties in relation to substance misuse through the regional footprint. APBs are now required to develop an outcome based commissioning strategy across the APB area and to produce a fully costed implementation plan to support this strategy. The membership of the APBs includes representatives from the 'responsible authorities', which comprise CSPs, to enable statutory responsibilities in respect to substance misuse to be discharged at a regional level.

The move to a regional focus is in line with the Welsh Government's wider collaboration agenda, combining resources for the development and management of substance misuse services providing opportunities for strengthening service planning, commissioning, and delivery and performance management whilst also achieving efficiencies.

The proposed new structure of the Western Bay APB which was agreed at its meeting in September 2015 is overleaf:

Western Bay APB Structure Sept 2015



The Western Bay APB will aim to make sure that services and decisions about people with substance misuse problems, their families and carers are:

- Integrated and provide easily accessible, effective, high quality services that focus on recovery and reintegration.
- Evidence and best practice based.
- Expanded by increasing access to and retention in services and reducing unplanned discharges.
- Underpinned by robust clinical governance.
- Focused on the safeguarding of vulnerable adults and children.

3.2. Current service provision

Before the Western Bay Area Planning Board was implemented each of the three local authority areas of Neath Port Talbot, Swansea and Bridgend were responsible separately for commissioning their own substance misuse services.

Work has taken place to streamline this process and there are currently six main organisations that deliver services throughout the Western Bay area. Some organisations deliver services in all three areas whereas some only deliver in one area. The result is that there is a large range of individual service offerings, though no overarching service architecture. To address this, four of the organisations have come together to develop a single integrated service that will be able to offer services across the area – Newid Cymru.

Below is a summary of the current service provision in Western Bay:

Tier 1: Non Substance Misuse Treatment Specific Services

Services offered by a wide range of professionals (e.g. primary care medical services, generic social workers, teachers, youth workers, community pharmacists, probation officers, police officers, housing officers and homelessness workers). Tier 1 services work with a wide range of clients including substance misusers but their main purpose is not substance misuse. Examples of this work are developing a health promoting infrastructure across all services. Awareness raising, providing support, referral and early intervention, developing the skill of the generic workforce and enabling healthy choices.

Tier 2: Open Access Services

Services providing accessible services for a wide range of substance misusers referred from different sources, including self-referrals. The aim in this tier is to help substance misusers to engage in treatment without requiring a high level of commitment to more structured programmes or a complex or lengthy assessment process. Services in this tier include needle exchange programmes and other harm reduction measures, substance misuse advice and information services and ad-hoc support not delivered in a structured programme of care.

Table 3.1: Organisations that deliver tier 2 services:

Organisation	Neath Port Talbot	Swansea	Bridgend
WCADA	✓	✓	✓
SANDS Cymru		✓	
DASH			✓
PSALT		✓	

The main services provided by the above organisations are:

- 1 to 1
- Group work
- SMART recovery
- Non-complex prescribing
- Diversionary activities
- Drop-in services
- Needle exchange
- Referrals to other agencies
- Educational groups
- Men/women groups
- CYP services
- Prevention and education (schools, colleges, universities
- Social workers support

- Family services
- Service user groups

Tier 3: Structured Community Based Services

Providing services solely for substance misusers in a structured programme of care. Services within this tier include structured cognitive behaviour therapy programmes, structured substitute medication maintenance programmes, community detoxification, or structured day care (either provided as a drug-free programme or as an adjunct to methadone treatment). Structured community based aftercare programmes for individuals leaving prison are also included in this tier.

Table 3.2: Organisations that deliver tier 3 services

Organisation	Neath Port Talbot	Swansea	Bridgend	Intervention
WCADA	✓	✓	✓	• Needle exchange • Structured counselling/ treatment
SANDS Cymru		✓		• Needle exchange
DASH			✓	• Needle exchange • Structured counselling/ treatment
CDAT (Community Drug and alcohol team, ABMU HB)	✓	✓	✓	• Prescribing complex cases • Diagnosis
G4S	✓	✓	✓	• Prescribing • Structured interventions
CAMHS			✓	• Prescribing • Dual diagnosis

Tier 4: Residential and Inpatient Services

These are services aimed at those individuals with a high level of presenting need. Services in this tier include inpatient drug/alcohol treatment, including detoxification and residential rehabilitation. Tier 4 services usually require a higher level of motivation and commitment from the substance misuser than for services in lower tiers.

Table 3.3: Organisations that provide tier 4 services:

Organisation	Neath Port Talbot	Swansea	Bridgend
CDAT (Community Drug and Alcohol Team, ABMU HB)	✓	✓	✓
ABMU HB (specialist services such as psychiatric units, liver disease services, mental health care)	✓	✓	✓
Cwm Taff HB (specialist residential service for young people with mental health issues)			✓
Residential rehabilitation placements available to substance misusers throughout Western Bay	✓	✓	✓

3.3. Key recent development/achievements

Over the past 18 months the APB has been working with partners to develop services and implement strategies to ensure that substance misuse provision is maximised across the region. Some notable achievements and developments are:

- Creation of Newid Cymru integrated service
- Establishment of a regional support team
- Draft Corporate Governance Framework for the APB developed
- Commitment to the national needle exchange service
- Improvements to several estates including the purchase and refurbishment of Celtic Court into a state of the art building from which WCADA and CDAT will deliver services in Bridgend.
- Dual diagnosis strategy and training needs developed

- Development of regional Hepatitis Awareness campaign
- NPS awareness raising campaign
- Single point of access created
- Blood borne virus nurse post established
- Increased access to needle/syringe exchange programme
- Establishment of the PARIS integrated information management system
- Roll out of BBV/dry blood spot testing across all agencies
- Regional system for recording and monitoring drug related deaths and non-fatal overdoses established.

3.4. Working in partnership with the Police

The Police and Crime Commissioner and South Wales' *Police & Crime Reduction Plan 2016-21* includes several ways in which the police has worked and intends to work in partnership with the APB to reduce crime and substance misuse. For example:

- South Wales Police has worked with Public Health Wales and other partners to improve information sharing to target resources where they are needed most
- South Wales Police has delivered the Swansea Help Point and the Know the Score: #DrinkLessEnjoyMore campaign to make city centres at night.
- WCADA works closely with the Police, the Central Ticket Office and Safer Swansea on the TASC (Tackling Alcohol Safer Communities) initiative.

One of South Wales Police's priorities (5) is to "*make sure that the local criminal justice system works effectively and efficiently, meeting the needs of victims and challenging offenders*".

Within this priority is an action to refresh and deliver a jointly-commissioned substance misuse service focussed on preventing reoffending.

South Wales Police recognises that effective early intervention and prompt, positive action to reduce crime means working in partnership with other public sector bodies because there are clear areas of overlap and shared outcomes. Understanding the core focus of its partners will ensure these are reflected through its priorities, making all partners more effective and efficient in achieving its goals.

South Wales Police is aware that one of its partners' biggest concerns is substance misuse. It will, therefore, reform and implement jointly commissioned substance misuse services by aligning community based delivery through joint working with area planning boards and local health boards, focussing on identifying and addressing issues for offenders to prevent reoffending.

A Memorandum of Understanding has been signed by South Wales Police and Public Health Wales. The Commissioner and the Chief Constable and the Chair and Chief Executive of Public Health Wales recognise that the issues that need to be tackled have a damaging effect on both community safety and health. Violence, excessive alcohol, substance misuse, domestic abuse, and mental health issues can lead to escalating problems in both health and public order, but can be addressed through early intervention.

The work of Professor Jonathan Shepherd provides evidence that in such partnership working leads to considerable gains for all concerned and for the public. The collaborative work that has developed in supporting the Help Point in Swansea is demonstrating that there are many benefits to be derived from this approach.

The first phase of the Know the Score: #DrinkLessEnjoyMore campaign was launched in early 2015 to help tackle excessive levels of drinking in town and city centres by raising awareness of the law. A post campaign evaluation of the first phase was published in July 2015 in partnership with Liverpool John Moore's University. Findings from the pre and post intervention nightlife user surveys carried out in Swansea found that following the intervention:

- There was an increase in knowledge of the laws around the service of alcohol to drunks amongst nightlife users. Post intervention a significantly higher proportion of participants correctly answered that it is illegal for a bar server to sell alcohol to someone who is already drunk (from 48% to 61%).

- There was a decrease in preloading drinking behaviour amongst nightlife users: the proportion of participants reporting preloading reduced significantly post intervention (from 63% to 54%).

- There was a shift in the perceived acceptability of drunkenness: post intervention a significantly smaller proportion of participants agreed that getting drunk is socially acceptable in the city's nightlife (from 87% to 74%) and that it's hard to enjoy a night out if you are not drunk (from 46% to 36%).

- Overall, 29% of those who participated in the post intervention survey reported that they were aware of the Know the Score intervention, higher than that reported in an evaluation of a comparable intervention implemented elsewhere in England.

The collaborative work that has developed in Swansea over the past year has demonstrated the benefits from this approach

South Wales Police are committed to cutting offending in the age group which has the highest level of criminal activity - the 18 to 25 year olds. At the same time each local authority in South Wales has stated an ambition to cut the number of NEETs (young people not in employment, education or training) and to give better support to young people leaving care. This includes trying to reduce the impact of substance misuse, alcohol, mental health problems and homelessness.

South Wales Police will continue to work to reduce the level of violent crime by strengthening the links with partners in health to accurately identify the extent and nature of violence in South Wales, and to identify further opportunities for intervention. This will be a key element in providing the evidence-based approach to identifying key drivers, such as substance misuse, and developing a joint approach to tackling this issue, as well as forming the basis for interventions and improving public perception.

3.5. Conclusion about current service provision

Specialist substance misuse services have been delivered in the three counties for many years, with service providers working in partnership with other universal services such as general practitioners, housing, education and community groups.

These services have helped to keep communities safe by minimising the effects of substance misuse on society and ensuring that services are in place which support service users, as well as their family members and carers whose lives are affected by substance misuse.

However, usages of substances across the region are changing. Fewer people are using drugs, such as heroin and cocaine, and far more are drinking alcohol at damaging levels. New drugs are emerging so services need to develop in order to adapt to these and future changes in substance misuse.

There is a general acknowledgement that the current substance misuse treatment system means that it is difficult to achieve the desired recovery outcomes which could affect future performance.

Our focus is on both the prevention of substance misuse related harms and the implementation of the recovery agenda with an approach that creates clearer benefits for the service user.

Parity of access and equity of outcomes is essential in the delivery of substance misuse services. The move to a regional commissioning board has enabled a whole systems view of specialist service provision and highlighted areas of duplication, good practice and service deficit.

There is a significant demand for clinical and prescribing interventions with insufficient capacity to meet demand. Secondary care services are congested with people whose needs could be met at a primary care level however services in primary care are not well resourced.

The relationships between health, local authorities, service users, carers, providers and criminal justice agencies will form the basis of a modern fit for purpose service which is responsive to needs and which will demonstrably make a difference to service users, people who care for them and service providers.

4. ACTIVITY, FINANCE AND PERFORMANCE

4.1. Activity

The information below has been extracted from the Western Bay Area Planning Board Annual Performance Report 2014/2015. The purpose of the Annual Performance Report is to provide stakeholders with an appraisal of the substance misuse performance management framework and progress during the 2014/2015 financial year. The information provided in the Annual Performance Report has been taken from the PARIS IMT system and was prepared by the PARIS Substance Misuse Project Manager.

As of 27 April 2015 there were 2,616 clients who had received over 3,500 treatments.

Table 4.1: Treatments by provider as at 27 April 2015:

Provider	**Treatments**
AADAS	16
Calon Lan Inpatients Ward	98
CDAT	1,870
PSALT	405
SANDS Cymru	359
WCADA	785
No Provider recorded	76
Total	**3,556**

The Drugaid (previously SANDS CYMRU) Drop In Support Service welcomed 3,603 client visits between May 2014 and March 2015. During 2,936 of the visits, clients were seeking and received a single support service from the Drugaid staff. 667 visits resulted in clients benefiting from two or more support services. The total number of support services provided to clients in the 2014/15 reporting period was 4,315.

Table 4.2: 2013/14 and 2014/15 comparisons

	2013/14	**2014/15**
Referrals	3,655	3,532
Main sources:		

Self-referral* GP	2,384	2,058 770
Clients	1,796	1,679

*Note: the self-referral figure includes those clients that have been supported by agencies to access AADAS.

The substances being misused continue to follow year on year trends. In 2014/15 alcohol was the highest problematic substance with 1,682 clients, recorded as using it, followed by heroin with 411 clients, other opiates recorded by 357 clients and cannabis with 348 clients recorded as misusing it.

Table 4.3: Appointments 2014/15

Attended	21,942	50%
Did not attend	12,726	29%
Cancelled	6,144	14%
No outcome recorded	3,072	7%
Total	**43,883**	**100%**

Table 4.4 Outcomes of treatment provided 2014/15

Positive	2,655	63%
Negative	537	13%
Neutral	996	24%
Total	**4,188**	**100%**

Table 4.5: Referrals by primary presenting substance:

Substance Name	Unique People
ALCOHOL	1682
AMPHETAMINES	193
BENZODIAZEPINES	50
BUPRENORPHINE	28
CANNABIS	348
COCAINE UNSPECIFIED	81
DRUG NOT OTHERWISE SPECIFIED	6
HEROIN ILLICIT	411
KETAMINE	31
MDMA	1
METHADONE	22
NPS	14
OTHER DRUGS	20
OTHER OPIATES	357
OTHER PSYCHOACTIVE DRUGS UNSPE	10
STIMULANTS	2
TRAMADOL HYDROCHLORIDE	10

Table 4.6: Care plan outcomes by modality

Provider	Modality Description	Number of Interventions	Unique People	Number of Interventions	Unique People	Number of Interventions	Unique People	Number of Interventions	Unique People
		SUCCESSFUL		UNSUCCESSFUL		NEUTRAL		STILL OPEN	
CDAT	**AADAS INITIAL CAREPLAN**	2	2			4	4	4	4
	BRIEF INTERVENTIONS	68	64	3	3	216	212	34	31
	COMMUNITY DETOXIFICATION	11	10	4	4	4	4	7	7
	HARM REDUCTION	103	81	6	6	34	30	82	72
	HEALTH & RECOVERY SUPPORT INTS	8	8	2	2	2	2	20	20
	INPATIENT DETOXIFICATION	24	23	9	9	15	15	33	30
	OTHER	2	2			3	3	2	2
	PRACTICAL/SOCIAL SUPPORT	6	6	1	1			6	6
	PSYCOSOCIAL INTERVENTIONS	73	67	32	30	22	22	39	39
	RESIDENTIAL REHABILITATION	6	3			1	1		
	SUBSTITUTE OPIOID BUPRENORPHIN	78	54	11	11	25	23	96	93
	SUBSTITUTE OPIOID (METHADONE)	55	38	6	6	17	15	110	106
	CDAT TOTALS	**436**	**358**	**74**	**72**	**343**	**331**	**433**	**410**
SANDS CYMRU	BRIEF INTERVENTIONS	39	28	10	9	16	15	34	28
	HARM REDUCTION	120	60	105	94	42	38	71	62
	HEALTH & RECOVERY SUPPORT INTS	3	3			2	2	15	14
	PRACTICAL/SOCIAL SUPPORT			1	1				
	PSYCOSOCIAL INTERVENTIONS	1	1	2	2			7	7
	RESIDENTIAL REHABILITATION					1	1		
	SANDS CYMRU TOTALS	**163**	**92**	**118**	**106**	**61**	**56**	**127**	**111**
SANDS CYMRU YP SERVICES MODULE	BRIEF INTERVENTIONS	33	22	3	3	13	13	4	2
	HARM REDUCTION	75	52	23	16	25	18	19	15
	HEALTH & RECOVERY SUPPORT INTS	1	1			2	2	4	2
	OTHER	2	1						
	PRACTICAL/SOCIAL SUPPORT	2	1						
	SANDS CYMRU YP SERVICES MODULE TOTALS	**113**	**77**	**26**	**19**	**40**	**33**	**27**	**19**

Provider	Modality Description	Number of Intervention	Unique People	Number of Interventions	Unique People	Number of Interventions	Unique People	Number of Interventions	Unique People
		SUCCESSFUL		UNSUCCESSFUL		NEUTRAL		STILL OPEN	
PSALT	BRIEF INTERVENTIONS	33	22						
	HARM REDUCTION	75	52						
	HEALTH & RECOVERY SUPPORT INTS	1	1						
	OTHER	2	1	2	2	1	1	243	241
	PRACTICAL/SOCIAL SUPPORT	2	1						
	SUBSTITUTE OPIOID BUPRENORPHIN							26	26
	SUBSTITUTE OPIOID (METHADONE)					1	1	107	106
	PSALT TOTALS	**113**	**77**	**2**	**2**	**2**	**2**	**376**	**373**
WCADA	**AADAS INITIAL CARE PLAN**					2	2	1	1
	BRIEF INTERVENTIONS	112	96	18	18	23	23	14	13
	COMMUNITY DETOXIFICATION							1	1
	HARM REDUCTION	235	212	203	193	115	110	74	72
	HEALTH & RECOVERY SUPPORT INTS	4	4			4	4	6	4
	OTHER	6	6	2	2	127	125		
	PSYCOSOCIAL INTERVENTIONS	281	181	91	85	91	85	139	108
	RESIDENTIAL REHABILITATION					9	9		
	WCADA TOTALS	**638**	**499**	**314**	**298**	**371**	**358**	**235**	**199**
CALON LAN INPATIENTS	COMMUNITY DETOXIFICATION	1	1						
	INPATIENT DETOXIFICATION	84	77	3	3	5	5	7	7
	PSYCOSOCIAL INTERVENTIONS	2	2						
	SUBSTITUTE OPIOID BUPRENORPHIN	1	1						
	SUBSTITUTE OPIOID (METHADONE)	1	1						
	CALON LAN INPATIENTS TOTALS	**89**	**82**	**3**	**3**	**5**	**5**	**7**	**7**
AADAS	**AADAS INITIAL CARE PLAN**	26	26			54	54	33	28
	BRIEF INTERVENTIONS	1006	979			99	99	5	5
	COMMUNITY DETOXIFICATION							1	1
	HARM REDUCTION	68	67			17	17	7	7
	HEALTH & RECOVERY SUPPORT INTS					2	2		
	INPATIENT DETOXIFICATION	1	1			1	1	1	1
	PSYCOSOCIAL INTERVENTIONS					1	1	2	2

	SUBSTITUTE OPIOID (METHADONE)	2	2						
	AADAS TOTALS	**1103**	**1075**	**0**	**0**	**174**	**174**	**49**	**44**

The number of drug-related deaths in ABMU follows a similar time trend pattern to that seen in Wales as a whole, although there has been a much clearer upward trend in recent years. Of the 160 drug-related deaths seen in ABMU between 2001 and 2010 inclusive, the majority (103) where for heroin overdose and occurred in Swansea with 27 occurring in Bridgend and 30 in NPT. These referral rates reflect a change in consumption characteristics with the number of people using heroin as their main drug having fallen, though these falls have been slower to occur in Swansea.

4.2. National key performance indicators

The Welsh Government has set national key performance indicators for each APB to report against.

Each service provider is required to submit their data onto the National Database on a monthly basis. This takes into account the number of referrals and other related information as well as data on the Treatment Outcome Profile which is completed for all service users in receipt of structured treatment. The Treatment Outcome Profile measures data referred to in the Key Performance Indicators are listed below.

The National Key Performance Indicators are as follows;

- **KPI 1** - DNA Post Assessment.
  Target: <20%.
  This statistic measures those who are assessed and then stop attending treatment without treatment being classed as successfully completed.

  The APB is currently failing this target. ☒

  Those that failed to attend following assessment was 30.1% although that was an improvement from 36.40% in 2012/13.

- **KPI 2** - Time between referral and treatment.
  Target: >80%.

  The APB is currently on amber for this target. ⇔

  The percentage of individuals accessing treatment from referral within a 20 day period saw a slight drop in performance from 75.6% in 2012/13 to 75% in 2014/15.

- **KPI 3** - Substance misuse is reduced for problematic substances between start and most recent review/exit TOP.
  Target: >=71.34%

  The APB is currently achieving this target. ☑

  Those individuals receiving support who report decreased problematic substance use was 85.1% in 2012/13. However, 2013/14 has seen a drop in performance to 72.6%. We are however still achieving this measure.

- **KPI 4** - Quality of life is improved between start and most recent review/exit TOP.
  Target: >=56.92%

  The APB is currently achieving this target. ☑

  Those receiving treatment who self-report an improved quality of life throughout the duration of their care plan is 67.5%, an improvement on 2012/13 when this was 62.7%. This highlights that services are having a positive impact on the holistic needs of service users.

- **KPI 5** - Number/% of cases closed (with a treatment date) as treatment complete.
  Target: >=72.31%

  The APB is currently failing this target. . ☒

  There was a substantial dip in performance during 2014/15 from 66% in 2012/13 to 36.9% this year. In line with work to reduce DNAs further work needs to be undertaken to increase the successful outcomes of treatment plans for clients.

4.3. Funding sources and budgets

Historically funding has been provided as follows:

	£	£
Substance Misuse Action Fund Welsh Government (SMAF) Revenue Funding		3,624,414
Partner Contributions – Commissioned Services		
Neath Port Talbot County Borough Council	46,270	
Bridgend County Borough Council	128,663	
City and County of Swansea	143,086	
ABMU Health Board	403,337	
		721,356
Total		**4,345,770**

APB Budget Heading Descriptions 2015/201 are in appendix 1.

The funding will be revisited when services are recommissioned. A formula will be devised as to how the match funding contributions from partners will be calculated and agreement from partners obtained.

4.4. Conclusions

The main conclusions from the above analysis are:

- During 2013/14 and 2014/15 client referral and performance show little change
- Demand for services has remained more or less consistent over the last 2 years
- Alcohol is most predominant substance used by the population in Western Bay.
- GPs are the second largest referrer to services however consideration needs to be given to increasing the capacity of GP shared care to include alcohol in the service specification.

5. NEEDS ASSESSMENT

5.1. Demographic profile

The main features of the estimated population for the ABMU area are as follows:

- The population in 2014 was 522,400 with males making up just half of the population (49.5%)
- 5.5% of the population is aged under 4 years of age (preschool)
- 11.9% of the population is aged between 5-15 years of age (school aged)
- 12.1% of the population is age between 16-24 (young adults)
- 51% of the population falls into the working age group (51% aged 25-64)
- 19.5% of the population is aged 65+
- There were 5,499 births in the region in 2014
- In 2011 there were 60,133 Welsh speakers, around 12% of the population (Wales average: 19%)
- 8.1% of the overall population in Swansea is classified as from an ethnic minority (inc. Gyspy and Irish Traveller), 3.6% in Bridgend and 2.8% in Neath Port Talbot (Public Health Wales Observatory, using 2011 Census data)
- The economic inactivity rate (excluding students) in the region in the year ended June 2015 was 22.1% (Wales average 21.0%)
- The economic active rate in the region in the year ended June 2015 was 74.1% (Wales average 74.8%)
- The employment rate in the region in the year ended June 2015 was 68.6% (Wales average 69.7%)
- In 2011 there were 57,394 people whose day-to-day activities were limited a little and 71,255 who were limited a lot
- In 2011 the percentage of LSOAs (lower layer super output areas) in the 20% most deprived LSOAs of Wales in each local authority area was Swansea 25%, Neath Port Talbot 31% and Bridgend 28%

(Source: StatsWales from the Welsh Government accessed 9 November 2015)

5.2. Prevalence of substance misuse

The Western Bay area has an estimated prevalence of 11,715 which is 20.1% of the Wales total of 58,000.

Table 5.1: Western Bay – Overall Prevalence Figures 2014/15

	18-29 Male	18-29 Female	30-64 Male	30-64 Female
Stimulants	1,939	570	3,316	621
Cocaine/crack & amphetamine /ATS				
Opiods	730	338	2,828	748
Both	97	73	355	100
Total	2,766	981	6,499	1,469

Source: Public Health Wales presentation to APB 3 December 2015

5.3. Western Bay client profile 2014/15

Age Profile

The age range of the clients remains about the same from the previous year (2013/14), with the largest age range once being the 31 to 50 age group, with 1,996 clients in 2013/14 and 1,806 in 2014/15. The next largest age range is the 18 to 30 clients with 997 in 2013/14 and 941 in 2014/15.

Gender Profile

The gender breakdown of the clients in the Western Bay APB Area during 2014/15 is 1,217 Females and 2,226 Males referred to treatment services, which again follows the trend from the previous period 2013/14 of 1,356 Females and 2,472 Males.

Ethnicity Profile

The following table provides an analysis of the ethnicity of individuals who accessed services in Western Bay during 2014 -2015 using data from PARIS.

Table 5.2: Ethnicity Profile

Ethnic Origin	**Unique People**
Any other Asian background	3
Any other Black background	1
Any other ethnic group	6
Any other mixed background	6
Any other white background	44
Arab	1
As/Br B'ngl'shi	3
Black/British African	1
Black/British Caribbean	2
Mixed/White Caribbean	1
Not recorded	517
Not stated	857
White	1
White and Asian	1
White British	2,080
White Irish	5
White other	3
Total	**3,532**

Types of Substances Misused

The substances being misused also continue to follow year on year trends, and in 2014/15 alcohol remained the highest problematic substance with 1,682 clients, recorded as using it, followed by heroin with 411 clients, other opiates by 357 clients and cannabis with 348 clients.

Usage by Local Authority Area

The breakdown of the Substance misuse clients against the population of the APB Area is as follows:

- Overall APB Area 0.66%
- Bridgend 0.61%
- Neath Port Talbot 0.68%
- Swansea 0.68%

Population data taken from: 2011 Census: Usual resident population by single year of age and sex, Wales, Author: Knowledge and Analytical Services, Welsh Government.

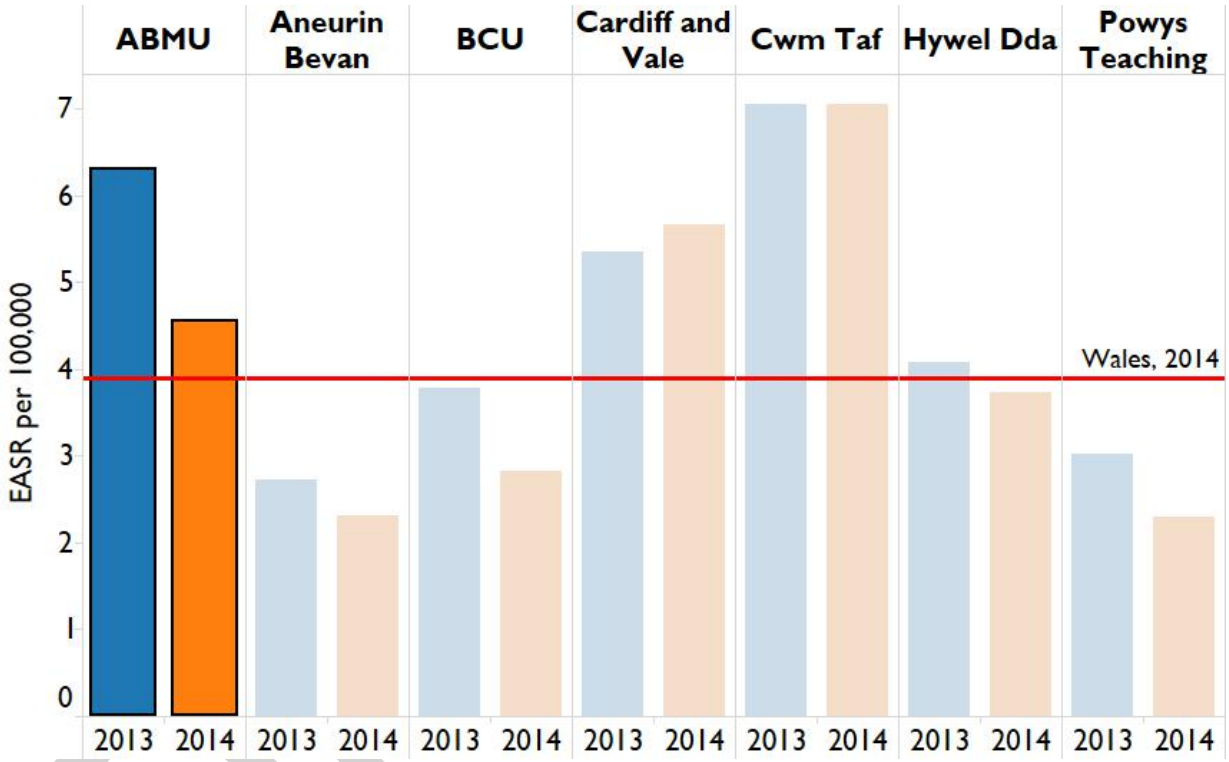
Client Data taken from Paris system 24/04/2015.

5.4. Mortality rates for drug misuse

The diagram below illustrates the number of drug related deaths in all the APB areas 2013 and 2014.

Even though ABMU rates are above the Wales average for 2014 there has been a significant decrease from 2013 to 2014 that cannot be seen in other areas.

Table 5.3: EASR per 100,000 population, all drug misuse deaths, 2013 and 2014



Source: Public Health Wales presentation to APB 3 December 2015

5.5. Alcohol misuse

Data about alcohol misuse in the Western Bay area are as follows.

Measure	Swan	NPT	Bgnd	WB	Wales
Drinking above guidelines on heaviest drinking day				44.4%	42.7%
Binge drinking on heaviest drinking day	27.9%	28.2%	29.3%	28.8%	26.6%
Alcohol specific hospital admissions per 100,000 population	340	340	285	324	339
Alcohol attributable hospital admissions per 100,000 population	1,106	1,141	1,090	1,110	1,129
Alcohol specific mortality per 100,000 population	14	12	16	14	13
Alcohol attributable mortality per 100,000 population	52	53	59	54	51

Source: Alcohol and health in Wales 2014 (Public Health Wales).

In a 2013 survey of adults aged 16 and above in Western Bay 180,947 people reported drinking alcohol above guidelines on at least one day of the previous week. 25,756 people were reported as drinking at hazardous levels, with an estimated cost to the NHS of £345,110. Projected figures over the next three financial years estimate 26,726 in-patient admissions related to alcohol and 197,206 attendances at A&E departments (Alcohol Impact Model; Invest to save analysis 2015)

In their report, 'Measuring the Units: A review of patients who died with alcohol-related liver disease' the National Confidential Enquiry into Patient Outcome and Death (2013) recommended that:

- All patients presenting to hospital services should be screened for alcohol misuse. An alcohol history indicating the number of units drunk weekly, drinking patterns, recent drinking behaviour, time of last drink, indicators of dependence and risk of withdrawal should be documented.

- All patients presenting to acute services with a history of potentially harmful drinking, should be referred to alcohol support services for a comprehensive physical and mental assessment. The referral and outcomes should be documented in the notes and communicated to the patient's general practitioner.

- Each hospital should have a 7-day Alcohol Specialist Nurse Service, with a skill mix of liver specialist and psychiatry liaison nurses to provide comprehensive physical and mental assessments, Brief Interventions and access to services within 24 hours of admission.

5.6. Blood borne viruses and needle exchange

There is strong evidence that the prevalence of hepatitis C among people who inject drugs (PWID) in Swansea is at 70%. The Welsh average is estimated at 50% (PHW; 2015).

Since 2000, there has also been a steady increase in the number of confirmed cases of HIV in Swansea. In the last year, until March 2015, 7 confirmed cases of HIV have been identified and these individuals are PWID. Until recently, HIV amongst the drug using community has remained relatively uncommon across ABMU. It is believed that these individuals are also infected with Hepatitis C. This is the first cluster of HIV amongst PWID seen in 14 years within the UK. It is believed that the increase in BBV transmission is linked to an increase in the injecting of stimulants.

The transmission of blood borne viruses (BBV) among injecting drug users can be controlled and prevented through a range of harm reduction measures. However the emergence of new psychoactive substances (NPS), particularly injectable stimulants appears to be weakening our current infection control strategy.

Needle exchange services are currently provided from 31 community pharmacies and 6 third sector agency sites. In 2014-2015 the National Needle Exchange database reports that 6364 unique individuals used these services.

Service providers and community pharmacies play a key role in the strategy to reduce the harm from injecting drug use; providing accessible sterile injecting equipment, condoms and harm reduction advice. Community pharmacies support our campaign to engage PWID with treatment services and limit the transmission of BBV's.

5.7. Naloxone provision

Take home Naloxone (Prenoxad) is a prescription only medicine used to reverse the effects of opioid poisoning. It can be supplied to an individual, or their carer for amily or friends, who is considered to be at risk of overdose. The law allows that Naloxone can be given by any member of the public who is trained for the purpose of saving lives.

As outlined above, even though Western Bay's drug related death rates are still above the Wales average, the rates have decreased significantly in recent years. This trend coincides with the success of the Welsh Government funded Prenoxad trial. The table below highlights the numbers of individuals trained in the use of and issued with THN in each APB.

Unique individuals (UIs) trained and issued with THN by APB

	UIs Issued THN 2013-14	Mid-Year Population (2013)[a]	Rate Per 1000 Population	UIs Issued THN 2014-15	Mid-Year Population (2014)[b]	Rate Per 1000 Population	Change in Rate Per 1000 Population
ABMU	196	335755	**0.58**	321	335669	**0.96**	**0.38**
Aneurin Bevan	147	369613	**0.40**	116	368561	**0.31**	**-0.09**
BCU	105	428050	**0.25**	109	425967	**0.26**	**0.01**
Cardiff and Vale	203	323193	**0.63**	185	324020	**0.57**	**-0.06**
Cwm Taf	57	190204	**0.30**	29	190063	**0.15**	**-0.15**
Hywel Dda	79	236707	**0.33**	68	235016	**0.29**	**-0.4**
Powys Teaching	20	79515	**0.25**	28	78903	**0.35**	**0.10**

[a, b] based on 2013/14 mid year population estimates aged 15-64 years (ONS, 2014-15)

The recent changes to the regulations concerning the supply of Naloxone have changed the way that clients are able to access this medication. It is now possible for Naloxone to be supplied, not only by nursing and pharmacy staff, but also by a drug service commissioned by a local authority or NHS. As well as past and present opiate/opioid users, the regulations on who can carry and administer Naloxone have been extended to include;

- A carer, family member or friend liable to be on hand in case of overdose
- A named individual in a hostel (or other facility where drug users gather and might be at risk of overdose), which could be a manager or other staff

This change can only be seen as a positive measure in helping to reduce the number of drug related deaths in the region. All of the 17 distribution sites in Western Bay have a designated Naloxone Lead to ensure that the regulations are adhered to fully.

5.8. Levels of crime

Alcohol consumption, and less often drug consumption, is a major contributing factor to violent crime. The rates for violent crime have been on the increase across the region since 2013 with particularly large increases in Swansea.

Recorded Crime	Bridgend CSP		Neath Port Talbot CSP		Swansea CSP	
	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15
Violence against the person	1869	2529	1594	2242	3683	4675
Sub Category: Violence with Injury	*929*	*1018*	*772*	*892*	*1892*	*1902*
Sexual offence	143	199	103	176	285	315
Robbery	27	30	30	20	56	64
Sub-total: violent crime	2039	2758	1727	2438	4024	5054
Drug trafficking	79	83	70	81	154	147
Other drugs offence	349	425	298	222	700	792
Data extracted from Performance Data on SWP Intranet 7th December 2015						

5.9. Service specific issues

Critical care services

There are specific issues with patients with substance misuse issues cared for in a critical care environment. Morriston ITU has 28 beds and admits approximately 1,200 patients per annum:

- A survey last November/December of 10% of admissions (n=120) noted a large proportion with mental health disorders and drug misuse.
- Following this the ITU discharge summaries for 2014 were reviewed (n= 1243)
- 73 admissions (5.87% of all admissions) were admitted due to overdose or hanging.

It has become clear that there has been a significant increase in numbers of patients with substance misuse –there have been occasions where 5 of 28 ITU cases have been ventilated patients known to be IVDUs.

- These patients are difficult to manage.
- There is a lack of a pathway/system that has been considered and agreed with senior clinicians in that field.
- The current system tends to be through liaison psychiatric nursing and input only really starts once patients are able to communicate and often this is almost at the point of discharge.
- Clinical challengers exist with regard to how best to manage sedation in this patient group.

Follow up clinics reveal a large proportion with mental health issues, 50% with depression, 25% with anxiety, 25% with PTSD following ITU stay. This is particularly noted after sepsis (Long Term Health-Related Quality of Life in Survivors of Sepsis in South West Wales: An Epidemiological Study. Battle C et al On line: 10.1371/journal.pone.0116304

The Community Drug and Alcohol Team have delivered a nurse led, substance misuse liaison service at the Princess of Wales Hospital for six years. This service is commissioned by the Area Planning Board. In 2013 the service was extended to Moriston and Singleton Hospital utilising reconfigured existing funding from CDAT. The current Liaison Nurse roles have a focus on ED, CDU and gastroenterology units.

Prescribing capacity

A number of prescribing services are currently commissioned within ABM. Some are commissioned via the Health Board's funding and some are commissioned directly by the Area Planning Board using money from the Substance Misuse Action Fund.

The Community Drug and Alcohol Team within ABM University Health Board provides secondary care specialist addiction services.

Primary care services include the PSALT service in Swansea, with a prescribing capacity of 300.

A shared care contract is in place with 20 different GP practices across Bridgend and Swansea. Although approximately 130 prescribing places exist, a cap on prescribing numbers and the fact that the service specification covers opiate prescribing only, precludes clients with alcohol related issues from receiving a prescribing service via their GP.

Neath Port Talbot employs a Nurse Prescriber in secondary CDAT services as an alternative to a local enhanced service, with a capacity of 120.

CDAT also employ a sessional GP provides a 'virtual' primary care service, with a capacity of 80 patients, to those clients who are suitable for prescribing in primary care, but whose GP does not participate in the shared care scheme.

PSALT and CDAT currently have a waiting list of six months for prescribing. The prescribing budget for the CDAT has a predicted end of year overspend of £100,000. This has reduced from previous years, where the overspend was c£190,000, however continual scrutiny of medications prescribed, dispensing intervals and supervision arrangements have resulted in substantial cost savings in this element of service. The financial risk of prescribing overspend lies with ABM University Health Board and is not sustainable.

Shared care

Across the ABM area, access to specialist prescribing in primary care has developed inconsistently. This has been due to the differing priorities of the three Community Safety Partnerships in the commissioning of substance misuse services.

There are opportunities with the establishment of the primary and community networks to undertake services on a network basis utilising the skills of specialist GPs. A network in Swansea and another in Bridgend have developed proposals to care for patients on a network basis.

ABMU HB has committed to undertake a review of the current shared care system covering the following areas:

- The optimum service model to be implemented in relation to substance misuse shared care across the ABMU Health Board area, including the opportunity to transfer care for alcohol services or initiation of substitute prescribing. The service model should be built on the optimum outcomes for patients/ clients of the service.
- Ways to address any inequities in current service provision
- Resources required to implement the required service model
- Robust processes for the assessment and transfer of patients to shared care arrangements including the necessary screening and information provision
- Timeliness/ frequency of patient monitoring /review
- Waiting times and optimum length of time in service
- DNA rates
- Robust arrangements to ensure continuity of care in the event of a breakdown of the shared care arrangement.
- Required auditing processes and procedures

The outcome of the review with costed recommendations will be reported to the Primary and Community Services Management Board and the ABMU Area Planning Board for consideration when recommissioning services.

Needle Exchange and Community Pharmacies

Across the Western Bay region, there is a strong indication that Swansea, particularly the SA1 area, has the highest density of PWID. In 2014-15 there were a total of 2574 unique individuals accessing Needle and Syringe Programmes (NSPs) in Swansea. It is also estimated that over 50% of the PWID population are unknown to structured treatment services (PHW; 2015).

Approaches to implementing NPSshave varied in each authority area. Bridgend and Neath Port Talbot currently have adequate provision however the number of outlets in Swansea does not provide adequate coverage against the aggregate PWID population, particularly in the SA1 area. With the exception of SANDS Cymru and WCADA, there are no NSP sites in Swansea town centre. There are no NSP services in the town centre that provide NSP provision at the weekend. The introduction of community pharmacies in the town centre would improve access and coverage to NSPs. It is envisaged that this would increase transaction activity and reduce the incidence of reusing and sharing of injecting equipment.

5.10. Conclusion: needs analysis

The data and information contained in the previous section enable a number of conclusions to be drawn to inform this commissioning strategy as follows:

Need	Detail
Investment in Prevention	Awareness raising, providing support, referral and early intervention, developing the skill of the generic workforce and enabling healthy choices. To limit the numbers engaging in drug use or progressing into harmful drug use
Critical care provision	A recent review has concluded that there are specific issues with patients with substance misuse issues cared for in a critical care environment
Capacity of GPs	GPs are the second largest referrer to services and consideration needs to be given to increasing the capacity of GPs for prescribing and shared care and to include alcohol in the service specification.
Shared care	Consideration should be given to a whole scale review of the current situation around GP shared care in the region. The model of shared care currently operating is disparate and does not allow parity of access to normalised treatment from primary care.
Outreach education	In response to the increase in BBV transmission in the region consideration should be given to the expansion of prevention and education work, particularly in outreach services.

Need	Detail
Needle exchange service	Consideration should be given to expanding pharmacy provision and increasing the promotion of Needle and Syringe Programmes via improved signposting and marketing.
Naloxone training	Momentum should be continued in relation to the progress Western Bay has made with the training in and distribution of Naloxone
Consistent pharmacist remuneration	All NEX Pharmacists in Wales except those in Swansea locality are remunerated under the CPW agreement. Consideration to be given for Swansea locality NEX pharmacists to be remunerated under the CPW agreement along with Bridgend and Neath Port Talbot, to bring them in line with the rest of Wales.
Central Swansea NEX pharmacies	The revival of central Swansea NEX pharmacies should be a priority. The APB Harm Reduction Group have recommended that up to 5 central area pharmacies be established.
Needs of older people	The ageing population in the region will mean that service provision will need to consider additional complex needs of this particular cohort.
Parity of services	To ensure parity across the region in the delivery of services, in particular waiting times for prescribing treatment.
Needs of homeless people	The need for stable integrated and dedicated resources for the homeless, for those with additional health and social care needs and psychosocial and sexual health issues.

Need	Detail
Partnership working with the Police	The volume of violent crime in the region is increasing. Support should be provided to increase partnership working and the capacity of the Police to positively impact on areas of service that will reduce alcohol related violence in relation to the the night time economy. Swansea's Help Point is a positive example of this. Services commissioned will also be expected to work closely with services provided for victims and perpatrators of domestic abuse as substance misuse often features strongly in their lives. Substance Misuse services have a statutory obligation to ask and act on domestic abuse.

6. USER AND PROVIDER CONSULTATION

6.1. The consultation process

This section sets out the various service requirements that have been gathered through the various consultation processes. These will be used to test the existing services for fitness and to ensure new services are appropriate. The strategy has been built on extensive engagement.

In September 2013 three initial workshops were attended by members of the Western Bay Project Team. A further five workshops were held to consider local priorities. The groups attracted over 100 attendees and included representatives from:

South Wales Police	ABMU Health Board,
Local Authorities	South Wales Probation Trust
Substance misuse provider agencies	Public Health Wales
Service users	Supported housing projects
Cyrenians	HMPs Parc and Swansea
Integrated Offender Management Services	The Youth Offending Services
Carers	Child and Adolescent Mental Health Services

6.2. What service users said they wanted

Service users said that the key issues for them were:

- Reduced waiting times for prescribing, particularly for detoxification.
- Increased support outside of weekdays, 9-5.
- Uniformity of access to consistent services.
- Faster access to residential rehabilitation placements.
- More engagement of service users in the design and delivery of services
- More after care services
- More help in accessing housing, education and employment

6.3. Provider needs

Service providers said that the key issues they faced were:

- Fit for purpose accommodation to enable effective service delivery, urgently required in the centres of Swansea and Bridgend.

- Regional performance measures that are easy to capture and meaningful and streamlined commissioning that ensures resources are used for direct services not backroom functions.

- A reduction in drug related deaths and continued provision of harm reduction services.

Another important issue raised in the engagement is that although specialist agencies provide many of the services for people affected by substance misuse, there are a large range of other generic services which will also come into contact with these individuals and their families and carers. We need to ensure that service users have full access to these wider generic services and are not disadvantaged in accessing them. This not only relates to their health and wellbeing but wider determinants such as access to benefits, work, appropriate housing, training and social inclusion.

Making a difference in these areas requires the APB partner organisations to work within other partnerships and organisations with this aim. These will include Single Integrated Plan Processes, Local Service Boards, Youth Offending & Early Interventions Board, Regional Supporting People Partnership, Children & Young People's planning arrangements, Child & Adolescent Mental Health Services Planning Group, the Health Social Care & Wellbeing Third Sector Network, Homeless & Vulnerable Groups Action Planning Team, Western Bay Safeguarding Board and others.

We also need to increase the support and training we provide to partner organisations, such as primary care, criminal justice and social services, to enable them to better advise, engage with and signpost people needing help. The commitment of all service providers, both specialist and general, in the Region, to support these agencies, provides an excellent foundation in delivering responsive and effective care for people and their families who are affected by substance misuse.

7. PRINCIPLES OF SERVICE DESIGN

7.1. Service review

In 2011 the Welsh Government conducted a review of substance misuse services across the ABMU area, largely in response to the long and different waiting times being experienced across the region for accessing specialist treatment services, in particular prescribing. The main recommendations were:

- That an integrated service model should be implemented across the Region for specialist substance misuse services so that seamless care is provided for service users.
- Service users should have regular reviews of their progress in treatment and be involved in the planning and delivery of their care.
- Service users should have access to prescribing delivered by GPs.
- Specialist substance misuse liaison services should be available to district general hospitals.
- Harm reduction and harm minimization interventions should be widely available.
- Those individuals in vulnerable groups, such as pregnant women, people who are homeless and people who have co existing substance misuse and mental health problems should be offered flexible, accessible and responsive services.

7.2. Principles of commissioning

There are 3 key principles that are fundamental to service delivery and development of substance misuse services:

- Services should be coordinated, of high quality and be evidence based.
- Service delivery should involve and actively engage partner agencies, service users and carers in all levels of policy, planning and review and commissioned in accordance with the Welsh Government Treatment Framework on service user involvement – outcome measures associated with service user involvement are in appendix 2.
- Service planners should ensure equity of access to services and support regardless of age, gender, race, disability, sexual orientation, religion or culture.
- Service planners should ensure the appropriate distribution of resources across all 4 areas of the Stategy objectives.

Service delivery should take account of the language needs of service users, particularly Welsh and ethnic languages.

Commissioning will also ensure that substance misuse action areas are aligned to the priorities of the Wellbeing of Future Generations Act and the associated outcomes set out in the National Substance Misuse Delivery Plan:

1. A healthier Wales
2. A more equal Wales
3. A prosperous Wales
4. A Wales of vibrant culture and thriving welsh language

5. A Wales of cohesive communitiesThe APB will also adhere to 1-5 of the Welsh Government's Substance Misuse Core Standards when commissioning services.

Using the three principles, the language needs of users and the core standards as the starting point, the APB will ensure that it will commission services that are:

- Integrated and provide easily accessible, effective, high quality services that focus on recovery and reintegration.
- Evidence and best practice based.
- Expanded by increasing access to and retention in services and reducing unplanned discharges.
- Underpinned by robust clinical governance.
- Focused on the safeguarding of vulnerable adults and children.
- Underpinned by clear and effective processes to ensure high service levels are maintained where services link to other services.

Services will be required to publish their performance data on their websites in a standard format.

7.3. Core standards

Providers will be expected to meet the Welsh Government's Substance Misuse Core Standards when providing their services and also to provide practical actions and measurable outcomes that evidence that the standards have been met:

- Core Standard 6: Effective information system and integrated information technology is used to inform and support the planning and delivery of treatment services

- Core standard 7: People accessing treatment are not unfairly discriminated against on the groups of age, gender, disability, ethnicity, race, religion, or sexual orientation.

- Core Standard 8: The view of service users, carers, relatives and the public are taken into account in the design, planning, delivery and review of all agencies.

- Core Standard 9: The principles of quality and safety underpin the delivery of services.

- Core standard 10: Service users are provided with evidence based interventions and care that conforms to all relevant, extant guidance

- Core Standard 11: Service users are provided with responsive, appropriate and seamless interventions and care that reflects their physical, social, psychological needs and preferences.

- Core standard 12: Service provider premises are environmentally safe, secure and properly accessible and as a minimum take account of:

    - Public and staff safety and well being

    - Different service users' needs, e.g. wheelchair access

    - Privacy and confidentiality

    - Protect People, property and assets

- Core standard 13: Service users are treated with dignity and respect that is sensitive to individual needs, including language, cultural and physical needs.

- Core Standard 14: Service users' information is treated confidentially, except where authorised by legislation.

- Core standard 16: Organisations comply with national child protection guidance within their own activities and in dealing with other organisations.

- Core standard 17: Organisations comply with safeguarding requirements for the protection of vulnerable adults within their own activities and in dealing with other organisations.

- Core Standard 18: Case records are created, maintained, stored and disposed of in accordance with extant legislation and national guidance that safeguarding service users confidentiality.

- Core Standard 19: Systems are in place to identify report, investigate and learn from adverse events and near misses involving service users.

- Core Standard 20: Complaints about service provision and deliver are investigated promptly and thoroughly and the outcome reported back to the complainant.

- Core Standard 21: The management of medicines including use and storage will comply with controlled dugs legislation, other legislations, licensing and guidance.

- Core Standard 22: The procurement, use and disposal of medical equipment and devices are managed properly within current guidelines and legislative requirements.

- Core standard 23: Organisations have human recourse management systems in place that:

    - Support staff and value the individual contribution; and

    - Treat staff with dignity and respect, value, understand and respect diversity.

- Core standard 24: Staff responsible for developing and delivering services are appropriately recruited, training and qualified for the work they undertake in line with national guidance.

- Core Standard 25: All interventions are delivered by appropriately trained and qualified staff that is supervised where appropriate.

7.4. Commissioning themes

'There are a number of themes that will run through the preparation of the substance misuse commissioning plan including:

- Ensuring that the principles of prudent health care are embedded in all parts of the commissioning process.

- Ensuring services commissioned embed the principles of recovery.

- Ensuring that services have been influenced by the needs and views of service users.

- Services deliver clear measurable outcomes.

The intention of the board is to redesign the delivery of the individual substance misuse services across the three member areas into a single integrated modular service, in line with current best practice.

Local and national priorities will be met by:

- Evaluating existing contracts, service arrangements and interventions.

- Reviewing existing services and other agreements against local and national priorities. Any services that are not configured to meet the priorities will be reformed in such a way to ensure they do.

Future Service Requirements

- Service Co-production - Service providers, service users and carers want increased engagement in service design and evaluation using co production to ensure services are fit for purpose and accessible

- Collaborative Service delivery – Service users to collaborate in their own care plans and have a greater say in the interventions they receive.

- Service Location – Ensure that services are near public transport routes, have flexible opening times and quick access to treatment to reduce the need for multiple visits.

- Service Governance – The APB will govern the totality of the services provided to ensure that they come together to form an effective whole. This will be achieved using a standard Commissioning approach, standard service performance measures and by monitoring and managing the performance of the services that are provided and all associated interventions. The APB will also provide a strategic steer to providers and act as a central point ensuring consistence and high service quality and cost effectiveness. The Western Bay APB will also work with other Area Planning boards to jointly commission services across APB boundaries when this offers increased efficiency.

- Service Performance Transparency – The APB will ensure that service performance information is freely available and will ensure that services display their performance data on their websites.

- Service Communication and Data flow – The APB will develop a communications strategy to ensure that stakeholders receive appropriate information in a timely manner. Where appropriate and when it aids service users, services will share information ensuring service continuity and effectiveness.

7.5. Desired outcomes

A robust contractual and monitoring arrangement will be built into future service level agreements to enable the APB to have clear evidence of outcomes that benefit our client population. The main desired outcomes are as follows:

- **People are healthier and experience fewer risks as a result of alcohol and drug use:** a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.

- **Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others:** a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.

- **Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use:** a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.

- **Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances:** this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.

- **Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour:** reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.

- **Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery:** services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.

8. SERVICE PROVISION REQUIRED

8.1. Introduction

The outcome of the research we have gathered and our consultation workshops has told us that we need to change some of the services that we deliver locally to make sure we meet people's needs effectively.

This section contains service specific needs that have been identified from the local service reviews and an engagement process, over a number of months with service users, carers, service providers and partner organisations, along with service provision required to meet those needs that the APB will be looking to commission in 2017.

We will commission the services outlined in the following tables to ensure they meet the needs of service users and agencies in each of the following four priority action areas outlined in the Welsh Government's Substance Misuse Strategy for 2008 - 2018, "Working Together to Reduce Harm":

- Action Area 1: Preventing Harm – helping children, young people and adults resist or reduce substance misuse by developing a health promoting infrastructure which includes, but is not limited to, providing information about the damage that substance misuse can cause to their health, their families and the wider community.

- Action Area 2: Support for substance misusers – to improve their health and aid and maintain recovery thereby reducing the harm they cause themselves, their families and their communities.

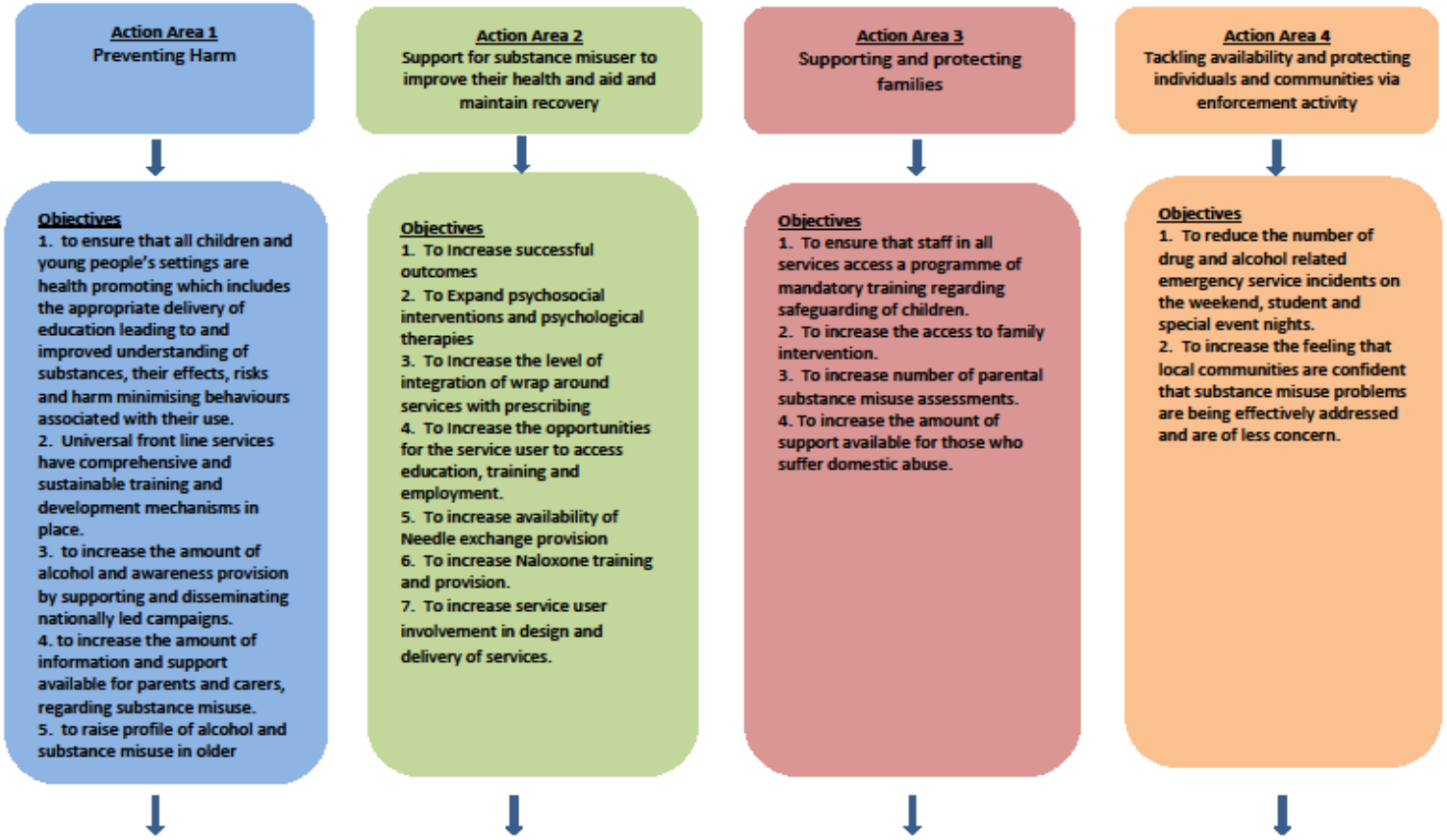
- Action Area 3: Supporting and protecting families – reducing the risk of harm to children and adults as a consequence of the substance misusing behaviour of a family member.

- Action Area 4: Tackling availability and protecting individuals and communities – reducing the harms caused by substance misuse related crime and anti-social behaviour, by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substance.

Commissioning will also adhere to the three key principles of the Social Services and Well-being (Wales) Act (see section 2.1) with particular emphasis on prevention and early intervention.

Western Bay Area Planning Board

Performance Management Outcomes and Measures



How objectives will be measured

1. Number of schools successfully completed Healthy Schools Scheme chapter on substance use and misuse.
2. Evaluation mechanism in place to measure the implementation of the policy.
3. Number of referrals made from schools and youth settings to tier 2 services.
4. Number of referrals to tier 2 services from tier 1 services
5. Increased liaison between tier 1 and tier 2 services.
6. Increase in the amount of alcohol awareness information disseminated in community settings (yearly).
7. Analysis of evaluation date provided by the MECC programme.
8. Number of parents/carers that liaise with substance misuse services for advice and support.
9. Number of sessions delivered to older persons groups.

How objectives will be measured

1. Number of completed care plans (increase)
2. Number of client re-engagements decrease after successful treatment finish.
3. Number of staff trained to cover more psychosocial interventions (PSI) and psychological therapies (PT).
a. Number of session of PSI and PT provided to clients.
4. Number of clients accessing other services in addition to prescribing.
5. Number of education/Training and employment awareness raising events provided to client groups.
6. Number of sites available for needle exchange services.
7. Number of people training in Naloxone.
8. Number of sites available for Naloxone distribution.
9. Number of fatal/non-fatal overdoses.
10. Number of service providers with service user and carer involvement action plans.
11. Number of service providers aware of the national principles of public engagement training.
12. Number of service users engaged in/utilising feedback mechanisms.

How objectives will be measured

1. A record of staff and service compliance as part of contract monitoring systems.

2. Number of appropriate referrals to family intervention services

3. Number of appropriate referrals to parenting support schemes.

4. Number of mandatory training sessions provided to professionals on recognising signs of domestic abuse.

5. Number of domestic violence issues identified in care plans and successfully completed.

How objectives will be measured

1. Number of alcohol related hospital admissions.

2. Number of people that accessed the Swansea Help Point and were diverted from hospital or arrest.

3. Number of incidents of drug and alcohol related crime in the town centres (reduction).

4. No of alcohol/ substance misuse community based penalties issued (reduction).

5. Number and percentage of residents reporting substance misuse as a concern (reduction).

Proposed Service Delivery

The new service model will respond to the needs of children and young people and adults, alcohol and drug users. This does not mean that all services would be delivered by one agency or one contract, but that a whole systems approach is taken which responds to all presenting need in an integrated way.

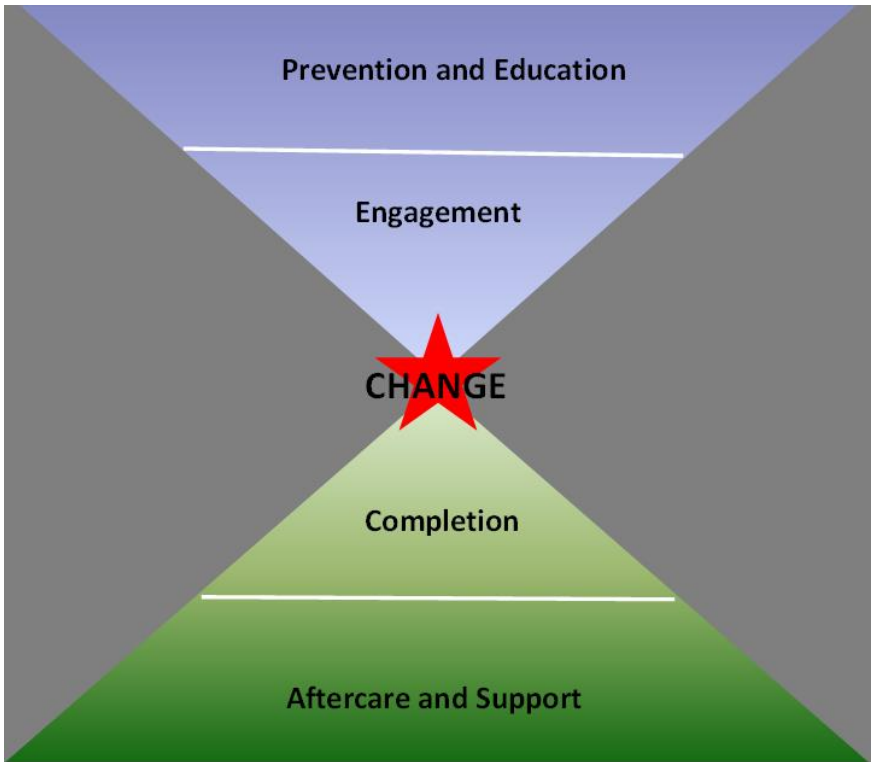
The objectives for the service model are to:

- Maximise the number of clients who achieve recovery
- Reduce the harm to individuals and families as a direct or indirect result of substance misuse, including supporting those for who recovery is not yet an option
- Ensure service users are at the heart of the treatment system and their own recovery journey
- Respond to current need and be flexible to future changing needs

Through provision of treatment that is:

- Able to intervene early through identification, training and screening
- Recovery focussed offering a visible recovery community and rebuilding community assets
- Easily, accessible and easy to navigate
- Joined up – for polysubstance users
- Evidence based but with freedom for expert clinically-led innovation
- Cost effective and delivering value for money

The following diagaram represents the proposed sytem model:



Prevention and Education
Actions to help children, young people and adults resist or reduce substance misuse by providing information about the damage that substance misuse can cause to their health, their famililes and the wider community. Key components of this would be:

- Greater focus on alcohol – a range of actions which seek to raise awareness of sensible drinking
- Children and young people – early engagement with children throughout their school career, early engagement with parents before problems have arisen, awareness raising regarding the damage caused to young people's health and the wider community from violence and anti-social behaviour as a result of misusing alcohol and other issues such as teenage pregnancies, STDs, suicide, self harm, domestic abuse and sexual exploitation.
- Promoting inclusion – dealing with risk factors that lead to people misusing substances such as poor parental supervision, a history of problematic family use, lack of engagement at school, negative peer influences.
- Targeting interventions – linking with other agencies and iniatives locally such as Communities First, domestic abuse agencies, youth offending teams, youth services etc. Recognising the importance of training in substance misuse issues for the children's workforce.
- School based education and support – continuing to support the Healthy Schools Scheme and the All Wales Police Core Programme.
- Role of parents and carers – consideration of ways to engage parents in the prevention work with children of school age, general awareness raising for parents and carers of the consequences of the harmful use of substances.
- Identifying and supporting older people at risk – development of specific local health promotion programmes relating to older people's use of alcohol and awareness raising for professionals who come into contact with older people on the risk of misusing alcohol and POM or OTC medicines.

Engagement
During the engagement phase clients will begin to get help with their substance misuse. At this state of a clients journey they will have a single point of contact , comprehensive assessment and recovery planning service. This will enable them to access appropriate revovery-focussed treatment and support. Key components of this stage would be:

- Comprehensive assessment, recovery planning and care co-ordination
- Risk assessment
- Low threshold and brief interventions
- Needle exchange and syringe provision
- Harm reduction and healthcare interventions

Change
During the Change phase of a clients journey they will have access to a fully integrated treatment service enabling clients to stabilise and reduce their drug and/alcohol use, facilitate recovery and promote health and wellbeing. Key components of this stage would be:

- Recovery planning and ongoing care-cordination
- Specialist treatment provision

- Inpatient/community detoxification and stabilisation
- Structured psychosocial interventions
- Family Support
- Diversionary activities
- CAMHS
- Access to residential rehabilitation*

  * there is a national residential rehabilitation framework of approved providers that will be accessed by service users.

Completion
The completion phase of a client's journey will deliver interventions to enable people to become drug or alcohol free and recover. This will include promoting and supporting reintegration to other services such as training and employment. Key components of this stage would be:

- Access to training, education and employment support
- Relapse prevention/aftercare

Aftercare and Support
These services will enhance and develop the support that is offered to clients through the enagagment, change and completion phases in order to help aid their recovery. Key components of this phase would be:

- Tackling discrimination and stigma in the community
- Advocacy
- Support for carers and concerned/significant tohers
- Peer support opportunities
- Diversionary activities

In terms of capacity and the wider Western Bay workforce the APB aspires to support more people delivering drug and alcohol interventions as early as possible. The following diagram shows the interventions behind the service:

8.2. Action Area 1 – Preventing Harm

The Need	Objective	Measurement	Proposed Service Provision
Children and young people are provided with an effective range of universal education and prevention measures to enable them to make informed choices regarding the use of alcohol and other substances.	To ensure that all children and young people's settings are health promoting which includes the appropriate delivery of ; education . Leading to an improved understanding, knowledge and awareness of substances, their effects, risks and harm minimising behaviours associated with their use.	Number of schools successfully completed Healthy Schools sheme chapter substance use and misuse. Number of schools adopting the WB schools substance misuse policy. Evaluation mechanism in place to evaluate the implementation of the policy. Number of referrals made from school and and youth setting to tier 2 services.	• Standardisation of Substance misuse educational programme and advice service across the curriculum and all age groups. • Investment in skill and competency development across universal settings that work directly with children and young people.. • Quality assured accessible information and advice • Service user feedback

The Need	Objective	Measurement	Proposed Service Provision
Staff working with children and young people are skilled and competent to prevent and respond to the needs of children and young people who are at risk of misusing drugs and alcohol	Universal front line services have comprehensive training and development mechanisms in place that are sustainable	Referrals to tier 2 services from tier 1 services. Increased liaison between tier 1 & 2 services	• Support Healthy Schools Scheme to develop a healthy school setting • Appraise and support universal workforce development strategies, that work with children and young people and enable access to appropriate learning opportunities.
Stop the rise in young people and adults drinking alcohol	To increase the amount of alcohol awareness provision by supporting and disseminating nationally led campaigns. That this message is communicated appropriately in the relevant settings and forums.	Account for the work of alcohol awareness information events disseminated in settings (yearly). Account for the number of health promoting settings that are accessed by working age adults and older people. Local evaluation datea provided by the Make Every Contact Count (MECC) programme.	• Standardisation of health education and campaigns with particular regard for children and young people across the region. • Working with WG, Alcohol Concern Cymru and Public Health Walesto provide quality assured information regarding. • Information and advisory treatment framework to be incorporated into routine work. • APB to engage with national alcohol policy planning

The Need	Objective	Measurement	Proposed Service Provision
Parents and carers have access to a range of information and sources of help to enable them to make informed choices.	To increase the amount of information and support available for parents and carers, regarding substance misuse..	Number of parent/carers that liaise with substance misuse services for advice and support regarding someone else's substance misuse.	• Substance Misuse services to market the parent carer support service by various means, websites, leaflets, community events etc. • Information and advisory treatment framework to be incorporated into routine work.
The needs and prevelance of alcohol misuse amongst older people across the region is understood and a range of evidence based health promoting interventions are developed to meet need.	To raise the profile of alcohol and substance misuse in older people.	Number of sessions delivered to older persons groups e.g. nursing homes, age concern.	• Engagement with older people services providing training programmes to increase awareness • Health education and campaigns focused events, information, leaflets.

8.3. Action Area 2 – Support for substance misusers

The Need	Objective	Measurement	Proposed Service Provision
Access to appropriate treatment at all levels based on individual need. Service users achieve planned treatment and support goals. Service users are able to contemplate, prepare for and engage in specific interventions aimed at reducing and abstaining from the use of	To increase successful outcomes.	Number of completed care plans (increase). Number of client re-engagements decrease after successful treatment.	• Assessment service provided adheres to the WIISMAT. • Active service user involvement groups/forums. • Service user feedback mechanisms are incorporated into the processes of all agencies so that every service user can provide feedback. • TOPs to be completed by service provider with service user.
	To expand psychosocial interventions and psychological therapies	Number of staff trained to cover more psychosocial interventions (PSI) and psychological therapies (PT). Number of sessions of PSI and PT provided to clients.	*For both CYP and Adult services.* • Psycho-social interventions both high and low intensity to be provided by appropriately qualified providers. • Inpatient detox, residential rehabilitation and community prescribing to be implemented when identified. • GP shared care, virtual GP, Nurse prescribing, automatic dispensing. • Prescribing regimes to be in conjunction with wrap around services (not in isolation). • BBV prevention and testing with treatment. • Supervised consumption service.

The Need	Objective	Measurement	Proposed Service Provision
drugs/alcohol. To sustain the outcomes achieved through treatment and support in the long term.	To increase the level of integration of wrap around services with prescribing	Number of clients accessing other services in addition to prescribing.	• A Substance Misuse and mental health co-occurring service establishing with clear care pathways established. • Needle syringe programme with Sexual health element. • Vulnerable groups service e.g. Gypsies and Travellers, Asylum seekers and refugees, veterans, old people etc. • Diversionary activities • Closer working with Domestic Abuse agencies
	To increase the opportunities for the service user to access education, training and employment.	Number of education/training and employment awareness raising events provided to client groups.	• Training and processes in place to support fatal and non-fatal poisonings. • Systems in place to encourage engagement. • All services should demonstrate Personal development plans (PDP) for employees.
	To increase availability of needle exchange provision	Number of sites available for needle exchange services.	• To maintain or increase capacity of sites throughout Western Bay Area.

The Need	Objective	Measurement	Proposed Service Provision
	To increase Naloxone training and provision.	Number of people training in Naloxone. Number of sites available for Naloxone distribution. Number of fatal/non-fatal overdoses.	• Partnership working between agencies to ensure appropriate levels of Naloxone training is provided. • Naloxone distribution service and monitoring of overdoses
	To increase service user involvement in design and delivery of services.	• Number of service provers with service user and carer involvement action plans • No of service providers aware of the national principles of public engagement and the WG framework for service user involvement • No of service providers attending service user and carers engagement training • No of service users engaged in/utilising feedback mechanisms	• An independent forum for service users to be established in conjunction with service provider user groups. The Independent forum will allow service users to share best practice and experiences from a wide range of services. • Service user feedback mechanisms is incorporated into the corporate processes of all agencies

8.4 Action Area 3 - Supporting and protecting families

The Need	Objective	Measurement	Proposed Service Provision
All professionals who come in contact with substance misusers and/or their children have a responsibility to ensure that children in these circumstances are identified as early as possible and are given appropriate support and protection To protect and care for children affected by substance misusing parents. To ensure that difficult decisions are made in the best interest of the child.	To ensure that staff in all servies access a programme of mandatory training regarding the safeguarding of children.	A record of staff and service compliance as part of contract monitoring measures.	• Specialist Hidden Harm Social Work provision • CYP service Talking therapy • Access to CYP mental Health service • Family and carer service • Improved access to Domestic violence, ethnic minorities service • Access to parenting classes • Peer mentoring provision

Recognition of the key role that families can play in substance misuse treatment, in terms of preventing and/or influencing the course of the substance misuse problem, improving substance-related outcomes for the user and also helping to reduce the negative effects of substance misuse problems on other family members.	To increase the access to family intervention.	Number of appropriate referrals to family intervention services	• Family, systemic therapy provision. • 1 to 1 and group work to be provided for both high and low intensity. • Specialist Hidden Harm Social Work provision • Access to IFSS intervention where appropriate • Access to Team around the Family intervention
	To increase number of parental substance misuse assessments	Number of appropriate referrals to parenting support schemes.	• Specialist Hidden Harm Social Work provision
Address the clear but complex links between substance misuse and domestic violence, both the misuse on the part of the abuser and misuse of substances by those being abused.	To increase the amount of support available for those who suffer domestic abuse.	To ensure that staff in all services access a programme of mandatory training regarding the recognition of signs of domestic abuse. No of domestic violence issues identified in care plans and successfully completed.	• Mandatory training programme for professionals on recognising the signs of domestic abuse • Improved access to specialist domestic abuse service provision.

8.4. Action Area 4 – Tackling availability and protection

Tackling availability and protecting individuals and communities via enforcement activity involves actions taken to assist in reducing the harm caused by substance misuse related crime and anti-social behaviour by tackling the availability of illegal drugs and the inappropriate availability of alcohol and other substances, including the sale of alcohol or solvents to young people. These needs will be addressed through activity by enforcement agencies.

The Need	Objective	Measurement	Proposed Service Provision
The need to increase the health and safety of the night time economies operating across the region	Decreased drug and alcohol related emergency service incidents on Friday, Saturday, student and special event nights	Number of alcohol related hospital admissions Number of people that accessed the Swansea Help point and were diverted from hospital Number of incidents of drug and alcohol related crime in the town centres	• These services are predominately criminal justice and law enforcement. All services are expected to demonstrate partnership and joint working.
The need to empower local communities to identify and respond to local substance use issues	Increasingly, local communities feel that substance misuse problems are effectively addressed, and of less concern	Number and percentage of residents reporting substance misuse as a concern	• Joint awareness raising campaigns and community active outreach services.

9. COMMISSIONING ACTIONS

This section contains the actions that will be taken prior to commissioning specific services, in order to have the commissioning framework in place to ensure the delivery of high quality services that meet the needs of the population.

The table overleaf has been compiled from the preceding sections of this document.

The structure is as follows:

- **Commissioning principles** have been identified from the material set out in the preceding sections of this plan.
- The **source** of that principle has been listed, such as APB policy, user consultation etc.
- Following discussions and further analysis an assessment of whether the need has been **met** or whether there is a **gap**

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
1. Do no harm.	Prudent Healthcare	Y	Overarching APB Clinical Governance Policy will be developed.	APB Team in conjuction with ABMU HB as part of the commissioning process to be completed by 31st March 2017
2. Minimum appropriate intervention.	Prudent Healthcare	Y	Services will be commissioned that provide integrated care pathways, avoid duplication of intervention and bring clarity and transparency in terms of who provides what	APB Team as part of the commissioning process to be completed by 31st March 2017
3. The principles of prudent health care are embedded in all parts of the commissioning process.	Welsh Government Substance Misuse Commissioning Guidelines			

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
4. Organise the workforce around the "only do, what only you can do".	Prudent Healthcare	N Integrated service model already agreed by the APB makes specific the interventions provided.	n/a	n/a
5. Promote equity.	Prudent Healthcare	Y	Re-commissioning process will ensure there will be parity of access, interventions and outcomes.	APB Team as part of the commissioning process to be completed by 31st March 2017
6. Uniformity of access to consistent services.	User consultation			
7. Flexible, creative, integrated services that provide equal access across the Region	APB commissioning policy			

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
8. Remodel the relationship between user and provider on the basis of co-production.	Prudent Healthcare		Within service level agreements commissioned providers will have explicit direction with regards to engagement with service users in planning, delivery and Evaluation of service	APB Team as part of the commissioning process to be completed by 31st March 2017
9. More engagement of service users in the design and delivery of services	User consultation			
10. Services have been influenced by the needs and views of service users	Welsh Government Substance Misuse Commissioning Guidelines			
11. Service providers, service users and carers engaged in service design and evaluation using co production to ensure services are fit for purpose and accessible.	APB commissioning policy			

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
12. Service users collaborate in their own care plans and have a greater say in the interventions they receive.	APB commissioning policy			
13. A pathway/system that has been considered and agreed with senior ITU clinicians	Survey	N This forms part of the new commissioned psychiatric liaison service to district general hospitals. ABMU will incorporate these actions into local delivery plans.	n/a	n/a
14. Managing sedation in ITU patient group	Survey			

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
15. Prescribing capacity – ensure that waiting lists are kept at a manageable level across the region.	Report	Y	Providers of prescribing services including primary care to ensure that the service offered across the region is flexible to cope with demand. Working group established in Feb 16 to deal with immediate issues in Swansea and to develop a costed plan for prescribing services going forward.	Working group to be led by ABMU to include the APB team. Sept 16.
16. Service users should have regular reviews of their progress in treatment and be involved in the planning and delivery of their care	Welsh Government	Y	APB Adult Treatment Sub Group to include this issue in their forward work plan to develop a process for involving service users in a multi-agency comprehensive review of care.	APB Adult Treatment Sub Group. Dec 16.
17. Service users should have access to prescribing delivered by GPs	Welsh Government	Y	Redesign of shared care service across Western Bay in liaison with heads of primary care. As principle 15 above.	See principle 15.

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
18. Specialist substance misuse liaison services should be available to district general hospitals	Welsh Government	N Substance misuse nurse service is in place for all district general hospitals across Western Bay.	n/a	n/a
19. A reduction in drug related deaths and continued provision of harm reduction services	Provider consultation	Y	There are a wide variety of relevant services and interventions available across Western Bay. However a gap has been identified of a lack of pharmacy NEx provision in Swansea. The APB to consider bringing on board more pharmacists in the centre of Swansea.	APB Team as part of the commissioning process to be completed by 31st March 2017
20. Harm reduction and harm minimization interventions are widely available.	Welsh Government			

women, older people, people who are homeless and people who have co existing substance misuse and mental health problems are offered flexible, accessible and responsive services		developed by APB. Strategy has been rolled out across the region along with specialist training sessions for staff. An appraisal of definitive funding streams to ascertain what funding is going towards substance misuse (such as supporting people funding in local authorities) is included in this strategy.		

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
22. Services are evidence and best practice based	APB policy	N ABMU HB representative to be involved in commissioning and development of services and will lead on the clinical governance policy.	n/a	n/a
23. Robust clinical governance	APB policy			
24. Services deliver clear measurable outcomes	Welsh Government Substance Misuse Commissioning Guidelines			

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
25. Increased access to and retention in services and reduced unplanned discharges	APB policy	N A KPI improvement action plan is in place to ensure performance against KPIs is improved and then maintained. Several actions in place to overcome issues that causes a failure on KPIs. Data cleansing exercises regularly happen to ensure providers aren't parking clients and they are being regularly reviewed.	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
26. A focus on the safeguarding of vulnerable adults and children	APB policy	Y	Specialist hidden harm social work services are available in all areas with the exception of Swansea. A similar provision will be commissioned in Swansea.	APB Team as part of recommissioning process. April 2017.
27. Clear and effective processes in place to ensure high service levels are maintained where services link to other services.	APB policy	N The APB KPI, Data and Information group will maintain a consistent focus on identified national and local performance indicators, taking swift action to remedy areas of poor performance.	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
28. Services should publish their performance data on their websites in a standard format	APB policy	Y	Will be included on APB website when developed. This will be a requirement of the tender documentation.	The APB Team Dec 2016
29. All patients presenting to hospital services should be screened for alcohol misuse and an alcohol history documented.	CEPOD	Y	Liaison services group to be established in ABMU HB	Substance Misuse Services Manager, ABMU Sept 2016
30. All patients presenting to acute services with a history of potentially harmful drinking, should be referred to alcohol support services.	CEPOD			
31. Each hospital should have a 7-day alcohol specialist nurse service.	CEPOD	Y	Commit to establishing 7 day cover and commissioning further support for inpatient services.	APB Team as part of re-commissioning process

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
32. Reduced waiting times for prescribing, particularly for detoxification.	User consultation	Y	APB to carry out analysis of current prescribing situation as part of tendering process.	APB Team April 2017
33. Increased support outside of weekdays, 9-5.	User consultation	Y	Services commissioned must evidence out of hours provision for clients.	APB Team April 2017
34. Faster access to residential rehabilitation placements.	User consultation	N A consistent method of assessing, approving and placing clients has been established in accordance with WG residential rehabilitation guidelines for APBs.	n/a	n/a
35. More after care services	User consultation	Y	APB to consider providing peer-led recovery activities (The Living Room, Cardiff best	Adult Treatment Sub Group Dec 2016

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
36. Improve access to after care services	APB commissioning policy		practice model)	
37. More help in accessing housing, education and employment	User consultation	N APB has agreed to match fund the EU funded ""Out Of Work" service, which is currently being commissioned	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
38. Fit for purpose accommodation to enable effective service delivery, urgently required in the centres of Swansea and Bridgend.	Provider consultation	N New state of the art provision at Celtic Court has been developed and houses WCADA and CDAT staff. Relocation of CDAT staff into WCADA and Drugaid buildings in Swansea.	n/a	n/a
39. Regional performance measures that are easy to capture and meaningful and streamlined commissioning that ensures resources are used for direct services not backroom functions	Provider consultation	N Local PIs have been agreed which will be incorporated into service specifications in addition to national KPIs	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
40. Service users have full access to wider generic services and are not disadvantaged in accessing them.	Consultation process	N Targeted awareness raising for clients and staff in peripheral services.	APB communication strategy will enhance this along with the prevention and education sub group work plan.	APB team Dec 2016
41. Support and training for partner organisations, such as primary care, criminal justice and social services, to enable them to better advise, engage with and signpost people needing help.	Consultation process	Y	Providers will be expected to provide a rolling programme of substance misuse awareness training delivered to universal services Promotion of this facility via existing networks.	APB Team as part of the tender briefs. April 2017

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
42. Support to staff working in generic / universal services, increasing their awareness of substance misuse and how and when to access specialist services	APB commissioning policy			
43. Evaluate existing contracts and service arrangements.	APB commissioning policy	N Current contracts to be review and rolled over in April 2016 for 1 year. Tendering process to take place during 2016. New re-commissioned services to commence April 2017.	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
44. Services are near public transport, have flexible opening times and quick access to treatment reducing the need for multiple visits	APB commissioning policy	Y	APB Capital estates strategy will cover this. It will be developed in line with APB commissioning strategy to ensure buildings are fit for purpose.	APB Team Jun 2016
45. A standard commissioning approach, standard service performance measures and performance monitoring and management.	APB commissioning policy	Y	A standard commissioning approach will be developed for the 2016/17 commissioning cycle	APB Team April 2017
46. Services will share information ensuring service continuity and effectiveness.	APB commissioning policy	N Sharing of information is covered by the Communities Sub Group of the APB	n/a	n/a

Commissioning principle	Source	Is there a Gap? Y/N	If Yes, how will gap be met	By whom & By when
47. A communications strategy to ensure that stakeholders receive appropriate information in a timely manner.	APB commissioning policy	Y	Communications strategy will be developed.	APB Team Dec 2016
48. Help people find and stay in suitable accommodation	APB commissioning policy	Y	APB to ensure active interface with supporting people housing teams within 3 local authorities.	APB Team April 2017
49. Everyone affected by substance misuse issue can access timely, evidence based, safe and effective quality services.		Y	Identify population need for substance misuse services in order to plan and deliver effective care and support. APBs and primary care clusters will work together to develop a needs analysis / understanding of local requirements in order to inform more effective person centred care and set out how this need will be met.	APB Team April 2017

10. MAKING IT HAPPEN

10.1. Commissioning framework and responsibilities

A commissioning framework and detailed action plan will be developed which will set out:

- Approval and sign–off of the following processes by APB member organisations
- Commissioning responsibilities for:
    - Overall leadership: agency and individual
    - Preparing the service specifications
    - Tendering process, including selection of providers
    - Clinical governance and analysis of constraints, risks and dependencies
    - Contract monitoring, including contracts manager and interim contract management
    - Provider relationships
    - Planning process
    - Management of the estate
- How services will be decommissioned (note: Principles and Practice Guidance in draft currently)
- Engaging with users, families and carers
- Partnerships and capacity building
- Evaluation and review
- Investment strategy and budget management
- Performance management framework

10.2. Quality assurance and monitoring arrangements

The successful implementation of this plan will depend upon a number of variables including robust monitoring and evaluation arrangements to measure how we are progressing with the priorities outlined in the strategy. For commissioning to be effective, there needs to be clarity of understanding in what the commissioner seeks and what the provider can supply. It is important for both to jointly agree service specifications and that appropriate safeguards are put in place to monitor client numbers, waiting times, clinical risk and cost. Therefore, in order to have an effective and efficient monitoring process, it is important to establish what information is required from service providers and that the structures are in place to facilitate this.

The regional team has established a system of quarterly monitoring meetings where pre-agreed outcomes and measures will be discussed along with other issues such as client numbers, clinical risk and service development. This information will be collected in a database which the regional team will frequently review and reported to the APB.

The purpose of monitoring will be to provide an opportunity for the provider to plan, prioritise, monitor and evaluate their service in a supportive partnership by:

- Clarifying tasks, duties, responsibilities and resources
- Setting SMART performance targets
- Identifying standards of performance required
- Giving and receiving feedback on outcomes and performance
- Identify obstacles in meeting targets and acknowledge limitations
- Creating a climate conducive to the sharing of good practice

The commissioning strategy and plan will be reviewed annually. The review will take into consideration data provided by the regional team on performance monitoring of contracts and achievements in relation to the performance management framework along with data relating to WG KPIs.

The group will make recommendations to the APB in relation to the renewal of the commissioning strategy. It should be noted that the needs of substance misusers are complex and in constant change. Therefore it is important to understand that this commissioning strategy should not be viewed as a standalone document but that the commissioning process is ongoing and will evolve to meet identified need and changes in demand.

10.3. Timetable for implementation

Year	15	16												17			
	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
Task																	
Development of Commissioning Strategy & Commissioning of new service 17/18																	
Draft commissioning strategy to be agreed by APB																	
Commissioning Strategy Consultation period																	
Comments received and amendments finalised																	
APB to decide on recommissioning priorities for 17/18																	
Tenders prepared and advertised																	
Tenders received are scored and reviewed																	
Contracts are awarded and prepared																	
New service starts																	
Provision of Services in 16/17																	
Discussions with current service providers on requirements for 16/17																	
WG to inform APB of SMAF allocation for 16/17																	
Contacts renewed to existing services																	
16/17 contracts commence																	
Quarterly contract monitoring																	

APB Budget Heading Descriptions 2016/2017

Code	Provider	Service	SMAF Allocated	Proportion SMAF r/f	£ Match	£ Total allocation	% SMAF	% Match
CD1	ABMU CDAT	AADAS Single Assessment Service (WB)	170,715.00		28,943.00	199,658.00	85.50	14.50
CD2		Adult Services (WB)	840,084.00		100,985.00	941,069.00	89.27	10.73
CD3		Detox Unit (WB)	72,600.00	69,500.00	0.00	72,600.00	100.00	0.00
CD4		Supervised consumption (WB)	169,084.00		18,866.00	187,950.00	89.96	10.04
CD5		Children and Young People's Service (WB)	71,868.00		0.00	71,868.00	100.00	0.00
CD6		Needle Exchange Coordination/Provision (WB)	151,118.00		0.00	151,118.00	100.00	0.00
CD7	NPTCBC/BCBC	Social Work Service (WB)	173,242.00	11,163.00	0.00	173,242.00	100.00	0.00
		Total CDAT SMAF	**1,648,711.00**	**80,663.00**	**142,794.00**	**1,797,505.00**	**91.72**	**7.94**
DR1	Drugaid	Tier 2 & 3 - Adult Services (Sw)	161,166.01		53,178.99	214,345.00	75.19	24.81
DR2		Tier 2 - Children young people service (Swansea)	314,896.52	177,900.00	13,565.48	328,462.00	95.87	4.13
DR3		Tier 2 - Family Service (Swansea)	10,131.00		19,869.00	30,000.00	33.77	66.23
		Total Drugaid	**486,193.53**	**177,900.00**	**86,611.00**	**572,807.00**	**84.88**	**15.12**
WC1	WCADA	Tier 2 & 3 - Adult Services (WB)	343,792.96		403,583.04	747,376.00	46.00	54.00
WC2		Tier 2/3 - Children young people service (SWITCH) (NPT & Bridgend)	199,853.00	180,238.00	0.00	199,853.00	100.00	0.00
WC3		Youth Offending Substance Misuse Worker (Bridgend & NPT)	70,000.00	27,594.00	0.00	70,000.00	100.00	0.00
WC4		Family Service (WB)	161,084.76	8,544.00	9,339.24	170,424.00	94.52	5.48
		Total WCADA	**774,730.72**	**216,376.00**	**418,178.00**	**1,187,653.00**	**65.23**	**35.21**
DA1	DASH	Out of hours Children and Young People Service (Bridgend)	50,826.00	44,912.00		50,826.00	100.00	**0.00**
DA2		Counselling service	46,189.00	46,189.00		46,189.00	100.00	**0.00**
		Total DASH	**97,015.00**	**91,101.00**		**97,015.00**	**100.00**	**0.00**
G41	G4S	Hartshorn House (Bridgend)	38,926.00			**38,926.00**	100.00	**0.00**
CT1	Cwm Taff HB	Tier 3 YDAS Substance Misuse Service (Bridgend)	76,255.00			**76,255.00**	100.00	**0.00**
PH1	PHW	Prevention and Education Officer (WB)	43,811.00			**43,811.00**	100.00	**0.00**
HB1	ABMU	Oral Health Project (WB)	17,986.00			**17,986.00**	100.00	**0.00**
HB2	ABMU	Dual Diagnosis (SW)	13,000.00			**13,000.00**	100.00	**0.00**
NPT1	NPT CBC	APB Commissioning Support Team (WB)	136,096.00		**58,228.00**	**194,324.00**	70.04	**29.96**
CCS1	CCoS	Data Management/Integrated Information system support (WB)	61,718.00			**61,718.00**	100.00	**0.00**
BA1	BAVO	Service User Involvement	23,523.00			**23,523.00**	100.00	**0.00**
BA2	APB	Service User Involvement Fund	5,000.00			**5,000.00**	100.00	
PS1	PSALT	Prescribing Service (Swansea)	58,029.00		**15,545.00**	**73,574.00**	78.87	**21.13**
PS2	PSALT	Rent for YMCA for 1 year	14,575.00			**14,575.00**	100.00	
OOW1	WG	Match funding for out of work scheme	16,573.00			**16,573.00**	100.00	**0.00**
RR 1	APB	Residential Rehabilitation fund (Wb)	93,330.00	93,330.00		**93,330.00**	100.00	**0.00**
		Total other	**598,822.00**	**93,330.00**	**73,773.00**	**672,595.00**	**89.03**	**10.97**
		Total SMAF	**3,605,472.25**	**659,370.00**	**721,356.00**	**4,327,575.00**		
		total SMAF allocated	3,624,414.00					
		unallocated for 16/17	18,941.75					

Partner	**£**
NPT CBC	46,270.00
CCoS	143,086.00
BCBC	128,663.00
ABMU:	
Swansea Locality	199,407.00
NPT Locality	168,535.00
Bridgend Locality	35,395.00
Total Match Funding 2016-17	**721,356.00**

BAVO SUCI outcome measures

Outcomes	Performance Measures	Possible OBA Performance measures
All partner agencies of the Western Bay Area Planning Board work to the WG Treatment Framework on Service User Involvement and embed the principles of meaningful engagement; Service users and carers are engaged are valued as partners of the Western Bay Area Planning Board and they work collaboratively on the APB work programme in developing, delivering and evaluating services across the APB region. Services are provided within the principles of the WG Treatment Framework on Recovery Orientated Integrated Systems of Care. Service providers demonstrate co production of care plans with service users so service users are involved in their care plans and are given the opportunity to engage in service development	- All partners of the APB sign up to a Charter on the engagement of service users and carers - Service providers are supported in workforce development have improved access to quality learning and training opportunities regarding service user involvement/ engagement as per WG Framework for Service User Involvement - To support agencies and service user groups to identify training and developmental needs relating to Service User and Carer Involvement and seek opportunities for further workforce development. - Service users groups are able to access learning and developmental opportunities suitable to their needs	**How much? Quantity** No of service providers engaged No of service users engaged No of service providers with service user and carer engagement policies and action plans No of service providers aware of the National Principles of Public Engagement No of service providers aware of the WG Framework for Service User Involvement No of service users involved in developing a dignity and respect training programme No of service providers attending service user and carers engagement training **How well? Quality** %Positive feedback from service providers attending the training % of service users completing the training %Positive feedback from service users feeling positively engaged in training **Making a difference /Is anyone better off?** % of service providers developing new ways to engage service users and carers % of service users co produce care plans % of service users engaged in care plan reviews % of service users engaged in workforce development/ training

Outcomes	Performance Measures	Possible OBA Performance measures
		% of service users engaged in service development % increase of service providers positively engaging service users and carers in care plans % increase of service providers positively engaging service users and carers in service development
	Service users are supported to engage in opportunities to provide feedback on service provision independent of their treatment. Service providers receive objective independent feedback regarding service delivery and accessibility.	**How much? Quantity** No. of service users engaged in/utilising feedback mechanisms No. of service providers providing various forms of feedback opportunities to service users and carers **How well? Quality** % positive feedback from service users utilising feedback mechanisms % positive feedback from service providers regarding the feedback mechanisms **Making a difference /Is anyone better off?** % Service user and carers acting as independent reviewers for the evaluation of local services to influence policy and future development of service provision. % positive feedback from service providers regarding service user and carer reviews

Outcomes	Performance Measures	Possible OBA Performance measures
	Service users are provided with greater opportunities to contribute to service design, planning and evaluation relevant to their needs and interests. A greater number of stakeholders, recognise and effectively utilise service users involvement as a valuable resource	**How much? Quantity** No of opportunities to enable service users to contribute to service design, planning and evaluation (eg meetings, workshops, training, conferences) No of service users taking up the opportunities **How well? Quality** % positive feedback from service users and carers on the opportunities to contribute to service design, planning and evaluation (eg meetings, workshops, training, conferences) % positive feedback from service providers and commissioners on the opportunities for engagement to service design, planning and evaluation (eg meetings, workshops, training, conferences) **Making a difference /Is anyone better off?** % increase of service user and carers Involved/engaged in service design, planning and evaluation (eg meetings, workshops, training, conferences) % of positive feedback from service providers on service user and care involvement as a valuable resource.

Table of Abbreviations

Abbreviation	Description
AADAS	Abertawe Alcohol and Drug Assessment Service
ABMU HB	Abertawe Bro Morgannwg University Health Board Health Board
APB	Area Planning Board
As/Br B'ngl'shi	Asian/British Bangladeshi
ATS	Amphetamine type stimulants
BAVO	Bridgend Association of Voluntary Organisations
BBV	Blood Borne Virus
BCBC	Bridgend County Borough Council
BCU	Betsi Cadwaladr University
Bgnd	Bridgend
CAMHS	Child and Adolescent Mental Health Services
CCOS	City and County of Swansea
CDAT	Community Drug and Alcohol Team
CDU	Clinical Decision Unit
CEPOD	Confidential Enquiry to Patient Outcome And Death
CPW	Community Pharmacy Wales
CSP	Community Safety Partnerships
CYP	Children and Young People
DNA	Did Not Attend
EASR	European Age – Standardised Rates
ED	Emergency Department
EU	European Union
G4S	Group 4 Securicor
GP	General Practitioner
HIV	Human Immunodeficiency Virus
ITU	Intensive Therapy Unit
IOIS	Integrated Offender Intervention Service
IVDU	Intravenous drug users
KPI	Key Performance Indicators
LSOA	Lower layer super output areas
MDMA	methylenedioxyphenethylamine
NEET	Not in Employment, Education or training
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NKPI	National Key Performance Indicators
NPS	New Psychoactive Substances
NPT CBC	Neath Port Talbot County Borough Council
OBA	Outcome Based Accountability
PDP	Personal Development Plans
PHW	Public Health Wales
PSALT	Primary Substance Abuse Liaison Team
PSI	Psychosocial interventions
PT	Psychosocial therapies

Abbreviation	Description
PTSD	Post-Traumatic Stress Disorder
PWID	People Who Inject Drugs
SMAF	Substance Misuse Action Fund
SMART	Specific, Measurable, Achievable, Realistic and Timely
SUCI	Service User Carer involvement
THN	Take Home Naloxone
TOP	Treatment Outcome Profile
UI	Unique Individuals
WB	Western Bay
WCADA	Welsh Centre for Action on Dependency and Addiction
WISSMAT	Wales Integrated In-depth Substance Misuse Assessment Tool
WNDSM	The Welsh National Database for Substance Misuse
YPDAS	Young People Drug and Alcohol Service

SUBSTANCE MISUSE DASHBOARD - QUARTER 1-2 2015/16 Western Bay APB

APB Guidance

Actions	Qtr 1 Apr - Jun	Qtr 2 Jul - Sept	Qtr 3 Oct - Dec	Qtr 4 Jan - Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
Structure & Membership					
Regional Banker Appointed	Complete	Complete			
Appropriate "Responsible Authority" representatives in place	Complete	Complete			
Appropriate Provider representatives in place	Complete	Complete			
Appropriate Children & Young People representative in place	Complete	Complete			
Appropriate Secretariat structures in place	Complete	Complete			
Appropriate Commissioning support structures in place	In progress	Complete			
Appropriate Clinical Governance structures in place	Some progress	In progress			
MOU agreed	Some progress	Some progress			

Actions	Qtr 1 Apr - Jun	Qtr 2 Jul - Sept	Qtr 3 Oct - Dec	Qtr 4 Jan - Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
Appropriate Performance Management process in place	Complete	Complete			
Financial					
Expenditure plans for 2015/16 agreed	Some progress	In progress			
Capital allocation plans for 2015/16 agreed	Complete	Complete			
Appropriate budget, accounting and audit management systems in place	Complete	Complete			
Commissioning / Delivery Plans					
Needs assessment complete	Complete	Complete			
Commissioning Plan for (2015/2016 onwards) agreed	In progress	In progress			

SUBSTANCE MISUSE DASHBOARD - QUARTER 1-2 2015/16 Western Bay APB						
	Delivery Plan					
	Actions	**Qtr 1 Apr-Jun**	**Qtr 2 Jul-Sept**	**Qtr 3 Oct -Dec**	**Qtr 4 Jan-Mar**	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
1.3	Each Area Planning Board (APB) to map out provision of related Tier 1 services within their region **(October 2013)**	Complete	Complete			
1.3	Each APB to ensure appropriate links are made to related Tier 1 services within their region **(October annually).**	Ongoing	Ongoing			
2.1	Each APB to map out the educational programmes in their area and address any gaps in service delivery as part of their Commissioning Plan **(October 2013)**	Complete	Complete			
2.1	APBs to consider and implement the forthcoming 'Welsh Government Guidance for substance misuse in education which is currently being finalised' **(March 2015)**	In progress	In progress			

	Actions	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct -Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
2.3	Each APB to establish and further develop wider links between APBs and Job Centre Plus / employers **(Ongoing)**	Complete	Complete			
3.2	Key partners to increase numbers of substance misuse clients who are referred from a tier 2 service to appropriate BBV services. **(Ongoing)**	Ongoing	Ongoing			
3.2	Key partners to increase numbers of substance misuse clients who are tested / vaccinated by tier 3 service providers **(Ongoing)**	Complete	Complete			
4.1	Each APB to undertake a mapping exercise to scope out the mechanisms in place within their region to engage with adult service users and children and young people **(October 2013)**	Complete	Complete			
4.1	Each APB to develop and implement a service user strategy within their region **(October 2013)**	Complete	Complete			

	Actions	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct -Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
5.1	LHBs to establish alcohol specialist nurses in A and E departments **(March 2015)**	Complete	Complete			
5.2	Each APB and Local Mental Health Partnership Board (LMHPB) to have in place clear protocols and integrated pathways between mental health and substance misuse services in line with the Service Framework 'Meeting the Needs of People with a Co-occurring Substance Misuse and Mental Health Problems' **(September 2013)**	In progress	In progress			
5.2	LMHPBs / APBs to work to ensure relevant staff are trained to recognise and respond to people with co-morbid substance misuse and mental health problems and have a clear understanding of protocols and integrated care pathways in place. **(September 2013)**	In progress	In progress			

	Actions	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct -Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
5.2	LMHPBs / APBs to consider prevalence of alcohol related dementia (including Korsakoff's) and improve access to relevant support services **(March 2014)**	Some progress	Some progress			
5.3	Key partners to raise awareness of alcohol misuse amongst older people with professionals working with this client group **(Ongoing)**	Complete	Complete			
5.3	Key partners to improve co-ordination and joint working between local older peoples services and alcohol treatment services **(Ongoing)**	Some progress	In progress			
5.4	Each APB to develop local protocols to identify individuals who maybe at risk **(October 2013)**	Complete	Complete			
5.4	LHBs to ensure alcohol consumption is discussed in the initial assessment and if necessary a written plan to reduce alcohol intake is agreed **(Ongoing)**	Complete	Complete			

	Actions	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct -Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
6.1	Each APB to embed guidance into their commissioning process. **(March 2014)**	Some progress	Some progress			
6.2	Each APB to map current availability of self support / mutual aid services within their area **(April 2013)**	Complete	Complete			
6.2	Each APB to identify opportunities for the further development of self support / mutual aid services **(October 2013)**	Complete	Complete			
6.2	Each APB to promote the use of these services via their mechanisms **(Ongoing)**	Complete	Complete			
7.1	APBs to work with armed forces personnel to raise awareness of substance misuse services available and explore Alcohol Brief Interventions Training for military medical, nursing and other relevant staff. **(March 2014)**	Complete	Complete			

	Actions	**Qtr 1 Apr-Jun**	**Qtr 2 Jul-Sept**	**Qtr 3 Oct -Dec**	**Qtr 4 Jan-Mar**	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
7.1	APBs to work with substance misuse and mental health providers to ensure veterans have timely access to these services **(March 2014)**	Complete	In progress			
7.1	APBs to work with Health Board Champions to improve GP knowledge of veteran's issues. **(March 2014)**	Complete	Complete			
7.2	Key partners to strengthen alignment between DIP and offender management to assist in the delivery of more integrated service. (**Ongoing**)	Complete	Complete			
7.3	Welsh Government to work with key partners to ensure there are effective working protocols between services including care pathways, referral options and eligibility criteria. (March 2013)	Some progress	Complete			

	Actions	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct -Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
7.4	Welsh Government to work with APBs to ensure that there are effective working protocols between specialist treatment and agencies that support sex workers (Ongoing)	Some progress	In progress			
7.5	Each APB to undertake a mapping exercise to scope out transition mechanisms between child and adult services. **(March 2013)**	In progress	In progress			
7.5	Each APB to develop and implement a plan within their region to address any gaps in service in relation to the transition between child and adult drug and alcohol services. **(October 2013)**	In progress	In progress			
7.6	APBs and Providers to consider and implement the recommendations of the Welsh Government review of tier 4 referral, assessment and commissioning processes. (December 2013)	Complete	Complete			

	Actions	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct -Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
8.1	Welsh Government to work with APB partners to embed programmes such as team around the family and Strengthening Families Programme as appropriate. (Ongoing)	Complete	Complete			
8.2	Each APB to map the extent that they have fully embedded the requirements of the Carers Measure 2010 into service delivery. **(December 2013)**	Some progress	Some progress			
9.1	LHBs and Supporting People Programme Regional Collaborative Committees implement Supporting People Programme Grant Guidance, that commissioning decisions take account of substance misuse needs. **(Ongoing)**.	Complete	Complete			

	Actions	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct -Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
9.2	LHB and LA staff to establish links and contacts with debt advice services to assist people in managing their finances. **Ongoing from April 2013.**	Some progress	Some progress			
9.2	Welsh Government and APB to consider the recommendations of the Advice Services Review (June 2013)	Some progress	Some progress			
10.3	Key partners to promote use of third party reporting schemes through neighbourhood events and increased engagement opportunities **(Ongoing)**	Ongoing	Complete			
11.1	APBs to implement the revised workforce development plan. **(March 2014)**	Complete	Complete			
12.2	Welsh Government and key partners to implement recommendations of recent HIW report (Are they meeting the needs of service users and their families) (March 2014)	Some progress	In progress			

	Actions	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct -Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
12.2	Each APBs to implement their core standards action plan. **(September 2013)**	Some progress	Some progress			
12.4	Each APB to develop regional outcome based commissioning plans ensuring the needs of all vulnerable groups are considered. **(October 2013)**	Some progress	In progress			

SUBSTANCE MISUSE DASHBOARD - QUARTER 1-2 2015/16 Western Bay APB

CORE STANDARDS

	Core Standard Summary Narrative	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct-Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
1	Governance arrangements representing best practice are in place at Substance Misuse Area Planning Board (APB) levels which apply the principles of sound corporate and financial governance.	Almost met	Almost met			
2	A Commissioning strategy, annual delivery and expenditure plans are in place, agreed and published. Strategy and related delivery and expenditure plans reflect an assessment of need with intended measurable outcomes are produced in line with national guidance.	Almost met	Almost met			

	Core Standard Summary Narrative	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct-Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
3	APB wide plans are in place to: i) Identify health improvement requirements related to substance misuse; ii) Respond appropriately; and, iii) Measure improvements and the reduction in inequalities. A APB wide system in place which contains accountability levels and decision making protocols for the collation, analysis and application of information for assessing and responding to substance misuse related health issues. As a minimum the system should enable the regular and routine review of the following:	Fully met	Fully met			
4	Harm reduction approaches are compliant with legislation and guidance and are embedded throughout the treatment system.	Fully met	Fully met			
5	Planning and delivery of treatment ensures timely and equitable access to services.	Fully met	Fully met			

	Core Standard Summary Narrative	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct-Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
6	Effective information systems and integrated information technology is used to inform and support the planning and delivery of treatment services.	Fully met	Fully met			
7	People accessing treatment are not unfairly discriminated against on the grounds of age, gender, disability, ethnicity, race, religion, or sexual orientation.	Fully met	Fully met			

	Core Standard Summary Narrative	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct-Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
8	The views of service users, carers, relatives and the public are taken into account in the design, planning, delivery and review of all substance misuse services, including general advice and information. Commissioning plans, service specifications and their associated SLAs/Contracts must include policies and procedures for engagement with the community, service users and reports on how this feedback is used:	Fully met	Fully met			
9	The principles of quality and safety underpin the delivery of services.	Fully met	Fully met			
10	Service users are provided with evidence based interventions and care that conforms to all relevant, extant guidance.	Fully met	Fully met			
11	Service users are provided with responsive, appropriate and seamless interventions and care that reflects their physical, social, psychological needs and preferences.	Almost met	Almost met			

	Core Standard Summary Narrative	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct-Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
12	Service provider premises are environmentally safe, secure and properly accessible and as a minimum take account of: • Public and staff safety & well being • Different service users needs, for example wheelchair access • Privacy and Confidentiality • Protect people, property and assets All sites from which substance misuse services are delivered must have the following in place:	Fully met	Fully met			
13	Service users are treated with dignity and respect that is sensitive to individual need, including language, cultural and physical needs. Policies and procedures must be in place that include as a minimum:	Fully met	Fully met			
14	Service user information is treated confidentially, except where authorized by legislation to the contrary. Published policies and procedures must be in place that as a minimum cover the following:	Fully met	Fully met			

	Core Standard Summary Narrative	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct-Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
15	Where food and drink is provided within inpatient or residential care settings, the nutritional and fluid needs of service users are assessed, recorded and addressed in accordance with legislation and guidance.	Fully met	Fully met			
16	Organisations comply with national child protection guidance within their own activities and in dealing with other organisations.	Fully met	Fully met			
17	Organisations comply with safeguarding requirements for the protection of vulnerable adults within their own activities and in dealing with other organisations.	Fully met	Fully met			
18	Case records are created, maintained, stored and disposed of in accordance with extant legislation and national guidance that safeguards service user confidentiality.	Fully met	Fully met			

	Core Standard Summary Narrative	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct-Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
19	Systems are in place to identify, report, investigate and learn from adverse events and near misses involving service users. Policy and procedures in place within service provider organisations to identify and report adverse events to CSP / APB in a timely manner. As a minimum to include:	Fully met	Fully met			
20	Complaints about service provision and delivery are investigated promptly and thoroughly and the outcome reported back to the complainant.	Fully met	Fully met			
21	The management of medicines including use and storage will comply with controlled drugs legislation, other legislation, licensing and guidance	Fully met	Fully met			
22	The procurement, use and disposal of medical equipment and devices are managed properly within current guidelines and legislative requirements.	Fully met	Fully met			

	Core Standard Summary Narrative	Qtr 1 Apr-Jun	Qtr 2 Jul-Sept	Qtr 3 Oct-Dec	Qtr 4 Jan-Mar	For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green' status. Please include timescales.
23	Organisations have human resource management systems in place that: i) support staff and value the individual contribution; and, ii) Treat staff with dignity and respect, value, understand and respect diversity	Fully met	Fully met			
24	Staff responsible for developing and delivering services are appropriately recruited, trained and qualified for the work they undertake in line with extant national guidance	Fully met	Fully met			
25	All interventions are delivered by appropriately trained and qualified staff that are supervised where appropriate.	Fully met	Fully met			

SUBSTANCE MISUSE DASHBOARD - QUARTER 1-2 2015/16 Western Bay APB

KPI PERFORMANCE

KPI	Target	Qtr 1 Apr - Jun				Qtr 2 Jul - Sept				For all actions which are 'red' and 'amber' please state how this will be progressed to achieve a 'green'
Months		1	2	3	Qtr 1	4	5	6	Qtr 2	
1 - Post Assessment DNA	<20%	30.89	34.38	32.66	32.48	38.55	27.01	30.29%	31.30%	
2 - Referral to Treatment	>80%	90	94.02	95.21	92.56	92.11	97.79	97.19%	94.39%	
3 - Problematic substance reduced (TOP)	67%	70.18	69.84	66.67	67.54	57.14	71.95	81.71%	71.16%	
4 - Quality of Life improved (TOP)	56%	56.60	56.90	*71.19*	*59.77*	*64.18*	*60.00*	70.21%	64.64%	
5 - Case closures as treatment complete	72%	49.29	42.64	*50.98*	*48.48*	*42.06*	*55.79*	50.00%	50.13%	See Note below

1 - Red>30%, Amber 20.1 - 29.9%, Green < 20%

2 - Red<70%, Amber 70.1 – 79.9%, Green > 80%

3 - Show continual improvement against own baseline and adherence to the Welsh benchmark figure (67%* in 2013/14 – management information data)

4 - Show continual improvement against own baseline and adherence to the Welsh benchmark figure (56%* in 2013/14 - management information data)

5 - Show continual improvement against own baseline and adherence to the Welsh benchmark figure (72%* in 2013/14 - management information data)

Note:

We have been concentrating on completion of TOP with each member of staff being given a list of outstanding TOP reviews and requesting they be completed ASAP, as we can see from KPI 3 this has resulted in improvement which should carry through to next month. Also we are analysing our Care plans to ascertain what is successful and what is proving to be less successful. As we operate differently to the rest of Wales, these figures are not comparable to the other APBs as we operate as an Integrated team for 4 of the Agencies in the Western Bay, and as such process a single referral with one outcome, as opposed to other APB areas where these would be submitted as 4 referrals and 4 outcomes. We only submit one discharge at the end of the treatment journey, and are educating staff, that when recording the final discharge, to look at the whole treatment journey, as the clients original treatment goal could have been achieved, only for them to then take up further Interventions that we are able to offer only for them to withdraw later as they have achieved a settled life. This should be recorded as Treatment Goal Achieved, however is quite often recorded as DNA, as that final treatment intervention was not completed. We are rolling out further Care Plan training to reinforce this and to attempt to portray a more realistic outcome at discharge

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO PARTNERSHIPS AND GOVERNANCE COMMITTEE

21 NOVEMBER 2016

REPORT OF THE STATUTORY DIRECTOR, SOCIAL SERVICES AND WELLBEING

CHILD SEXUAL EXPLOITATION

1. Purpose of Report

1.1 To provide the Committee with information in respect of Child Sexual Exploitation (CSE) within Bridgend County Borough and outline the actions and strategies adopted to respond and prevent incidence of CSE.

2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

2.1 This report links to the following corporate priority:

- Helping people to be more self-reliant.

3. Background

What is Child Sexual Exploitation?

3.1 Child Sexual Exploitation is the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, "protection" or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.
(All Wales Protocol CSE 2008)

3.2 There have been widespread revelations reported in the past few years in the national and international press concerning the plight of a significant number of children living in the County Borough of Rotherham who are now known to have been subjected to serious sexual exploitation between the period 1997 and 2013. Even to this day, no one really knows the true scale of child sexual exploitation (CSE) during this period, but the authors of the report (Independent Inquiry into Child Sexual Exploitation in Rotherham) state that their conservative estimate is that approximately 1400 children were sexually exploited over the full period of the inquiry. One third of the children were previously known to services because of child protection concerns and neglect. It is a harsh reality that many of the children were raped by multiple perpetrators, trafficked to other towns, abducted, beaten and intimidated. Some of the appalling examples of children abused included children who had been doused in petrol and threatened with being set alight, threatened with guns, made to witness brutal violent rapes and threatened that they would be next. Girls as young as 11years were raped by large numbers of perpetrators. The abuse reported in the report is not just confined to the past demonstrated by the fact

that in 2013, the Police received 157 reports concerning child sexual exploitation in Rotherham.

3.3 The report states that over the period of the inquiry collective failures of political and officer leadership was blatant and that for many years child sexual exploitation had been a serious problem. However, the true scale and seriousness of the problem was underplayed by Senior Managers within social care. At an operational level, the Police gave no priority to CSE and considered many victims with contempt, failing to act on the abuse they were suffering as crimes.

4. Current situation

4.1 Bridgend County Borough Council (BCBC) is committed to protecting the most vulnerable members of our community from sexual exploitation and as such all practitioners have access to a number of key documents which provide guidance and structure to their practice. For example:

- **The United Nations Convention on the Rights** of the Child (UNCRC, 1989) stipulates that the state shall protect children from sexual exploitation and abuse including 'prostitution', trafficking for sexual purposes and involvement in the production of child sexual abuse images.

- **The Welsh Assembly Government's 7 Core Aims** include the right to '*enjoy the best possible physical and mental, social and emotional health, including freedom from abuse, victimisation and exploitation'.* This Core Aim is central to protecting children and young people from sexual exploitation.

- **The Children Act 1989 and 2004** set out the arrangements for safeguarding and promoting the welfare of children and young people.

- In **'Safeguarding Children: Working together under the Children Act 2004'** the Welsh Government emphasises that children involved in sexual exploitation should be treated primarily as victims of abuse, and their needs require careful assessment. They are likely to be in need of welfare services and, in many cases, protection under the Children Act 1989.

- **The Social Services and Wellbeing (Wales) Act 2014,** Section 197 includes sexual abuse as part of the definition of abuse. Section 130 is the duty on partner agencies to report a Child at Risk.

Early identification of Child Sexual Abuse

4.2 Practitioners within the Safeguarding Services in Bridgend have either received CSE training or are part of the ongoing training programme to enhance their knowledge in this area and ensure they are aware of the complexities, signs and risks within the parameters of sexual exploitation.

4.3 Social Work practitioners continually assess children and young people who may be at risk of sexual exploitation through the completion of Care and Support Assessments and Section 47 Investigations. Additional safeguards to identify sexual exploitation within BCBC are evident within Accommodation and

Permanence Panel, Legal Gateway meetings, Looked After Children Reviews and Child Protection Case conferences.

CSE Strategy Meetings

4.4 Child Sexual Exploitation meetings in Bridgend are held on a weekly basis and are chaired by the Group Manager for Safeguarding and Quality Assurance (QA). This ensures continuity and oversight of the actions identified within safeguarding plans, continuous evaluation of the level of risk posed to the child or young person and identification and monitoring of those persons who pose risks to children. When individuals are identified within a number of cases they can be closely monitored by the Police and attending agencies to assist in the protection of young and vulnerable children and in the prosecution of offenders.

4.5 Within BCBC, between the months of April 2014 and February 2015, 34 children and young people were identified as being at risk of child sexual exploitation across Bridgend. Between February 2015 and February 2016, 42 children and young people were identified as being at risk. At present, agencies are monitoring 17 children and young people under the CSE protocol. Those who are no longer being monitored continue to be supported by agencies. Should CSE concerns re-emerge then another CSE strategy meeting can be considered.

4.6 64 Child Sexual Exploitation meetings were convened between April 2014 and February 2015; and between February 2015 and February 2016, 127 meetings have been convened. The increase in the number of meetings convened is down to the level of risk presented and the number of actions that need completing to address that risk.

4.7 Between April 2014 and February 2015, the 64 meetings held were in respect of 55 females and nine males. Throughout the months of February 2014 and February 2015, 37 females were discussed and five males.

4.8 The ages of the children and young people subject of these CSE meetings varied between ten years to 17 years and the majority of children were aged between 14 years and 16 years**.**

4.9 Each multi-agency meeting takes into account the specific vulnerabilities of the child or young person to ensure their care plan targets all aspects of their needs and their need to be protected and educated around the facets of grooming and sexual exploitation.

Joint working with the Police in Bridgend

4.10 Good communication and collaborative working with the Police is essential in all cases and particularly so in child protection and CSE cases. The priority for the Police service is to protect children and young people through the investigation and prosecution of offenders, and also through proactive and disruptive work. Information about offenders is shared and discussed at individual CSE Strategy Meetings and themes of offending by individuals are shared at the CSE Task Force meetings with partner agencies. A dedicated CSE team has been in existence for 18 months and is led by an experienced Detective Sergeant, who has responsibility for the overview of all CSE investigations. The Detective Sergeant has a small team

of investigators supported by a Police analyst and a CSE advocate, employed by Barnardos, who provide a good service to young persons at risk of CSE, through awareness and training in the risks and dangers of CSE. The Public Protection department are currently reviewing past cases as well as taking new matters forward. BCBC holds a data base of all children and young people subject to CSE meetings and also have a performance reporting arrangement with the Western Bay Safeguarding Board.

4.11 The Sexual Offences Act 2003 introduced new offences to protect all children aged less than 18yrs. The Act now provides specific offences in respect of Child Sexual Exploitation.

4.12 More Child Abduction Notices (CAWN) are being actioned via the CSE process. This is relevant in situations where a young person is visiting the home of an adult where it is suspected he/she may be at risk of being groomed for exploitation, and does not, potentially, reach the threshold of criminal offences or whereby a young person refuses to engage with officers, stunting a criminal enquiry. CAWNs are designed to be used for service on adults. In the Child Abduction Act 1984, after section 2 (offence of abduction of child by other person), a CAWN may be issued to a person aged 18 years or over if the authorising officer has reasonable grounds for believing that the child is reported missing and is found on two or more occasions to be in the company of an adult of concern; or there is reason to suspect that the child's behaviour is, by reason of association with the defendant, giving significant cause for concern.

4.13 Focusing on a multi-agency approach, BCBC Safeguarding services, South Wales Police, ABMU Health and BCBC Education department in addition to a representative from Barnados, the Youth Service and Early Help Services have formed a "CSE Task Force". The Task Force addresses issues such as identifying gaps in training, highlighting and tracking current and new CSE cases, monitoring and mapping children and young people who are reported as missing. When appropriate, forums will be convened with practitioners to share the group's findings thus ensuring vital information is shared and robust safeguarding measures are implemented.

Joint working with ABMU in Bridgend

4.14 Professionals in BCBC work closely with health professionals from Abertawe Bro Morgannwg University Health Board (ABMU). The Accident and Emergency department within the Princess of Wales Hospital had direct computer access to the Child Protection Register prior to the implementation of the Welsh Community Care Information System (WCCIS) and future working arrangements are still being concluded. Health professionals frequently make contact with the Child Protection Clerks to make enquiries of children who present at the A&E department where there may be child protection/exploitation concerns. If the child/young person's name is not on the Child Protection Register and there are concerns then a referral must be considered. Links have also been developed with the Hospital's sexual health clinic in order to share information about young people who may be at risk of sexual exploitation. Together BCBC safeguarding and health professionals continue to work affectively in a variety of arenas to share information and complete holistic assessments to support and protect children and young people.

4.15 In particular, the Corporate Safeguarding Team within health provides representation at child sexual exploitation strategy meetings, professional strategy meetings and other complex cases of a safeguarding nature. In addition health representatives support in the delivery of multi-agency events and there are a number of forums across Western Bay where Safeguarding health representatives work closely alongside BCBC professionals, for example Child Practice Reviews and other Western Bay Regional Children's Safeguarding sub groups.

4.16 A safeguarding representative is a standing attendee on the CSE Task Force.

Multi-Agency Public Protection Arrangements (MAPPA)

4.17 MAPPA is a set of arrangements in place to manage the risk posed by the most serious sexual and violent offenders. These arrangements within Bridgend bring together lead professionals from the Probation Service, Mental Health Service, Housing, Public Protection and Children's Services on a fortnightly basis. These professionals are experienced in this arena and are effective in the sharing of important information between agencies which is key in protecting the most vulnerable people in our society.

4.18 BCBC is represented by the Group Manager for Safeguarding and QA who is also responsible for chairing the Child Sexual Exploitation meetings. This ensures continuity in information and process, and individuals who pose a risk to children and young people are identified and brought to the attention of safeguarding practitioners at the earliest stage.

CSE in Education

4.19 Staff in schools, further education colleges and other education establishments in Bridgend are uniquely placed to recognise and refer children who are believed to be vulnerable to CSE.

4.20 School staff should be alert and competent to identify and act upon concerns where a child is vulnerable to, at risk of, or experiencing abuse through CSE.

4.21 Across Bridgend, the Child Protection Team for Education delivers an annual programme of Child Sexual Exploitation training to year eight pupils with their teachers present. During February 2016, twenty-nine sexual exploitation awareness sessions aimed at Year 8 pupils were held across ten secondary schools in Bridgend, delivering to 1423 pupils. This training is delivered jointly with South Wales Police Officers and an outcome report is produced on an annual basis.

4.22 This training has been regularly reviewed and adapted to keep it up to date and relevant, responding to emerging potential threats to children, for example, Sexting. What is always surprising is the responses of young people and in particular their lack of awareness of the potential risks posed to them through their use of interactive technology.

4.23 Unfortunately, due to changes in the role of the School Police Liaison Officers the programme will not be able to run in the same format in future. However, the Child Protection team are considering working to support schools to deliver the CSE resources available on 'Hwb' within school. These resources were developed by

Barnardos for Welsh Government for delivery within PSE programmes in schools. The planning around this change in approach is in the early stages.

4.24 Through the delivery of training programmes in schools, children and young people within the education establishments in Bridgend have received appropriate early education around the risks and behaviours associated with CSE. The Child Protection Coordinator, Officer and Group Manager are always available to offer additional guidance support and advice.

4.25 The Child Protection (CP) Coordinator for Education is one of twenty four trainers commissioned and trained via the Western Bay Safeguarding Children Board to deliver CSE awareness raising sessions for professionals. In addition to the Western Bay roll-out of this training the CP Coordinator for Education is co-facilitating specific sessions focused on Bridgend Staff.

4.26 The CP Coordinator for Education is supporting in the 'train the trainer' of another cohort of CSE trainers within Western Bay. This support includes reviewing the current training, delivering a pilot session and delivering the whole presentation to the new trainers on the train the trainer day.

4.27 In addition the CP Coordinator for Education has also delivered sessions to staff in the Early Help hubs and central hub around CSE, Anti-Slavery and Radicalisation. Schools are also booking whole school training on CSE and Radicalisation. This will increase the knowledge and confidence of staff to respond to concerns.

Sexual Exploitation Risk Assessment Framework (SERAF) Appendices A & B

4.28 All Social Workers within BCBC are familiar with the Sexual Exploitation Risk Assessment Framework (SERAF) and we are confident they are able to identify children at risk of CSE. For background information, the SERAF Information and Intervention Pathway document is attached at **Appendix A.**

4.29 In addition to the CSE training which practitioners receive, there is clear guidance within the All Wales Safeguarding and Promoting the Welfare of Children and Young People who are at Risk of Abuse through Sexual Exploitation guidance (**Appendix B**) and the All Wales Child Protection procedures (**Appendix C**). Safeguarding practitioners regularly seek support and advice from the Seraf service provided by Barnardos Cymru.

4.30 The SERAF service supports professionals working in BCBC to ensure they have the knowledge to identify risk indicators early, understand the most effective form of intervention and prevent further abuse.

4.31 SERAF practitioners are available to offer consultation and advice to practitioners outside of the strategy meetings whether completing a SERAF risk assessment (an example form can be found at **Appendix D**) or needing to discuss strategies of work to educate and better protect children and young people from grooming and exploitation.

4.32 A representative from the Seraf service is invited to attend at each and every Child Sexual Exploitation strategy meeting held in Bridgend. This ensures that specialist service expertise supports affective decision making and support the creation of

effective safeguarding plans to provide better outcomes for children and young people.

Western Bay Children's Safeguarding Board (WBCSB)

4.33 Child Sexual Exploitation has been recognised as one the strategic priorities for the WBCSB with the key objectives being;

- To ensure full implementation of the statutory All Wales Safeguarding Children and young people from Sexual Exploitation Protocol.
- To understand the extent to which children are involved in CSE across Western Bay.
- To have inter-disciplinary training package in place for all professionals who work with children to help recognise and respond to symptoms of CSE.

4.34 The WBCSB has been assured there is significant work going on across the whole workforce area to prioritise, recognise and respond to issues of Child Sexual Exploitation. There are many areas of good practice and robust arrangements which can be drawn upon to share experience and skills regionally.

4.35 The WBSCB is also assured that partner agencies are committed to working with the Board to address the issue of child sexual exploitation and this will be further demonstrated by the upcoming CSE audits and performance reporting arrangements established by the Board and its partners. Such reporting will also allow for scrutiny of multi-agency attendance at CSE meetings.

Analysis

4.36 The background information found at 3.1 to 3.3 within this report in relation to the extent of Child Sexual Exploitation in Rothertham clearly evidences the devastating impact upon children and young people. The enormity of such is incomprehendable when concerns have not been identified or acted upon.

4.37 What are also evident are the deficiencies in knowledge and understanding of the behaviours and complexities associated with Child Sexual Exploitation by professionals at that time, both from a victim's perspective and also with regards to the perpetrators manipulation and coercion of children and young people.

4.38 The information within this report evidences how partner agencies across the Borough of Bridgend have developed productive working relationships to proactively and comprehensively manage concerns around the sexual exploitation of children and young people.

4.39 The extent of Child Sexual Exploitation in BCBC based on the numbers of CSE strategy meetings held bare no comparison to that reported in Rothertham. However, this in no way minimises the importance of ensuring that our children and young people are protected, supported and educated at the earliest opportunities.

4.40 There is unlimited value to the benefits of multi-agency information sharing and positive productive working between agencies and this was no more evident than within Rotherum. Partnership working is essential to safeguard children and young

people but particularly so in cases of sexual exploitation. This is due to the number of persons usually associated with the young person and their contact with professionals across agencies.

4.41 As referred to above the value of interagency working is beyond doubt and to ensure this is maximised, Bridgend established a multi-agency CSE Task Force.

4.42 The group discuss and share information on all high risk CSE cases, considers CSE geographical hotspots across Bridgend and identifies maps and profiles perpetrators as well as considers ongoing prosecutions. In addition, the group monitors the behaviors and agency responses to young people who are frequently reported missing.

4.43 Another example of inter-agency working is with regard to CSE training. The Task Force will also share resources for training and will create a bespoke package of training for targeted audiences across Bridgend although resources may be limited in the future.

4.44 In Bridgend, Members can be assured that comprehensive information is maintained in respect of the number of young people who have been identified as vulnerable to CSE. Those currently deemed most at risk are females aged between fourteen years and sixteen years. The collection of CSE data, complemented by the CSE Task Force, places Bridgend in a unique position to provide an extensive portfolio around Child Sexual Exploitation.

4.45 Bridgend's database is currently reporting seventeen children and young people who are being monitored under the CSE Protocol. There has been a reduction in this number over several months, not because monitoring is less effective but as a result of a combination of factors. For example:

4.46 A small reduction in numbers can be attributed to young people reaching the age of 18 years and an even smaller number of "Looked After" young people being placed out of the Bridgend area.

4.47 The substantial reduction in numbers is evidenced within CSE strategy meetings. It is as a direct result of the dedication and hard work of a number of practitioners across services. Through engaging children and young people in specific work around grooming, sexual exploitation education, healthy relationships and social media and online safety to name but a few. This is of course coupled with the work of the dedicated Police CSE unit in the disruption and prosecution of offenders.

4.48 A recent CSE 'open day' for practitioners was coordinated and facilitated by the BCBC Safeguarding Group Manager. Officers from the CSE Unit attended along with partner representatives. Front line professionals were presented with information gathered from CSE meetings about individuals, geographical hotspots and actual and potential perpetrators. The sharing of and linking of information during this day was invaluable. The day was an overwhelming success resulting in substantial information being shared by practitioners across services.

4.49 The work carried out by Professionals across Bridgend within the CSE Task Force has recently been recognised and as a result the CSE Task Force were nominated

as finalists in this year's South Wales Police Annual Awards in the Innovation category as part of the CSE partnership teamwork.

5. Effect upon Policy Framework and Procedure Rules

5.1 There are no implications on the Policy Framework and Procedure Rules.

6. Equality Impact Assessment

6.1 As this report is for information purposes only, an EIA is not deemed necessary.

7. Financial Implications

7.1 Whilst there are no specific financial implications linked to this information report, it should be noted that the workload demands linked to safeguarding continue to place increasing pressures on staff and individual managers.

8. Recommendation

8.1 Partnership and Governance are asked to note and provide comment about this report.

Susan Cooper,
Corporate Director Social Services and Wellbeing
October 2016

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10. Background documents:

1) Sexual Exploitation Risk Assessment Framwork
2) SERAF information and intervention pathway
3) All Wales Child Protection Procedures

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SERAF

Information and Intervention Pathway

Barnardo's Cymru
BELIEVE IN CHILDREN
CREDWCH MEWN PLANT

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Introduction

The risk assessment tool SERAF has been developed to enable the identification of children and young people at risk of sexual exploitation. The development of a framework which includes four categories of risk is intended to inform appropriate responses in relation to children and young people's safeguarding needs.

SERAF Category of risk	Description	Associated actions
Category 1 (Not at risk) (Score of 0-5)	A child or young person who may be 'in need' but who is not currently at risk of being groomed for sexual exploitation.	Educate to stay safe. Review risk following any significant change in circumstances.
Category 2 (Mild risk) (Score of 6-10)	A vulnerable child or young person who may be at risk of being groomed for sexual exploitation.	Work on risk awareness and staying safe should be undertaken with this child/young person. Review risk following any significant change in circumstances.
Category 3 (Moderate risk) (Score of 11-15)	A child or young person who may be targeted for opportunistic abuse through exchange of sex for drugs, accommodation (overnight stays) and goods etc.	Convene multi-agency meeting under local protocol for sexually exploited children and young people to ensure effective exchange of information with multi-agency colleagues and agree protection plan. At least one review meeting to be convened. Work should be undertaken with this child/young person around risk reduction and keeping safe.
Category 4 (Significant risk) (Score of 16+)	Indication that a child or young person is at significant risk of or is already being sexually exploited. Sexual exploitation is likely to be habitual, often self-denied and coercion/control is implicit.	Convene multi-agency meeting under local protocols for sexually exploited children and young people to ensure effective exchange of information with multi-agency colleagues and agree protection plan, including regular review meetings. Protection plan should include long-term intensive direct work with the child or young person.
Score of example: Moderate or Significant risk	Young person aged 18 years or above	Where a young person is aged 18 years or over the associated action in relation to Moderate and Significant risk: sexual exploitation should be addressed as an issue in relation to this young person through the Pathway or other work plan; liaison between children's services and Police Public Protection Unit to address the young person's protection.

Multi-Agency Approach

Providing an appropriate response requires a protective network for children and young people. Effectiveness depends heavily on a multi-agency response. This response is best delivered in the structure offered by local protocols for children and young people involved in sexual exploitation. This highlights the need for cascading information regarding the protocols on an ongoing basis. By mainstreaming the protocols as part of the safeguarding procedures, barriers such as staff turnover will no longer mean that safeguarding falls through the net. An all Wales protocol is currently being developed.

Within the four categories of risk framework, different responses are required in relation to each level of risk. Each of the four categories of risk has an associated action.

Category 1 – Not at risk of sexual exploitation (SERAF score 0-5)

Children and young people in Category 1 do not have indicators of risk in relation to sexual exploitation. The majority of children and young people will not be at risk of sexual exploitation. However children and young people in contact with support agencies such as children's services are likely to have some vulnerabilities present.

Children and young people assessed as being in this category need access to basic information that will enable them to develop an awareness of the risks that can lead to a situation in which they may be exposed to sexual exploitation. They need access to information that will equip them to avoid risk situations and to protect themselves. Practitioners working in children's services teams are well placed to deliver such information as part of their interaction with the children and young people with whom they are in contact.

The school Personal Health and Social Education (PHSE) curriculum provides a sound platform through which to deliver basic safeguarding information, to explore ideas around 'healthy' sexual relationships and to provide children and young people with a sense of agency and control about their bodies and selves. This also needs to include opportunities for children and young people to understand the very real risks involved in staying out late and going missing from school, home or care. Work in schools is already successfully delivered by Barnardo's services elsewhere in the UK. Barnardo's Cymru is developing a schools information resource pack to support teachers and pastoral staff in addressing this safeguarding issue.

Category 2 – Mild risk (SERAF score 6-10)

Children and young people in Category 2 are likely to have multiple vulnerabilities such as problematic parenting and childhood experiences present. One or two risk indicators may also be present. These vulnerabilities increase the risk of such children and young people being groomed for sexual exploitation. Early intervention and preventative work is needed to protect children and young people who have multiple vulnerabilities present.

Consideration should be given to convening a multi-agency meeting to ensure all information is shared and agree a plan to address risk and need. A planned programme to raise awareness of sexual exploitation and to provide tools for children and young people to self protect is required. Such an intervention should raise risk awareness, provide information on keeping safe and address specific identified issues that pose a threat to safety. Such a programme should be delivered by a practitioner who has a good working relationship with the child or young person. It should include opportunities for children and young people to understand the very real risks involved in staying out late and going missing from school, home or care.

Risk needs to be regularly reassessed as part of the planned work undertaken with a child or young person. Any significant change in circumstances which might increase vulnerability or any incidence of behaviour associated with risk should result in an immediate reassessment of risk.

Category 3 – Moderate risk (SERAF score 11-15)

Children and young people identified as being in Category 3 are likely to have multiple vulnerabilities present as well as one or more indicators of risk. The range of need within this category of risk is wide in terms of the difference between a child or young person with a SERAF score of 11 and a child or young person with a SERAF score of 15. Children and young people at moderate risk may be groomed or targeted for opportunistic abuse and/or exploitative relationships by abusing adults.

It is in this category that any omitted information can have the greatest effect on accuracy of assessment and information sharing. A multi-agency strategy meeting under the local protocol for children abused through sexual exploitation should be convened in relation to children and young people assessed as at moderate risk (in line with DOH/NAW Guidance 2000[1]). Multi-agency strategy meetings enable the effective exchange of information between representatives of key agencies. The meetings should include the individual who has identified risk or raised concerns in relation to the child or young person and representatives of Children's Services, Police, Health, Education, Placement and any specialist child sexual exploitation service as well as any other relevant agencies. Multi-agency strategy meetings should respond to the needs of children and young people for whom risk of sexual exploitation is indicated but not known, as well as responding to cases where evidence of sexual exploitation is available. In research undertaken with 30 London boroughs and two local authorities outside London only two local authorities surveyed stated that they had identified sexual exploitation through disclosure by a young person. In the same research respondents welcomed the introduction of multi-agency strategy meetings and noted the difficulty of using traditional child protection processes with this form of abuse.[2] In light of the complex and hidden nature of this form of abuse which children and young people rarely disclose, it is important to work on the basis of concerns rather than relying on hard evidence. The SERAF framework enables safeguarding actions to be linked to evidence of risk, thereby facilitating both preventive action and appropriate intervention.

The multi-agency strategy meeting should agree a protection plan and action to include direct work with the individual child or young person. The focus of any protection plan and of direct interventions should be the reduction of specific risks which are causing concern. In particular where staying out late and/or going missing from school, home or care is identified, these should be addressed as a priority. The safeguarding implications of staying out late and going missing should not be underestimated by any agencies. The length of intervention required will be different in each case and is reliant on the specific circumstances of the child or young person and the nature of the risks which are being addressed. Individual children and young people may respond to intervention in different ways and this will also impact on the length of that intervention.

A change of circumstances such as a placement change for example may serve to support the reduction of risks in a relatively short space of time, conversely a placement change could serve to quickly escalate risk. At least one review meeting by the multi-agency strategy group should be conducted to ensure that actions have been taken, assess progress, consider the impact of interventions, share further information and reassess the level of risk. Risks should be carefully monitored and reviewed over time in relation to children and young people for whom there have been concerns as part of assessment and planning processes already in place within teams. SERAF Level 1 and Level 2 risk assessments, SERAF STEP assessment and the database are designed to facilitate this monitoring process.

[1] Department of Health, (2000) Safeguarding Children Involved in Prostitution: Supplementary Guidance to Working Together to Safeguard Children, London: DoH, National Assembly for Wales, Home Office, DfEE.

[2] Harper, Z. and Scott, S. (2005) *Meeting the needs of sexually exploited young people in London*. Barnardo's, Barkingside.

Category 4 – Significant risk (SERAF score 16+)

Where children or young people are assessed as being in Category 4 there is a clear indication that they are at significant risk of sexual exploitation or that they are already being abused through sexual exploitation. This is likely to include cases where abuse is habitual, denied, and where coercion and control is implicit.

A multi-agency strategy meeting under the local protocol for children abused through sexual exploitation should be convened in relation to children and young people assessed as at 'significant risk' (in line with DOH/NAW Guidance 2000). As with Category 3, multi-agency strategy meetings should ensure the effective exchange of information between representatives of key agencies. The meetings should include the individual who has identified risk or raised concerns in relation to the child or young person and representatives of Children's Services, Police, Health, Education, Placements and any specialist child sexual exploitation service as awell as any other relevant agencies. Participants of the meeting should agree a protection plan and action to include long-term intensive direct work with the individual child or young person. Review meetings should be conducted throughout the period in which the specialist intervention is taking place to ensure that agreed actions are implemented, and to assess the progress and impact of agreed interventions. Risk should be closely monitored and regularly reassessed as part of the risk reduction process.

All agencies involved in working with the child or young person should address issues of sexual exploitation whether in relation to, for example, placements, offending behaviour, work with the child or young person's family, education or sexual health as part of their work with that child or young person. A coordinated and synchronised approach by all agencies maximises the effectiveness of interventions and the impact of planned actions. All agencies should agree and adopt a consistent approach that does not shy away from or collude with risky behaviour. All agencies and professionals need to be aware of the intensive and long-term nature of the approach required. The presence of multiple vulnerabilities and risks in the lives of children and young people at significant risk often means that they are difficult to engage and that positive outcomes take time. Appropriate approaches to working with children and young people at significant risk of or abused through sexual exploitation are discussed in more detail later.

The threshold for Category 4 within the framework is a SERAF score of 16 or above. Of the 'significant risk' sub-sample in the pilot study, the local authority had already identified sexual exploitation as an issue in 11 of the 67 cases. In all but one of the 11 cases which had already been identified by the local authority, a SERAF score of 30 or above was generated (between 31 and 49). This suggests that a significant majority of vulnerabilities and risk indicators have to be present for a child or young person before sexual exploitation is identified as an issue through standard child protection procedures and practices. The use of a fit for purpose sexual exploitation risk assessment framework should allow for the identification of vulnerability and risk in relation to the majority of children and young people at an earlier stage. Over time, routine assessment, early identification and appropriate interventions should reduce the numbers of children and young people who are exposed to significant risk of sexual exploitation. SERAF tools are designed to support this process.

Young people aged 18 years and over, entitled to Aftercare services

The supplementary guidance Safeguarding children involved in prostitution (2000) applies to all children and young people under the age of 18 years. However reference is made to a duty of care towards older young people leaving care under the Children (Leaving Care) Act 2000 with regard to the safeguarding guidance.

Where there are concerns regarding risk of sexual exploitation in relation to a young person entitled to receive services under the Children (Leaving Care) Act 2000, the associated actions set out above should be generally followed.

In relation to Category 1 and Category 2 cases, information and awareness raising actions should be addressed as part of the pathway planning process. Risk should be assessed and addressed as part of existing processes. Similarly where young people are assessed as Category 3 or Category 4 cases, sexual exploitation should be addressed through the pathway or other work plan. As for children and young people under the age of 18, liaison between Children's Services and the Police Public Protection Unit is also required in addressing the protection of the young person.

SERAF (Sexual Exploitation Risk Assessment Framework)

Risk and intervention: protecting children and young people

Interventions with individual children and young people should be aimed at addressing the specific areas causing concern, beginning with the most risky or dangerous as well as those areas identified by the child or young person as areas where they are willing to work on making changes. This supports reduction of risks and progresses cases to positive outcomes. Barnardo's Cymru has adapted a traffic lights system[3] to provide a means of monitoring positive outcomes. The SERAF STEP assessment enables children and young people to self-assess as well as allowing for a comparison between a child or young person's own appraisal of their situation with that of their worker. The SERAF STEP assessment is designed to provoke discussion and debate and used regularly over time is able to map progress and change. Children and young people can use this tool to prioritise areas of work to be undertaken with their workers and can discuss action needed to move them to a reduced level of risk. In this way children and young people are encouraged to contribute to the identification of the various risks associated with sexual exploitation as they relate to their own lives. The SERAF STEP assessment is integral to risk reduction work.

[3] Created by Barnardo's Merseyside Service

Reducing risks for positive outcomes

Each of the areas which present risks for children and young people in relation to sexual exploitation can be dealt with to promote safeguarding and to achieve positive outcomes. Reducing these risks involves a multi-agency approach which delivers a protective network and holistic package of care.

Barnardo's services across the UK have agreed a set of national outcomes which services work towards and the Seraf Service works towards an additional two. These outcomes have been matched against Welsh Assembly Government's seven Core Aims for all children and young people in Wales.

1. Child or young person is in regular contact with the service and able to accept support (WAG Core Aim 5).
2. Child or young person has a suitable place to live, with care and support adequate to their needs (WAG Core Aim 6).
3. Child or young person does not go missing from home/care (WAG Core Aim 6).
4. Child or young person has reduced conflict with parents or carers (WAG Core Aim 6).
5. Child or young person does not associate with controlling/risky adults (WAG Core Aim 3).
6. Child or young person does not associate with peers involved in sexual exploitation (WAG Core Aim 3).
7. Child or young person attends education/training/work (WAG Core Aim 2).
8. Child or young person is aware of sexual health risks and protects themselves appropriately (WAG Core Aims 2 and 3).
9. Child or young person does not have problematic drug/alcohol use (WAG Core Aim 3).
10. Child or young person does not experience violence (WAG Core Aim 3).
11. Child or young person is able to recognise risky and exploitative relationships and to assert their rights in relationships (WAG Core Aim 2).
12. Child or young person is safe from abuse (WAG Core Aim 3).
13. Child or young person has a consistent positive relationship with at least one nuturing adult (WAG Core Aims 5 and 6).
14. Child or young person has their health needs met (WAG Core Aim 3).
15. Child or young person has opportunities to enjoy a range of activities and has the confidence to participate (WAG Core Aims 2 and 4).
16. Child or young person has a range of independent living skills (WAG Core Aim 2).
17. Child or young person engages in law abiding, positive behaviours (WAG Core Aim 2).
18. Child or young person has a reduced SERAF score (WAG Core Aim 3).

Working with children and young people at significant risk of or abused through sexual exploitation

By the point in a child or young person's life where they are significantly at risk of or are already abused through sexual exploitation they are subject to a complex pattern of life experiences which impact negatively on each dimension of their life. Because of this they can present to agencies such as the police as 'streetwise' or as 'problematic' rather than in need of support. Information, training, tools for risk identification, protocols and procedures and tools for assessment lead to a plan of intervention. Intervention, support and action should be based upon the child or young person's needs and be delivered by a trusted worker in conjunction with a protective network of appropriate agencies.

Working with children and young people for whom sexual exploitation is an issue requires a holistic approach through investment of time and resources in long term intervention. An important aspect of the work can be maintaining contact and being available to children and young people until they reach a point where they are ready to think about their situations. The process and effort spent by a worker on relationship building can be an important factor in bringing them to that point. These 'windows of opportunity', when they present, should be fully capitalised upon, with the right kind of support being made available at the time it is required by the young person. This can only be achieved through the cooperation and joint working of an established network of appropriate agencies.

Establishing a positive trusting relationship with such vulnerable children and young people takes time. A relationship needs to be developed which offers something tangible to the child or young person. At the same time it is important to acknowledge that workers are not providing a friendship and that there are inescapable power differentials. Change needs to happen at a pace that is set by the young person and which provides real choices and promotes a sense of positive control for the young person. Working with children and young people who are exposed to risk situations and experiences of sexual exploitation requires an approach that is non-judgemental and where staff are 'unshockable'. There is a need to be consistently honest and to listen to and respect the views of children and young people.

- Intervention should begin with relationship building, and assessment of risks and vulnerabilities with the child or young person.
- Honest discussions and inclusion in assessment and planning processes will assist the child or young person in feeling included, and create a sense of ownership and connection with the plan.
- The plan should address each of the identified areas of risk.
- Workers need to be realistic about expectations and to understand that this is long term, intensive work.

Barnardo's has been involved in child sexual exploitation work since 1995. The core features of Barnardo's model of practice can be summarised in the Four A's of Access, Attention, Assertive outreach and Advocacy.[4]

[4] Information in relation to the Four A's is in large part taken directly from or adapted from: Scott, S and Skidmore, P (2006) *Reducing the risk: Barnardo's support for sexually exploited young people: A two-year evaluation*, pp48-49, Barnardo's, Barkingside.

Access

Barnardo's services contribute to the development of effective protocols in their area to ensure effective pathways of referral. This includes inter-agency work to raise awareness and increase identification of children and young people at risk.

Services have to be provided in a way that is accessible to children and young people with chaotic lives and who may have a history of poor relationships with professionals. Services have to be delivered by staff who take time to build trusting relationships. Providing support to young people on their own terms is crucial, as is honesty about the boundaries of confidentiality.

Attention

As a result of their life experiences, children and young people at risk of or abused through sexual exploitation are unlikely to have concerned adults who give them positive attention in their lives. This makes them susceptible and responsive to the attentions of abusive adults. Barnardo's services aim to provide consistent and persistent attention from a named worker. This fosters protective, supportive relationships within which children and young people feel safe enough to start to make changes in their lives. This approach provides a positive relationship with a safe adult as an alternative to an unsafe relationship with an abusing adult.

Assertive outreach

Persistent and innovative engagement techniques are required. The steady persistence of workers serves to convince children and young people that they are the subject of genuine concern and care. Such persistent engagement techniques are important to counteract the influence of abusive adults.

Advocacy

Effective support has to involve a range of agencies. A coordinated and synchronised approach by all agencies maximises the effectiveness of interventions and the impact of planned actions. A key role of staff is to advocate for children and young people in relation to the provision they need from different agencies. Examples from practice show that advocacy for the right kind of support at the right time can be particularly important in providing a 'turning point' in a young person's life.

SERAF

Llwybr Gwybodaeth ac Ymyrryd

Barnardo's Cymru

BELIEVE IN CHILDREN
CREDWCH MEWN PLANT

Cysylltu â Ni

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Cyflwyniad

Mae'r dull asesu risg SERAF wedi cael ei ddatblygu fel bod modd canfod plant a phobl ifanc y mae perygl y camfanteisir yn rhywiol arnynt. Y bwriad wrth ddatblygu fframwaith sy'n cynnwys pedwar categori risg yw darparu sail i ymatebion priodol o ran anghenion diogelu plant a phobl ifanc.

Categori risg SERAF	Disgrifiad	Camau gweithredu cysylltiol
Categori 1 (Ddim mewn perygl) (Sgôr 0-5)	Plentyn neu berson ifanc sydd 'mewn angen' efallai ond nad oes perygl ar hyn o bryd iddo gael ei baratoi ar gyfer camfanteisio rhywiol.	Addysgu i gadw'n ddiogel. Adolygu'r risg pan geir unrhyw newid arwyddocaol yn yr amgylchiadau.
Categori 2 (Risg fach) (Sgôr 6-10)	Plentyn neu berson ifanc agored i niwed y gallai fod perygl iddo gael ei baratoi ar gyfer camfanteisio rhywiol.	Dylid gwneud gwaith ar ymwybyddiaeth o risg a chadw'n ddiogel gyda'r plentyn/person ifanc hwn. Adolygu'r risg pan geir unrhyw newid arwyddocaol yn yr amgylchiadau.
Categori 3 (Risg gymedrol) (Sgôr 11-15)	Plentyn neu berson ifanc a allai gael ei dargedu ar gyfer cam-drin manteisgar drwy gyfnewid rhyw am gyffuriau, llety (aros dros nos) a nwyddau ac ati.	Cynnull cyfarfod aml-asiantaeth dan brotocol lleol ar gyfer plant a phobl ifanc y camfanteisir arnynt yn rhywiol i sicrhau y cyfnewidir gwybodaeth yn effeithiol gyda chydweithwyr o amryw o asiantaethau a chytuno ar gynllun amddiffyn. Dylid galw o leiaf un cyfarfod adolygu. Dylid gwneud gwaith gyda'r plentyn/person ifanc hwn ar leihau risg a chadw'n ddiogel.
Categori 4 (Risg sylweddol) (Sgôr 16+)	Ymddengys bod perygl sylweddol y camfanteisir yn rhywiol ar blentyn neu berson ifanc neu fod hynny'n digwydd yn barod. Mae camfanteisio rhywiol yn debygol o fod yn rhywbeth cyson, yn aml mae'r unigolyn yn ei wadu ac mae gorfodaeth/rheolaeth ymhlyg ynddo.	Cynnull cyfarfod aml-asiantaeth dan brotocolau lleol ar gyfer plant a phobl ifanc y camfanteisir arnynt yn rhywiol i sicrhau y cyfnewidir gwybodaeth yn effeithiol gyda chydweithwyr o amryw o asiantaethau a chytuno ar gynllun amddiffyn, yn cynnwys cyfarfodydd adolygu rheolaidd. Dylai'r cynllun amddiffyn gynnwys gwaith uniongyrchol dwys tymor hir gyda'r plentyn neu'r person ifanc.
Sgôr er enghraifft Risg Gymedrol neu Sylweddol	Person ifanc 18 oed neu hŷn	Lle mae person ifanc yn 18 oed neu'n hŷn, dylid ymdrin â risg Gymedrol neu Sylweddol o gamfanteisio rhywiol mewn perthynas â'r person ifanc hwn drwy'r Llwybr neu gynllun gwaith arall; cyswllt rhwng y gwasanaethau plant ag Uned Gwarchod y Cyhoedd yr Heddlu i roi sylw i amddiffyn y person ifanc.

Dull gweithredu Aml-asiantaeth

Mae darparu ymateb priodol yn galw am rwydwaith amddiffynnol ar gyfer plant a phobl ifanc. Mae effeithlonrwydd yn dibynnu'n drwm ar ymateb aml-asiantaeth. Mae'r ymateb hwn ar ei orau yn y strwythur a gynigir gan brotocolau lleol ar gyfer plant a phobl ifanc y camfanteisir yn rhywiol arnynt. Mae hyn yn amlygu'r angen i raeadru gwybodaeth am y protocolau yn barhaus. Drwy sefydlu'r protocolau fel rhan o brif ffrwd y gweithdrefnau diogelu ni fydd rhwystrau fel trosiant staff mwyach yn golygu bod gwaith diogelu yn disgyn drwy'r rhwyd. Mae protocol Cymru gyfan yn cael ei ddatblygu ar hyn o bryd.

O fewn y fframwaith pedwar categori risg, mae angen gwahanol ymatebion mewn perthynas â phob lefel o risg. Mae camau gweithredu cysylltiol ynghlwm wrth bob un o'r pedwar categori risg.

Categori 1 – Ddim mewn perygl y camfanteisir yn rhywiol arnynt (sgôr SERAF 0-5)

Nid oes gan blant a phobl ifanc yng Nghategori 1 ddangosyddion risg mewn perthynas â chamfanteisio rhywiol. Ni fydd y rhan fwyaf o blant a phobl ifanc mewn perygl o rywun yn camfanteisio'n rhywiol arnynt. Fodd bynnag, mae plant a phobl ifanc sydd mewn cysylltiad ag asiantaethau cefnogi megis gwasanaethau plant, yn debygol o fod yn agored i niwed mewn rhai ffyrdd.

Mae ar blant a phobl ifanc yr aseswyd eu bod yn y categori hwn angen mynediad at wybodaeth sylfaenol a fydd yn eu galluogi i ddatblygu ymwybyddiaeth o'r peryglon a all arwain at sefyllfa lle gallai rhywun gamfanteisio'n rhywiol arnynt. Mae angen mynediad arnynt at wybodaeth a fydd yn eu galluogi i osgoi sefyllfaoedd risg ac i amddiffyn eu hunain. Mae ymarferwyr sy'n gweithio mewn timau gwasanaethau plant mewn sefyllfa dda i ddarparu gwybodaeth o'r fath fel rhan o'u rhyngweithio gyda'r plant a'r bobl ifanc y maent mewn cysylltiad â hwy.

Mae cwricwlwm Addysg Bersonol, Iechyd a Chymdeithasol (ABICh) yr ysgol yn cynnig llwyfan da y gellir ei ddefnyddio i gyflwyno gwybodaeth ddiogelu sylfaenol, i archwilio syniadau'n ymwneud â pherthnasoedd rhywiol 'iach' ac i roi i blant a phobl ifanc ymdeimlad o gyfrifoldeb a rheolaeth dros eu cyrff a hwy eu hunain. Mae angen hefyd i hyn gynnwys cyfleoedd i blant a phobl ifanc ddeall y peryglon gwirioneddol sydd ymhlyg mewn aros allan yn hwyr a diflannu o'r ysgol, o'r cartref neu o ofal. Mae gwaith mewn ysgolion eisoes yn cael ei gyflwyno'n llwyddiannus gan wasanaethau Barnardo's mewn mannau eraill yn y DU. Mae Barnardo's Cymru yn datblygu pecyn adnoddau gwybodaeth i ysgolion i helpu athrawon a staff bugeiliol i ymdrin â'r mater hwn o ddiogelu.

Categori 2 – Risg fach (sgôr SERAF 6-10)

Mae plant a phobl ifanc yng Nghategori 2 yn debygol o fod â nifer o ffactorau bod yn agored i niwed megis problemau rhianta a phrofiadau plentyndod. Gallai un neu ddau o ddangosyddion risg hefyd fod yn bresennol. Mae'r ffactorau bod yn agored i niwed hyn yn cynyddu'r risg y caiff plant a phobl ifanc o'r fath eu paratoi ar gyfer camfanteisio rhywiol. Mae angen gwaith ymyrryd ac atal cynnar i amddiffyn plant a phobl ifanc sydd â nifer o ffactorau bod yn agored i niwed.

Dylid ystyried cynnull cyfarfod aml-asiantaeth i sicrhau y rhennir yr holl wybodaeth, ac i gytuno ar gynllun i fynd i'r afael â risg ac anghenion. Mae angen rhaglen wedi'i chynllunio i godi ymwybyddiaeth o gamfanteisio rhywiol ac i roi i blant a phobl ifanc yr arfau i amddiffyn eu hunain. Dylai ymyriad o'r fath godi ymwybyddiaeth o risg, darparu gwybodaeth am gadw eu hunain yn ddiogel ac ymdrin â materion penodol dynodedig sy'n peryglu diogelwch. Dylai rhaglen o'r fath gael ei chyflwyno gan ymarferydd sydd â pherthynas waith dda â'r plentyn neu'r person ifanc. Dylai gynnwys cyfleoedd i blant a phobl ifanc ddeall y peryglon gwirioneddol sydd ymhlyg mewn aros allan yn hwyr a diflannu o'r ysgol, o'r cartref neu o ofal.

Mae angen ailasesu risg yn rheolaidd fel rhan o'r gwaith arfaethedig yr ymgymerir ag ef gyda phlentyn neu berson ifanc. Dylai unrhyw newid arwyddocaol mewn amgylchiadau a allai wneud yr unigolyn yn fwy agored i niwed neu unrhyw ymddygiad sy'n gysylltiedig â risg arwain at ailasesu'r risg ar unwaith.

Categori 3 – Risg gymedrol (sgôr SERAF 11-15)

Mae plant a phobl ifanc y nodwyd eu bod yng Nghategori 3 yn debygol o fod â nifer o ffactorau bod yn agored i niwed yn ogystal ag un neu fwy o ddangosyddion risg. Mae'r ystod anghenion yn y categori risg hwn yn eang o ran y gwahaniaeth rhwng plentyn neu berson ifanc sydd â sgôr SERAF o 11 a phlentyn neu berson ifanc sydd â sgôr SERAF o 15. Gall plant a phobl ifanc sydd â risg gymedrol gael eu paratoi neu eu targedu i bwrpas cam-drin manteisgar a/neu berthynas gamfanteisiol gan oedolion sy'n cam-drin.

Yn y categori hwn y mae unrhyw wybodaeth a hepgorir yn gallu cael yr effaith fwyaf ar gywirdeb yr asesu a'r rhannu gwybodaeth. Dylai cyfarfod strategaeth aml-asiantaeth o dan y protocol lleol ar gyfer plant sy'n cael eu cam-drin drwy gamfanteisio rhywiol gael ei gynnull mewn perthynas â phlant a phobl ifanc yr aseswyd bod risg gymedrol iddynt (yn unol â Chanllawiau 2000 yr Adran Iechyd/LICC[1]). Mae cyfarfodydd strategaeth aml-asiantaeth yn golygu bod modd i gynrychiolwyr asiantaethau allweddol gyfnewid gwybodaeth yn effeithiol â'i gilydd. Dylai'r cyfarfodydd gynnwys yr unigolyn sydd wedi nodi'r risg neu wedi mynegi'r pryder ynghylch y plentyn neu'r person ifanc a chynrychiolwyr o'r Gwasanaethau Plant, yr Heddlu, Iechyd, Addysg, Lleoliadau ac unrhyw wasanaeth arbenigol camfanteisio'n rhywiol ar blant, ynghyd ag unrhyw asiantaethau perthnasol eraill. Dylai cyfarfodydd strategaeth aml-asiantaeth ymateb i anghenion plant a phobl ifanc y nodir bod risg y camfanteisir yn rhywiol arnynt ond nad oes sicrwydd o hynny, yn ogystal ag ymateb i achosion lle mae tystiolaeth am gamfanteisio rhywiol ar gael. Mewn ymchwil yr ymgymerwyd ag ef gyda 30 o fwrdeistrefi Llundain a dau awdurdod lleol y tu allan i Lundain, dim ond dau awdurdod lleol a arolygwyd a ddywedodd iddynt ganfod camfanteisio rhywiol drwy i berson ifanc ei ddatgelu. Yn yr un ymchwil, roedd yr ymatebwyr yn croesawu cyflwyno cyfarfodydd strategaeth aml-asiantaeth a nodasant mor anodd yw defnyddio prosesau amddiffyn plant traddodiadol gyda'r math hwn o gam-drin.[2] Yn wyneb natur gymhleth a chuddiedig y math hwn o gam-drin nad yw plant a phobl ifanc prin byth yn ei ddatgelu, mae'n bwysig gweithio ar sail pryderon yn hytrach na dibynnu ar dystiolaeth bendant. Mae fframwaith SERAF yn galluogi i gamau diogelu gael eu cysylltu â thystiolaeth o risg, gan hwyluso camau ataliol ac ymyriadau priodol.

Dylai'r cyfarfod strategaeth aml-asiantaeth gytuno ar gynllun a chamau amddiffyn i gynnwys gwaith uniongyrchol gyda'r plentyn neu'r person ifanc unigol. Dylai unrhyw gynllun amddiffyn ac ymyriadau uniongyrchol ganolbwyntio ar leihau'r peryglon penodol sy'n peri pryder. Yn arbennig, lle mae aros allan yn hwyr a/neu fynd ar goll o'r ysgol, o'r cartref neu o ofal wedi cael eu nodi, dylid rhoi sylw i'r rhain fel blaenoriaeth. Ni ddylai unrhyw asiantaethau fychanu goblygiadau diogelu aros allan yn hwyr a mynd ar goll. Bydd hyd yr ymyriad sy'n ofynnol yn wahanol ym mhob achos ac mae'n dibynnu ar amgylchiadau penodol y plentyn neu'r person ifanc a natur y peryglon sydd dan sylw. Gall plant a phobl ifanc unigol ymateb i ymyriadau mewn ffyrdd gwahanol a bydd hyn hefyd yn effeithio ar hyd yr ymyriad hwnnw.

Gall newid mewn amgylchiadau megis, er enghraifft, newid lleoliad, fod yn fodd i leihau'r peryglon mewn cyfnod cymharol fyr o amser. I'r gwrthwyneb, gallai newid lleoliad fod yn fodd i gynyddu'r risg yn gyflym. Dylai'r grŵp strategaeth aml-asiantaeth gynnal o leiaf un cyfarfod adolygu i sicrhau bod camau wedi cael eu cymryd, asesu'r cynnydd, ystyried effaith yr ymyriadau, rhannu rhagor o wybodaeth ac ailasesu'r lefel o risg. Dylai risg gael ei monitro a'i hadolygu'n ofalus dros amser mewn perthynas â phlant a phobl ifanc y bu pryderon yn eu cylch fel rhan o'r prosesau asesu a chynllunio sydd eisoes wedi cael eu sefydlu mewn timau. Mae asesiadau risg Lefel 1 a Lefel 2 SERAF, asesiad STEP SERAF a'r gronfa ddata wedi'u llunio i hwyluso'r broses fonitro hon.

[1] Yr Adran Iechyd, (2000) Diogelu Plant sy'n Ymwneud â Phuteindra: Canllawiau Atodol ar Weithio Gyda'n Gilydd i Ddiogelu Plant, Llundain: yr Adran Iechyd, Cynulliad Cenedlaethol Cymru, y Swyddfa Gartref, Yr Adran Addysg a Chyflogaeth.

[2] Harper, P. and Scott, S. (2005) *Meeting the needs of sexually exploited young people in London.* Barnardo's, Barkingside.

Categori 4 – Risg sylweddol (sgôr SERAF 16+)

Lle'r asesir bod plant neu bobl ifanc yng Nghategori 4 mae arwyddion clir bod risg sylweddol y camfanteisir yn rhywiol arnynt neu eu bod eisoes yn cael eu cam-drin drwy gamfanteisio rhywiol. Mae hyn yn debygol o gynnwys achosion lle mae'r cam-drin yn digwydd yn gyson, yn cael ei wadu a lle mae gorfodaeth a rheolaeth ymhlyg yn hynny.

Dylid cynnull cyfarfod strategaeth aml-asiantaeth o dan y protocol lleol ar gyfer plant sy'n cael eu cam-drin drwy gamfanteisio rhywiol mewn perthynas â phlant a phobl ifanc yr aseswyd bod 'risg sylweddol' iddynt (yn unol â Chanllawiau 2000 yr Adran Iechyd/LICC). Megis gyda Chategori 3, dylai cyfarfodydd strategaeth aml-asiantaeth sicrhau bod cynrychiolwyr asiantaethau allweddol yn cyfnewid gwybodaeth yn effeithiol â'i gilydd. Dylai'r cyfarfodydd gynnwys yr unigolyn sydd wedi nodi'r risg neu wedi mynegi'r pryder ynghylch y plentyn neu'r person ifanc a chynrychiolwyr o'r Gwasanaethau Plant, yr Heddlu, Iechyd, Addysg, Lleoliadau ac unrhyw wasanaeth arbenigol camfanteisio'n rhywiol ar blant, ynghyd ag unrhyw asiantaethau perthnasol eraill. Dylai'r rhai sy'n cymryd rhan yn y cyfarfod gytuno ar gynllun a chamau amddiffyn i gynnwys gwaith uniongyrchol dwys dros dymor hir gyda'r plentyn neu'r person ifanc unigol. Dylid cynnal cyfarfodydd adolygu ar hyd y cyfnod tra bydd ymyriadau arbenigol yn cael eu rhoi ar waith i sicrhau bod y camau gweithredu y cytunwyd arnynt yn cael eu gweithredu, ac i asesu cynnydd ac effaith ymyriadau y cytunwyd arnynt. Dylid monitro risg yn ofalus a'i hailasesu'n rheolaidd fel rhan o'r broses lleihau risg.

Dylai pob asiantaeth sy'n gweithio gyda'r plentyn neu'r person ifanc ymdrin â materion camfanteisio rhywiol boed hynny mewn perthynas, er enghraifft, â lleoliadau, ymddygiad troseddol, gwaith gyda theulu'r plentyn neu'r person ifanc, addysg neu iechyd rhywiol fel rhan o'i gwaith gyda'r plentyn neu'r person ifanc hwnnw. Mae gweithredu cydgysylltiedig a chyson gan yr holl asiantaethau yn gwneud yr ymyriadau mor effeithiol â phosibl ac yn cynyddu effaith y gweithredu a gynllunnir i'r eithaf. Dylai pob asiantaeth fabwysiadu a chytuno ar ddull gweithredu cyson nad yw'n anwybyddu nac yn goddef ymddygiad sy'n creu risg. Mae angen i bob asiantaeth a gweithiwr proffesiynol fod yn ymwybodol o ddwyster a natur tymor hir y gweithredu sy'n ofynnol. Mae presenoldeb amryw o ffactorau bod yn agored i niwed a risg ym mywydau plant a phobl ifanc sy'n wynebu risg sylweddol yn golygu'n aml ei bod yn anodd gweithio gyda hwy a bod canlyniadau cadarnhaol yn cymryd amser. Trafodir yn fanylach ffyrdd priodol o weithio gyda phlant a phobl ifanc y mae risg sylweddol iddynt gael eu cam-drin drwy gamfanteisio rhywiol, neu fod hynny'n digwydd, yn ddiweddarach yn yr adroddiad hwn.

Y trothwy i Gategori 4 yn y fframwaith yw sgôr SERAF o 16 neu fwy. O'r is-sampl 'risg sylweddol' yn yr astudiaeth beilot, roedd yr awdurdod lleol eisoes wedi nodi bod camfanteisio rhywiol yn ystyriaeth mewn 11 o'r 67 o achosion. Ym mhob un ond un o'r 11 achos a oedd wedi cael eu nodi'n barod gan yr awdurdod lleol, cafwyd sgôr SERAF o 30 neu fwy (rhwng 31 a 49). Mae hyn yn awgrymu bod yn rhaid i fwyafrif sylweddol o ffactorau bod yn agored i niwed a dangosyddion risg fod yn bresennol i blentyn neu berson ifanc cyn y caiff camfanteisio rhywiol ei nodi fel ystyriaeth drwy weithdrefnau ac arferion safonol amddiffyn plant. Drwy ddefnyddio fframwaith asesu risg addas i'w bwrpas o ran camfanteisio rhywiol, dylai fod yn bosibl nodi'r ffactorau bod yn agored i niwed a risg mewn perthynas â'r mwyafrif o blant a phobl ifanc yn gynharach. Dros amser, dylai asesu fel mater o drefn, nodi achosion yn gynharach ac ymyriadau priodol leihau'r nifer o blant a phobl ifanc sy'n agored i risg sylweddol o gamfanteisio rhywiol. Llunnir adnoddau SERAF i gefnogi'r broses hon.

Pobl ifanc 18 oed a hŷn, y mae ganddynt hawl i Wasanaethau Ôl-ofal

Mae'r canllawiau atodol Diogelu plant sy'n ymwneud â phuteindra (2000) yn berthnasol i bob plentyn neu berson ifanc o dan 18 oed. Fodd bynnag, o dan Ddeddf Plant (Ymadael â Gofal) 2000, cyfeirir at ddyletswydd gofal tuag at bobl ifanc hŷn sy'n ymadael â gofal o ran y canllawiau diogelu.

Lle ceir pryderon am y risg y camfanteisir yn rhywiol ar berson ifanc sydd â hawl i gael gwasanaethau o dan Ddeddf Plant (Ymadael â Gofal) 2000, yn gyffredinol dylid dilyn y camau cysylltiol a nodir uchod.

O ran achosion Categori 1 a Chategori 2, dylid ymdrin â chamau gwybodaeth ac ymwybyddiaeth fel rhan o'r broses cynllunio llwybr. Dylid asesu risg ac ymdrin â risg fel rhan o'r prosesau presennol. Yn yr un modd, lle caiff pobl ifanc eu hasesu fel achosion Categori 3 neu Gategori 4, dylid ymdrin â chamfanteisio rhywiol drwy'r llwybr neu gynllun gwaith arall. Lle mae plant a phobl ifanc dan 18 oed yn y cwestiwn, mae angen cyswllt rhwng y Gwasanaethau Plant ac Uned Amddiffyn y Cyhoedd yr Heddlu hefyd wrth ymdrin ag amddiffyn y person ifanc.

SERAF (Fframwaith Asesu'r Risg o Gamfanteisio Rhywiol)

Risg ac ymyriadau: amddiffyn plant a phobl ifanc

Dylai **ymyriadau** gyda phlant a phobl ifanc unigol anelu at ymdrin â'r meysydd penodol sy'n peri pryder. Dylid dechrau gyda'r meysydd mwyaf peryglus neu'r rhai sy'n golygu mwyaf o risg yn ogystal â'r meysydd hynny a nodwyd gan y plentyn neu'r person ifanc fel meysydd y maent yn barod i weithio arnynt i wneud newidiadau. Mae hyn yn cefnogi lleihau risgiau ac yn symud achosion ymlaen tuag at ganlyniadau cadarnhaol. Mae Barnardo's Cymru wedi mabwysiadu system goleuadau traffig[3] fel cyfrwng i fonitro canlyniadau cadarnhaol. Mae asesiad STEP SERAF yn galluogi plant a phobl ifanc i asesu eu hunain, yn ogystal â chaniatáu cymharu asesiad y plentyn neu'r person ifanc ei hun o'i sefyllfa ag asesiad ei weithiwr. Mae asesiad STEP SERAF wedi ei fwriadu i ysgogi trafodaeth a dadl a thrwy ei ddefnyddio'n rheolaidd dros amser mae modd mapio cynnydd a newid. Gall plant a phobl ifanc ddefnyddio'r arf hwn i flaenoriaethu'r meysydd gwaith y byddant yn ymgymryd â hwy gyda'u gweithwyr a gallant drafod pa gamau sy'n ofynnol i'w symud i lefel is o risg. Yn y modd hwn caiff plant a phobl ifanc eu hannog i gyfrannu at ganfod y gwahanol risgiau sy'n gysylltiedig â chamfanteisio rhywiol fel y maent yn ymwneud â'u bywydau hwy. Mae asesiad STEP SERAF yn rhan annatod o waith lleihau risg.

[3] Crëwyd gan ymchwilwyr Barnardo's ar Lannau Mersi

Lleihau risg i gael canlyniadau cadarnhaol

Mae modd ymdrin â phob maes sy'n achosi risg i blant a phobl ifanc o safbwynt camfanteisio rhywiol er mwyn hyrwyddo diogelu a sicrhau canlyniadau cadarnhaol. Mae lleihau'r risgiau hyn yn golygu gweithio drwy ddull aml-asiantaeth sy'n darparu rhwydweithiau amddiffynnol a phecynnau gofal cyfannol.

Mae gwasanaethau Barnardo's ar draws y DU wedi cytuno ar set o ganlyniadau cenedlaethol y mae gwasanaethau'n gweithio tuag atynt, ac mae'r Gwasanaeth Seraf yn gweithio tuag at ddau ganlyniad ychwanegol hefyd. Mae'r canlyniadau hyn wedi cael eu cyfateb yn erbyn saith Nod Craidd Llywodraeth Cynulliad Cymru i holl blant a phobl ifanc Cymru.

1. Bod y plentyn neu'r person ifanc mewn cysylltiad rheolaidd â'r gwasanaeth ac yn gallu derbyn cymorth. (Nod Craidd 5 LICC).
2. Bod gan y plentyn neu'r person ifanc le addas i fyw ynddo, gyda gofal a chymorth digonol i'w anghenion. (Nod Craidd 6 LICC).
3. Nad yw'r plentyn neu'r person ifanc yn mynd ar goll o'i gartref/o ofal. (Nod Craidd 6 LICC).
4. Bod y plentyn neu'r person ifanc yn gwrthdaro llai â rhieni neu ofalwyr. (Nod Craidd 6 LICC).
5. Nad yw'r plentyn neu'r person ifanc yn cymysgu ag oedolion rheolgar/peryglus. (Nod Craidd 3 LICC).
6. Nad yw'r plentyn neu'r person ifanc yn cymysgu â chyfoedion sy'n ymwneud â chamfanteisio rhywiol. (Nod Craidd 3 LICC).
7. Bod y plentyn neu'r person ifanc yn mynychu addysg/hyfforddiant/gwaith. (Nod Craidd 2 LICC).
8. Bod y plentyn neu'r person ifanc yn ymwybodol o beryglon iechyd rhywiol a'i fod yn amddiffyn ei hun yn briodol. (Nod Craidd 2 a 3 LICC).
9. Nad oes gan y plentyn neu'r person ifanc broblemau o ran defnyddio cyffuriau/alcohol. (Nod Craidd 3 LICC).
10. Nad yw'r plentyn neu'r person ifanc yn wynebu trais. (Nod Craidd 3 LICC).
11. Bod y plentyn neu'r person ifanc yn gallu adnabod perthynas beryglus a chamfanteisiol a mynnu ei hawliau mewn perthynas. (Nod Craidd 2 LICC).
12. Bod y plentyn neu'r person ifanc yn ddiogel rhag camdriniaeth. (Nod Craidd 3 LICC)
13. Bod gan y plentyn neu'r person ifanc berthynas gadarnhaol gyson gydag o leiaf un oedolyn cefnogol. (Nod Craidd 5 a 6 LICC).
14. Bod anghenion iechyd y plentyn neu'r person ifanc yn cael eu diwallu. (Nod Craidd 3 LICC).
15. Bod gan y plentyn neu'r person ifanc gyfleoedd i fwynhau amrywiaeth o weithgareddau a bod ganddo'r hyder i gymryd rhan (Nodau Craidd 2 a 4 LICC).
16. Bod gan y plentyn neu'r person ifanc ystod o sgiliau byw'n annibynnol (Nod Craidd 2 LICC).
17. Bod y plentyn neu'r person ifanc yn ymddwyn yn gadarnhaol ac yn ufuddhau i'r gyfraith (Nod Craidd 2 LICC).
18. Bod sgôr SERAF y plentyn neu'r person ifanc wedi gostwng (Nod Craidd 3 LICC).

Gweithio gyda phlant a phobl ifanc y mae risg sylweddol iddynt gael eu cam-drin drwy gamfanteisio rhywiol, neu sy'n dioddef camfanteiso rhywiol

Erbyn yr adeg ym mywyd plentyn neu berson ifanc pan fydd risg sylweddol iddo gael ei gam-drin drwy gamfanteisio rhywiol neu fod hynny eisoes yn digwydd, mae wedi bod drwy batrwm cymhleth o brofiadau bywyd sy'n cael effaith negyddol ar bob dimensiwn o'i fywyd. O'r herwydd gallant ymddangos i asiantaethau megis yr heddlu fel pobl ifanc sy'n 'deall byd y stryd' neu fel rhai 'problemus' yn hytrach na bod angen cefnogaeth arnynt. Mae gwybodaeth, hyfforddiant, dulliau canfod risg, protocolau a gweithdrefnau a dulliau asesu yn arwain at gynllun ymyrryd. Dylai gwaith ymyrryd, cefnogi a gweithredu gael ei seilio ar anghenion y plentyn neu'r person ifanc a dylai gael ei ddarparu gan weithiwr y gellir ymddiried ynddo ar y cyd â rhwydwaith amddiffynnol o asiantaethau priodol.

Wrth weithio gyda phlant a phobl ifanc y mae camfanteisio rhywiol yn broblem iddynt, mae angen gweithredu'n gyfannol drwy fuddsoddi amser ac adnoddau mewn ymyriadau tymor tir. Un agwedd bwysig ar y gwaith yw cadw cysylltiad a bod ar gael i blant a phobl ifanc nes iddynt gyrraedd pwynt pryd y maent yn barod i feddwl am eu sefyllfa. Gall y broses a'r amser a dreulir gan weithiwr ar feithrin perthynas fod yn ffactor pwysig er mwyn dod â hwy i'r pwynt hwnnw. Dylid manteisio i'r eithaf ar y cyfleoedd prin hyn, pan godant, gan sicrhau bod y math cywir o gefnogaeth ar gael pan fo'r person ifanc ei angen. Ni ellir cyflawni hyn ond drwy gydweithrediad a chydweithio rhwng rhwydwaith sefydlog o asiantaethau priodol.

Mae sefydlu perthynas bositif, o ymddiriedaeth, gyda phlant a phobl ifanc mor fregus yn cymryd amser. Mae angen datblygu perthynas sy'n cynnig rhywbeth pendant i'r plentyn neu'r person ifanc. Ar yr un pryd, mae'n bwysig cydnabod nad darparu cyfeillgarwch y mae gweithwyr a bod yna wahaniaethau grym anorfod. Rhaid i newid ddigwydd ar gyflymder a bennir gan y person ifanc, gan gynnig dewisiadau gwirioneddol a hyrwyddo ymdeimlad o reolaeth bositif ar ran y person ifanc. Wrth weithio gyda phlant a phobl ifanc sy'n agored i sefyllfaoedd risg a phrofiadau o gamfanteisio rhywiol, rhaid gweithredu mewn ffordd nad yw'n barnu a rhaid i'r staff fod yn 'ansiociadwy'. Mae angen bod yn onest bob amser a gwrando ar farn plant a phobl ifanc a pharchu'r farn honno.

- Dylai'r ymyrryd ddechrau drwy feithrin perthynas gyda phlant a phobl ifanc ac asesu'r risg a'r ffactorau bod yn agored i niwed.
- Bydd trafodaeth onest a chynnwys pob plentyn a pherson ifanc yn y prosesau asesu a chynllunio yn help iddynt deimlo eu bod yn cael eu cynnwys ac i deimlo perchenogaeth ar y cynllun a chysylltiad ag ef.
- Dylai'r cynllun ymdrin â phob maes risg a nodwyd.
- Mae angen i weithwyr fod yn realistig am y disgwyliadau a deall bod hwn yn waith dwys, tymor hir.

Mae Barnardo's wedi ymwneud â gwaith camfanteisio'n rhywiol ar blant er 1995. Gellir crynhoi nodweddion craidd model ymarfer Barnardo's fel hyn: Mynediad, Sylw, Allgymorth pendant ac Eiriolaeth (yn Saesneg, y pedair A, sef Access, Attention, Assertive outreach ac Advocacy).[4]

[4] Mae'r wybodaeth am y pedair A wedi cael ei chymryd yn uniongyrchol gan mwyaf o neu wedi cael ei haddasu o: Scott, S. a Skidmore, P. (2006) *Reducing the risk: Barnardo's support for sexually exploited young people: A two-year evaluation,* td48-49, Barnardo's, Barkingside.

Mynediad

Mae gwasanaethau Barnardo's yn cyfrannu tuag at ddatblygu protocolau effeithiol yn eu hardal er mwyn sicrhau llwybrau effeithiol o gyfeirio. Mae hyn yn cynnwys gwaith rhyngasiantaethol i hybu ymwybyddiaeth a chynyddu'r gallu i ganfod plant a phobl ifanc sydd mewn perygl.

Rhaid darparu gwasanaethau mewn ffordd sy'n hygyrch i blant a phobl ifanc sydd â bywydau llawn anhrefn ac sydd efallai â hanes o berthnasoedd gwael gyda gweithwyr proffesiynol. Rhaid i wasanaethau gael eu cyflenwi gan staff sy'n cymryd amser i feithrin perthnasoedd a seilir ar ymddiriedaeth. Mae darparu cymorth i bobl ifanc ar eu telerau hwy yn hanfodol; felly hefyd bod yn onest am derfynau cyfrinachedd.

Sylw

Oherwydd eu profiadau yn eu bywydau, mae plant a phobl ifanc sydd mewn perygl o gael eu cam-drin drwy gamfanteisio rhywiol, neu sydd eisoes yn cael eu cam-drin felly, yn annhebygol o fod ag oedolion sy'n poeni amdanynt ac yn rhoi sylw cadarnhaol iddynt yn eu bywydau. Mae hyn yn eu gadael yn agored i sylw oedolion camdriniol ac yn barod i ymateb iddynt. Nod gwasanaethau Barnardo's yw darparu sylw cyson a pharhaus gan weithiwr dynodedig. Mae hyn yn meithrin perthnasoedd amddiffynnol, cefnogol lle gall plant a phobl ifanc deimlo'n ddigon diogel i ddechrau gwneud newidiadau yn eu bywydau. Mae'r dull hwn yn darparu perthynas gadarnhaol gydag oedolyn diogel yn lle perthynas anniogel gydag oedolyn camdriniol.

Allgymorth pendant

Mae angen technegau ymwneud parhaus ac arloesol. Mae dycnwch cyson gweithwyr yn fodd i argyhoeddi plant a phobl ifanc eu bod yn destun pryder a gofal diffuant. Mae technegau ymwneud parhaus o'r fath yn bwysig i wrthweithio dylanwad oedolion camdriniol.

Eiriolaeth

Rhaid i gymorth effeithiol gynnwys ystod o asiantaethau. Mae gweithredu cydgysylltiedig a chyson gan yr holl asiantaethau yn gwneud yr ymyriadau mor effeithiol â phosibl ac yn cynyddu effaith y gweithredu a gynllunnir i'r eithaf. Mae eiriol ar ran plant a phobl ifanc am y ddarpariaeth y mae ei hangen arnynt gan wahanol asiantaethau yn rôl allweddol i staff. Mae enghreifftiau ymarfer yn dangos bod eiriol am y math iawn o gymorth ar yr adeg iawn yn gallu bod yn neilltuol o bwysig o ran darparu 'trobwynt' ym mywyd person ifanc.

All Wales Child Protection Procedures Review Group

Grwp Adolygu Canllawiau Amddiffyn Plant Cymru Gyfan

Safeguarding and Promoting the Welfare of Children who are at Risk of Abuse through Sexual Exploitation

All Wales Protocol

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Safeguarding and Promoting the Welfare of Children who are at Risk of Abuse through Sexual Exploitation

1 Introduction

The field of work with children and young people who are at risk of, or are abused through, sexual exploitation is multi agency in nature; within that field, the full range of agencies involved need to take a mutual responsibility for best ensuring the safeguarding of those children and young people involved.

This Protocol is issued under Safeguarding Children: Working Together under the Children Act 2004 and sits within Part 5 of the All Wales Child Protection Procedures. It sets out the formal Child Protection Procedure to be used where there are concerns that a child is at risk of, or is abused through, sexual exploitation. It should be used in conjunction with the Sexual Exploitation Risk Assessment Framework (SERAF).

Where relevant, colleagues should also refer to other Protocol and Guidance documents for safeguarding children in specific circumstances including:

- Safeguarding Children and Young People from Sexual Exploitation – Supplementary Guidance (2011)
- Safeguarding and Promoting the Welfare of Sexually Active Young People (2008)
- The Protection of Children from Abuse via Information Technology (2008)
- Safeguarding Children who may have been Trafficked (2008)
- All Wales Protocol – Missing Children (2011)

To confirm the respective purposes of both this Protocol and the Welsh Government Supplementary Guidance document; the Guidance document should be used as a **strategic** supplement to the original Working Together document and in that is primarily a management reference document; this Protocol is intended primarily as an **operational** support to field practice for both managers and practitioners across the multi agency spectrum of child sexual exploitation (CSE) work.

2 Aim

The aim of this Protocol is to safeguard and promote the welfare of children and young people when there are concerns that they are at risk of abuse through sexual exploitation and to encourage the investigation and prosecution of those who perpetrate this form of abuse.

The purpose of this Protocol is to:

- define what is meant in this Protocol by ‘sexual exploitation’
- raise awareness of all agencies involved with children and families of child sexual exploitation as a form of sexual abuse and a child protection matter

- ensure that police, local authorities, education, health and other agencies work together and share consistent policies and practice
- formalise the exchange of information between agencies
- provide a framework for the identification of risk
- provide a procedure for handling concerns
- outline responsibilities of various agencies
- establish a quality assurance process to monitor and evaluate arrangements

3 Definition

The sexual exploitation of children and young people is a hidden form of abuse. A number of different definitions have been developed through the work of researchers and practitioners though the concepts of exploitation and exchange are central to each.

Child sexual exploitation is the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, 'protection' or affection. The vulnerability of the young person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent.

Child sexual exploitation (CSE), for the purpose of this Protocol, includes:

- abuse through exchange of sexual activity for some form of payment
- abuse through the production of indecent images and/or any other indecent material involving children whether photographs, films or other technologies
- abuse through grooming whether via direct contact or the use of technologies such as mobile phones and the internet
- abuse through trafficking for sexual purposes

Children do not volunteer to be sexually exploited and they cannot consent to their own abuse; they are forced and/or coerced.

The guidance applies to male and female children up to the age of 18 years irrespective of whether they are living independently, at home, with carers, or in a residential setting.

4 Information Sharing

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. Whenever possible, consent should be obtained before sharing personal information with third parties. However, in some circumstances, consent may not be possible or appropriate but the safety and welfare of a child may dictate that the information must be shared. (Safeguarding Children: Working Together under the Children Act 2004)

The duty of confidentiality is not absolute. Where a professional believes that there is a risk to the health, safety or welfare of a child, young person or others, which is serious enough to outweigh the young person's right to privacy, they should follow the All Wales Child Protection Procedures.

Any disclosure or decision not to disclose must be justified according to the particular facts of the case and documented accordingly. Advice should be sought in cases of doubt from lead professionals in child protection within the practitioner's own agency without delay.

In relation to children at risk of, or abused through sexual exploitation, the protective network of professionals involved in strategy meetings, child in need plans and child protection plans should agree the ongoing response to risk together, enabling individuals to feel confident that information shared will be used to enable positive outcomes for the child or young person.

Further information regarding principles of confidentiality and information sharing can be found in AWCPP section (3.14.14) and (5.4.2).

In circumstances where it is felt an Information Sharing Protocol (ISP) may be required and the duty of confidentiality may operate, applying the 'Wales Accord on the Sharing of Personal Information (WASPI)' can ensure that legal and practical requirements for sharing are met.

Use of the WASPI framework as the single basis for sharing information will strengthen collaboration and avoid duplication of effort in developing an (ISP). Once an ISP has been quality assured it can be adapted and used locally elsewhere for the same purpose and where the same partners are involved, considerably reducing development time. To find out more visit www.waspi.org.

5 Handling Individual Cases

This section should be read in conjunction with Part 3 of the AWCPP – The Child Protection Process.

5.1 Recognition

Evidence gathered on child sexual exploitation in Wales suggests that the majority of exploitation takes place 'off street', in private accommodation, hotels, or sauna/massage establishments. The hidden nature of this form of abuse has a significant impact on the visibility of the problem. Disclosure of sexual abuse and violence is always difficult for children and young people. The sophisticated grooming and priming processes executed by abusing adults and the exchange element of the abuse, act as additional barriers, which increase denial and make disclosure especially difficult.

Key to safeguarding vulnerable children then, is the ability to recognise 'at risk' children and young people and for agencies to work within a risk assessment framework. Level of risk can be identified by considering the number and range of risk indicators present in a child's life. Evidence from research in relation to the vulnerabilities and risk indicators associated with sexual exploitation is now well established.

All staff in all agencies should be familiar with the vulnerability and risk indicators below. These agencies include:

- Social Services
- Police
- Education (schools, education other than in school, FE colleges)
- Careers Wales
- Health Services (substance misuse services, school health nurses, practitioners in young people's advisory/sexual health services, GUM clinics, CAMHS, GPs, accident and emergency units, specialist nurses/doctors for LAC/CP, health visitors)
- Youth Justice Services
- Leisure and Community Services (youth workers, play workers, leisure centres, parks)
- Voluntary sector and Community groups
- Armed Forces
- UK Border Agency/Home Office

Each agency (Social Services, Education, Health, etc.) should identify a lead officer for child sexual exploitation. In addition and as best practice, each team, residential unit, school or service etc. should endeavour to identify a lead practitioner or manager for CSE. These lead individuals should have, or develop, a level of expertise in relation to CSE. They should be able to advise within their agency on identifying and referring a child at risk and how their agency can contribute to risk reduction work and a safeguarding plan. They should also be invited to attend multi-agency meetings held under this protocol.

5.2 Vulnerabilities include:

- abuse or neglect by parent/carer/family member
- history of local authority care
- family history of domestic abuse
- family history of substance misuse
- family history of mental health difficulties
- breakdown of family relationships
- low self-esteem

5.3 Moderate Risk indicators include:

- staying out late
- multiple callers (unknown adults/older young people)
- use of a mobile phone that causes concern
- expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression)
- sexually transmitted infections
- drugs misuse
- alcohol misuse
- use of the internet that causes concern
- unsuitable/inappropriate accommodation (including street homelessness)
- isolated from peers/social networks
- lack of positive relationship with a protective/nurturing adult
- exclusion from school or unexplained absences from or not engaged in school/college/training
- living independently and failing to respond to attempts by worker to keep in touch

5.4 Significant Risk indicators include:

- periods of going missing overnight or longer
- older 'boyfriend'/ relationship with controlling adult
- physical/emotional abuse by that 'boyfriend'/controlling adult
- entering/leaving vehicles driven by unknown adults
- unexplained amounts of money, expensive clothing or other items
- frequenting areas known for on or off street sexual exploitation
- physical injury without plausible explanation
- disclosure of sexual/physical assault followed by withdrawal of allegation[1]
- peers involved in clipping (receiving payment in exchange for agreement to perform sexual acts but not performing the sexual act)/sexual exploitation

Child sexual exploitation is a particularly hidden form of abuse. Disclosure of this form of abuse is rare. Vulnerability and risk indicators of CSE are well established. It is possible to evidence risk (see below).

Staff in all agencies should be familiar with the Sexual Exploitation Risk Assessment Framework (SERAF) and be able to identify children at risk of CSE

[1] The indicators relating to 'withdrawal of allegation' and 'peers involved in clipping' have been elevated from 'Moderate' to Significant' risk level based on experience gleaned from three years of operating the Protocol; it is acknowledged that in this change they now have a different grading within this Protocol in relation to the Welsh Government Supplementary Guidance (2011)

5.5 Referral

As with all child protection concerns, all agencies should refer any concerns that a child is at risk of any form of sexual exploitation to Social Services following the process set out in Part 2 of the AWCPP. This includes all information gathered from any source including other young people.

Disclosure of this form of abuse is exceptionally rare and it is therefore essential that all information from a range of sources is pulled together; any information may help to build up a full picture that the child may be suffering harm.

Foster carers and staff in residential settings should always report any incidents or concerns.

The Social Services lead officer for children at risk of abuse through sexual exploitation (this is often, but not always the Child Protection/Safeguarding Co-ordinator) should be informed of the referral by the person taking the referral in Social Services. Where the child has an allocated social worker, they should also be informed.

When a referral is received regarding a looked after child, the allocated social worker must inform their team manager and the CSE lead practitioner/manager within their team.

Irrespective of whether a completed SERAF is received from the referring agency, the Social Services, as lead agency, will be required to carry out their own SERAF in order to confirm or identify difference in assessed levels of risk.

5.6 Assessment

In research undertaken with 30 London boroughs and two local authorities outside London, only two local authorities surveyed stated that they had identified sexual exploitation through disclosure by a young person. In the same research, respondents welcomed the introduction of multi-agency strategy meetings and noted the difficulty of using traditional child protection processes with this form of abuse (Ref: i). In the light of the complex and hidden nature of this form of abuse which children and young people rarely disclose, it is important to work on the basis of concerns rather than relying on hard evidence.

The SERAF, which includes four categories of ‘risk’, was developed for inclusion in this All Wales Protocol (Ref: ii). The SERAF enables safeguarding actions to be linked to evidence of risk, thereby facilitating both preventive action and appropriate interventions and is intended to inform appropriate responses in relation to children and young people’s safeguarding needs.

A SERAF should be undertaken to establish if a child is in need and requires protection. If not already completed by a third party agency in conjunction with and support of a referral to Social Services by that agency, then Social Services should complete the SERAF themselves within 7 working days of the referral being received. The SERAF will consider all the vulnerabilities and risks and place the child in one of four categories of risk:

- Not at Risk
- Mild Risk
- Moderate Risk
- Significant Risk.

5.7 Guidance to assist in scoring the SERAF (5.8)

Vulnerabilities - cross reference with check list at (5.2)

This section of the SERAF includes factors we know may render children and young people vulnerable to child sexual exploitation. Each vulnerability carries a score of 1.

Moderate Risk indicators - cross reference with check list at (5.3)

This section of the SERAF includes indicators that are associated with risk of, or that may indicate actual, abuse through sexual exploitation. These should be ticked if currently present or have been present during the past 6 months. Each Moderate Risk indicator carries a score of 1.

Significant Risk indicators – cross reference with check list at (5.4)

These risk indicators are very prevalent in cases where children and young people are at risk of abuse, or are being abused, through sexual exploitation. In order to monitor any change in risk over time as a result of intervention or a change in circumstances, it is important to know whether the risk indicator is current (on date of referral or in past 6 months) or recent (between 6 and 12 months ago). If the risk indicator is current or has occurred in the past 6 months this carries a score of 5 (right hand column).

Where the risk indicator was present between 6 and 12 months ago but has not been present in the past 6 months, this carries a score of 1 (left hand column). If a significant risk factor has been present during the past 6 months and was present between 6 and 12 months ago both column should be ticked generating a score of 6 in relation to that significant risk indicator. Once the form is completed a total score can be worked out.

Total score generates a ‘category of risk’ with an associated action as per the Framework.

Score
0-5 = Category 1: (Not at Risk)
6-10= Category 2: (Mild Risk)
11-15= Category 3: (Moderate Risk)

16 + = Category 4: (Significant Risk)

5.8 SERAF

Category of risk	Indicators of risk	Description	Associated actions
Category 1 Not at risk	No risk indicators but may have one or more vulnerabilities present.	A child or young person who may be 'in need' but who is not currently at risk of being groomed for sexual exploitation.	Educate to stay safe. Review risk following any significant change in circumstances. CIN Assessment an option
Category 2 Mild risk	Multiple vulnerabilities. One or two risk indicators may also be present.	A vulnerable child or young person who may be at risk of being groomed for sexual exploitation.	Consider Multi-Agency Strategy Meeting to share information and agree a plan to address risk and/or need. Work on risk awareness and staying safe should be undertaken with this child/young person. Review risk following any significant change in circumstances.
Category 3 Moderate risk	Multiple vulnerabilities and risk indicators present.	A child or young person who may be targeted for opportunistic abuse through exchange of sex for drugs, accommodation (overnight stays) and goods etc.	Convene Multi-Agency Strategy Meeting under protocol for sexually exploited children and young people to ensure effective exchange of information with multi-agency colleagues and agree safety plan. At least one review meeting to be convened. Work should be undertaken with this child/young person around risk reduction and keeping safe.
Category 4 Significant risk	Multiple vulnerabilities and risk indicators. One or more significant risk indicators also likely.	Indication that a child or young person is at significant risk of or is already being sexually exploited. Sexual exploitation is likely to be habitual, often self-	Convene Multi-Agency Strategy Meeting under protocol for sexually exploited children and young people to ensure effective exchange of information with multi-agency colleagues and

			agree safety plan, including regular review meetings.

5.9 Strategy Discussion

Following completion of a SERAF, it may be decided that a Strategy Discussion is required. A Strategy Discussion should always take place where a child is assessed as at 'moderate' or 'significant' risk of sexual exploitation. A Strategy Discussion may also take place where a child is assessed as at 'mild' risk of sexual exploitation.

Police and Social Services should share and discuss all information received/gathered with other professionals/agencies as appropriate, and decide on the next course of action within 24 hours or without delay if there is immediate concern for the child. The person making the referral should be informed of the outcome of the Strategy Discussion.

5.10 Multi-Agency Strategy Meeting (MASM)

5.10.1 MASMs for children at risk of sexual exploitation should be conducted as set out in AWCPP (section 3.5.1) above and incorporate the following additional measures:

5.10.2 A Strategy Discussion will, in most cases, agree that a MASM should be held. A MASM should always be convened for children at moderate or significant risk of sexual exploitation.

5.10.3 The meeting should be chaired by a Social Services' manager with lead responsibility for child sexual exploitation.

5.10.4 Those attending the MASM should include:

- the referrer, if a professional [2]
- lead officers for CSE from Education and Health
- child's social worker (if they have one)
- identified police officer from Police Public Protection Team
- representative from any specialist child sexual exploitation service
- any other relevant person who can assist in the planning process for the child protection enquiries and in formulating a multi-agency safeguarding plan e.g. fostering link worker, residential key worker/manager, YOT worker, voluntary agency worker, designated child protection/LAC nurse
- representative from Probation Service working with any identified perpetrators

5.10.5 The meeting should:

[2] Foster carers are included as 'professional' in this specific regard

- share and clarify information
- identify all risks (including those in the SERAF) and agree on action and make recommendations to address each risk
- consider the likelihood of prosecution of relevant adults and where prosecution is not likely, consider range of alternate action against perpetrators
- develop a written plan to safeguard the child or young person
- decide who will undertake direct work with the child or young person to enable recovery
- agree a date to review the plan within the next three months and be clear where individual responsibilities lie.

5.10.6 Following a MASM, Category 3 and 4 cases will require allocation to a Social Services team to progress the child in need or child protection plan. Where a child is already allocated, any existing plans will need to be amended accordingly.

Implementing an effective child in need or child protection plan for a child at risk of sexual exploitation may require professionals to be extremely persistent in continuing to offer support and services. It may be that a professional from an agency other than Social Services is best able to provide a direct service. Nevertheless, the case should remain allocated to a social worker whilst a child in need or child protection plan is in place, in order to act as a point of contact for the child, family and professionals and to co-ordinate the plans. Plans should address each identified risk.

5.10.7 The priority for the Police is the investigation and prosecution of offenders who have been involved in abusing the child through sexual exploitation. Sections 47 to 51 of the Sexual Offences Act 2003 deal with the sexual exploitation of children. The Act creates a number of offences that apply to CSE and are set out in Appendix 2. This role should be undertaken in accordance with the principle of multi-agency co-operation to safeguard children.

Child sexual exploitation is a particularly hidden form of abuse and disclosure by the child is extremely rare. It may not always be appropriate to interview the child or young person in a formal manner, particularly where a child does not believe they are being sexually exploited. Evidence shows that a relationship with a protective, nurturing adult who over time challenges the perceptions of the young person can lead to an increase in the awareness of the child in relation to risks and experiences. Information may be most effectively gathered over time, by practitioners who have gained the trust of the young person in a manner that does not alienate the child, but rather involves them in the process, contributing to their own safety.

Where there may be limited evidence in relation to perpetrators, for example, the absence of a statement, action may still be taken in relation to particular concerns such as reports of internal trafficking or that an address or vehicle is being used for the purposes of CSE. All intelligence should be recorded and collated. Police should consider using the range of

powers at their disposal including those set out in repeat search of premises and child abduction legislation (see Appendix 3).

The Multi Agency Public Protection Arrangements (MAPPA) provide a national framework for the assessment and management of risk posed by sexual and violent offenders. This includes individuals who are considered to pose a risk or potential risk of harm to children. The arrangements impose statutory requirements on the Police and Probation Services to make these arrangements under Sections 67 and 68 of the Criminal Justice and Court Services Act of 2000. Offenders are referred to the MAPPA process following conviction for a relevant offence. MAPPA are set out in detail in Section 4.11 of the AWCPP.

5.11 Child's wishes and feelings

Children at risk of sexual exploitation will often be in high risk situations and isolated from protective, nurturing adults. They will need to be enabled to express their wishes and feelings to make sense of their particular circumstances and contribute to decisions that affect them. Of particular relevance is the impact of those who may have groomed and conditioned children, in order to coerce and abuse them. Children may also be under very strong pressure, intimidated, afraid and/or dependent on the exploiter/s because of substance misuse. Children may therefore reject offers of help and support; interventions need to be designed to address this.

6 Intervention

Within the four categories of the SERAF, a different response is required in relation to each level of risk. Each of the four categories of risk has associated safeguarding actions.

6.1 Category 1 – Not at Risk of Sexual Exploitation

Children and young people in Category 1 do not have indicators of risk in relation to sexual exploitation. The majority of children and young people will not be at risk of sexual exploitation. However children and young people in contact with support agencies such as Social Services are likely to have some vulnerabilities present.

Children and young people assessed as being in this category may need access to basic information that will enable them to develop an awareness of the risks that can lead to a situation in which they may be exposed to sexual exploitation. They need access to information that will equip them to avoid risk situations and to protect themselves. Practitioners working in Social Services teams are well placed to deliver such information as part of their interaction with the children and young people with whom they are in contact. A decision regarding the need or otherwise for a Child In Need Assessment may need to be made at this stage.

The school Personal Health and Social Education (PHSE) curriculum provides a sound platform through which to deliver basic safeguarding information, to explore ideas around 'healthy' sexual relationships and to provide children and young people with a sense of agency and control about their bodies and selves. This also needs to include opportunities for children and young people to understand the very real risks involved in staying out late and going missing from school, home or care.

Health professionals such as school health nurses, practitioners in young persons' advisory/sexual health clinics and GPs have a role in promoting the young person's health which includes identification of immediate and on going health needs (including sexual health needs and emotional needs). As a universal service, health is well placed to offer support, counseling and information to enable young people to understand the risks and develop strategies for staying safe.

6.2 Category 2 – Mild Risk

A child identified as at mild risk is likely to have multiple vulnerabilities such as problematic parenting and childhood experiences present. One or two risk indicators may also be present. These vulnerabilities increase the risk of such children and young people being groomed for sexual exploitation. Early intervention and preventative work is needed to protect children and young people who have multiple vulnerabilities present.

A practitioner or agency view that a child is at 'mild risk' (Category 2) may be inaccurate and sharing information about that child and a subsequent re-assessment may reveal them to be at 'moderate' or 'significant' risk – and in need of protection. Interventions to interrupt abuse through sexual exploitation and support children to recover a healthy lifestyle are more likely to be successful if a child who is at risk can be identified and information about concerns shared within a multi-agency support network as early as possible.

A Multi Agency Meeting to ensure all information is shared should be convened; it may be considered necessary and appropriate to make this a MASM. Any resultant plan should include a programme of direct work with the child to raise awareness of sexual exploitation and to provide tools for the child to self protect. The programme should raise risk awareness, provide information on keeping safe and address specific identified issues that pose a threat to safety. It should be delivered by a practitioner who has a good working relationship with the child or young person. It should include opportunities for the child to understand the very real risks involved in activities such as staying out late and going missing from school, home or care. Good practice would indicate the importance of seeking the consent of both child and parent/carer (as appropriate) to intervention at this point.

Risk needs to be regularly reassessed as part of the planned work undertaken with a child or young person. Any significant change in circumstances which might increase

vulnerability or any incidence of behaviour associated with risk should result in an immediate reassessment of risk using the sexual exploitation risk assessment.

6.3 Category 3 – Moderate Risk

A child or young person identified as at moderate risk is likely to have multiple vulnerabilities present as well as one or more indicators of risk. Children and young people at moderate risk may be groomed or targeted for opportunistic abuse and/or exploitative relationships by abusing adults.

It is in this category that any omitted information can have the greatest effect on accuracy of assessment and information sharing. A Multi Agency Strategy Meeting (MASM) for children at risk of abuse through sexual exploitation should always be convened in relation to child or young person assessed as at moderate risk. The MASM enables the effective exchange of information between representatives of key agencies. The meetings should include the individual who has identified risk or raised concerns in relation to the child or young person and representatives of Social Services, Police, Health, Education, Placements and any specialist child sexual exploitation services. MASMs should respond to the needs of children and young people for whom risk of sexual exploitation is indicated but not known, as well as responding to cases where evidence of sexual exploitation is available.

The MASM should agree a safeguarding plan and action to include direct work with the individual child or young person. The focus of any safeguarding plan and of direct interventions should be the reduction of specific risks which are causing concern. In particular where staying out late and/or going missing from school, home or care is identified, these should be addressed as a priority. The safeguarding implications of staying out late and going missing should not be underestimated by any agencies. The length of intervention required will be different in each case and is reliant on the specific circumstances of the child or young person and the nature of the risks which are being addressed. Individual children and young people may respond to intervention in different ways and this will also impact on the length of that intervention.

A change of circumstances such as a placement change for example may serve to support the reduction of risks in a relatively short space of time; conversely a placement change could serve to quickly escalate risk. At least one review meeting by the multi-agency strategy group should be conducted to ensure that actions have been taken, assess progress, consider the impact of interventions, share further information and reassess the level of risk. Risks should be carefully monitored and reviewed over time in relation to children and young people for whom there have been concerns as part of the assessment and planning processes.

Risk needs to be regularly reassessed as part of the planned work undertaken with a child or young person. Any significant change in circumstances which might increase

vulnerability or any incidence of behaviour associated with risk should result in an immediate reassessment of risk using the sexual exploitation risk assessment.

The approach to working with children and young people at significant risk of or abused through sexual exploitation set out in Section 6.4 below can also be applied to children and young people in Category 3.

6.4 Category 4 – Significant Risk

Where a child is assessed as being in Category 4, there is a clear indication that they are at significant risk of sexual exploitation or that they are already being abused through sexual exploitation. This is likely to include cases where abuse is habitual, denied, and where coercion and control is implicit.

A MASM for children at risk of abuse through sexual exploitation should always be convened in relation to a child or young person assessed as at significant risk. As with Category 3, MASMs should ensure the effective exchange of information between representatives of key agencies. The meetings should include the individual who has identified risk or raised concerns in relation to the child or young person and representatives of Social Services, Police, Health, Education, Placements and any specialist child sexual exploitation services. Participants of the meeting should agree a safeguarding plan and action to include long-term intensive direct work with the individual child or young person. Review meetings should be conducted regularly to ensure that agreed actions are implemented, and to assess the progress and impact of agreed interventions. Risk should be closely monitored and regularly reassessed as part of the risk reduction process.

All agencies involved in working with the child or young person should address issues of sexual exploitation whether in relation to, for example, placements, offending behaviour, work with the child or young person's family, education or sexual health as part of their work with that child or young person. A coordinated and synchronised approach by all agencies maximises the effectiveness of interventions and the impact of planned actions. All agencies should agree and adopt a consistent approach that does not shy away from, or collude with risky behaviour. All agencies and professionals need to be aware of the intensive and long-term nature of the approach required. The presence of multiple vulnerabilities and risks in the lives of children and young people at significant risk often means that they are difficult to engage and that positive outcomes take time.

The use of a fit for purpose sexual exploitation risk assessment framework should allow for the identification of vulnerability and risk in relation to the majority of children and young people at an earlier stage. Over time, routine assessment, early identification and appropriate interventions should reduce the numbers of children and young people who are exposed to significant risk of sexual exploitation.

6.5 Working with children and young people at significant risk of or abused through sexual exploitation

By the point in a child or young person's life where they are significantly at risk of or are already abused through sexual exploitation, they are subject to a complex pattern of life experiences which impact negatively on each dimension of their life. Because of this they can present to agencies such as the Police as 'streetwise' or as 'problematic' rather than in need of support. Information, training, tools for risk identification, protocols and procedures and tools for assessment lead to a plan of intervention. Intervention, support and action should be based upon the child or young person's needs and be delivered by a trusted worker in conjunction with a protective network of appropriate agencies. It must not be assumed or expected that this direct support is delivered solely by the Social Services; support of sexually exploited children and young people is the responsibility of all agencies involved in that child or young person's life and, according to the needs of the individual child or young person, workers in different and various agencies will necessarily have greater or lesser direct involvement in delivering the necessary support.
Working with children and young people for whom sexual exploitation is an issue requires a holistic approach through investment of time and resources in long term intervention. An important aspect of the work can be maintaining contact and being available to children and young people until they reach a point where they are ready to think about their situations and accept support. The process and effort spent by a worker on relationship building can be an important factor in bringing them to that point. These windows of opportunity, when they present, should be fully capitalised upon, with the right kind of support being made available at the time that it is required by the young person. This can only be achieved through the cooperation and joint working of an established network of appropriate agencies.

Establishing a positive trusting relationship with such vulnerable children and young people takes time. A relationship needs to be developed which offers something tangible to the child or young person. At the same time it is important to acknowledge that workers are not providing a friendship and that there are inescapable power differentials. Change needs to happen at a pace that is set by the young person and which provides real choices and promotes a sense of positive control for the young person. Working with children and young people who are exposed to risk situations and experiences of sexual exploitation requires an approach that is non-judgemental and where staff are 'unshockable'. There is a need to be consistently honest and to listen to and respect the views of children and young people:

- intervention should begin with relationship building, and assessment of risks and vulnerabilities with the child or young person
- honest discussions and inclusion in assessment and planning processes will assist the child or young person in feeling included, and create a sense of ownership and connection with the plan
- the plan should address each of the identified areas of risk

Workers need to be realistic about expectations and to understand that this is long term, intensive work, where progress will go backwards as well as forwards.

If the child is in a residential unit, the staff should be asked to take positive action to clarify and record any concerns and minimise the child's involvement in sexual exploitation. If suspicions are confirmed the following steps should be taken:

- treating the child as a victim of exploitation, not a troublemaker or criminal
- ensuring that all relevant information is recorded in the child's care plan and file – concerning adults and identifying information e.g. appearance, street names, cars registration details etc, telephone activity, the child's patterns of going missing etc – together with decisions and clear directions for action
- making every effort to dissuade the child from leaving to engage in sexual exploitation by talking to them, involving them in alternative activities, and ensuring they have the resources to attend those activities, including escorting where necessary
- ensuring that the child is aware of the legal issues involved, for example that those exploiting them are committing a range of offences
- monitoring telephone calls, text messages and letters by preventing the child from receiving some incoming calls, being present when phone calls are made, confiscating a mobile phone which is being used inappropriately, opening some letters in the presence of the child and withholding letters if necessary; reasons for intercepting letters and calls (for example, that they relate to a dangerous adult) should be included in the care plan
- monitoring callers to the home, or adults collecting children by car. This may involve turning visitors away, or passing information directly to the Police, monitoring any suspicious activity in the vicinity of the home and informing the Police
- using appropriate methods, in accordance with relevant guidance, to prevent the child leaving home to engage in sexual exploitation (these should be recorded in the care plan)
- where these efforts fail, and the child leaves, staff need to decide whether to follow them and continue to encourage them to return
- if they will not return, staff should inform the local Police that the child is missing and pass on all relevant information
- liaising with outreach agencies, so they can look out for a child who has gone missing
- offering sensitive and welcoming responses to children returning home

If the child is in foster care, the social worker and fostering link worker should meet with the foster carer to decide which of the above steps could reasonably be taken by the foster carer as part of the multi-agency plan.

The child's behaviour and attitude may be extremely challenging, and carers and staff will require ongoing support, advice and training in knowing how to respond. These needs must be considered and resources identified, either by the manager of the residential unit, or the fostering link worker.

6.6 Young people aged 18 years and over entitled to Aftercare Services

In cases where a young person entitled to receive services under the Children (Leaving Care) Act 2000 is assessed as at risk of abuse through sexual exploitation, the associated actions above should be followed.

Pathway planning should specifically identify their vulnerability to sexual exploitation and address the factors known to impede successful recovery from sexual exploitation e.g. homelessness, poverty, lack of educational and employment opportunities and lack of supportive social contacts.

In relation to Category 1 and Category 2 cases, information and awareness raising actions should be included in the pathway planning process. Risk should be assessed and addressed as part of existing processes on an ongoing basis.

Similarly, where young people are assessed as Category 3 or Category 4 cases, work to reduce risk of sexual exploitation should be included in the pathway plan and regularly reviewed. As for children and young people under the age of 18, liaison between Social Services and the Police Public Protection Unit is also required in addressing the protection of the young person.

6.7 Other young people aged 18 years and over

A young person who has been subject to the complex pattern of life experiences including sophisticated grooming and priming processes that have brought them to a point where they are at risk of, or are abused through, sexual exploitation, does not stop needing support and protection when they reach the age of 18 years. They remain a vulnerable young person with ongoing needs. A person's vulnerability will depend on their circumstances and environment, and each case must be judged on its merits (Ref: iii). Consideration should be given to referral through the Statutory Guidance on Wales Interim Procedures for Protection of Vulnerable Adults.

In respect of this definition, the individual characteristics of a vulnerable adult as outlined in *'In Safe Hands (2000)'* would apply as being indicative of likely risk; specifically:

- has a physical or sensory disability; including people who are physically frail or have a chronic illness
- has a mental illness, including dementia;
- has a learning disability
- is old and frail;
- misuses drugs or alcohol
- has social or emotional problems, or whose behaviour challenges services.

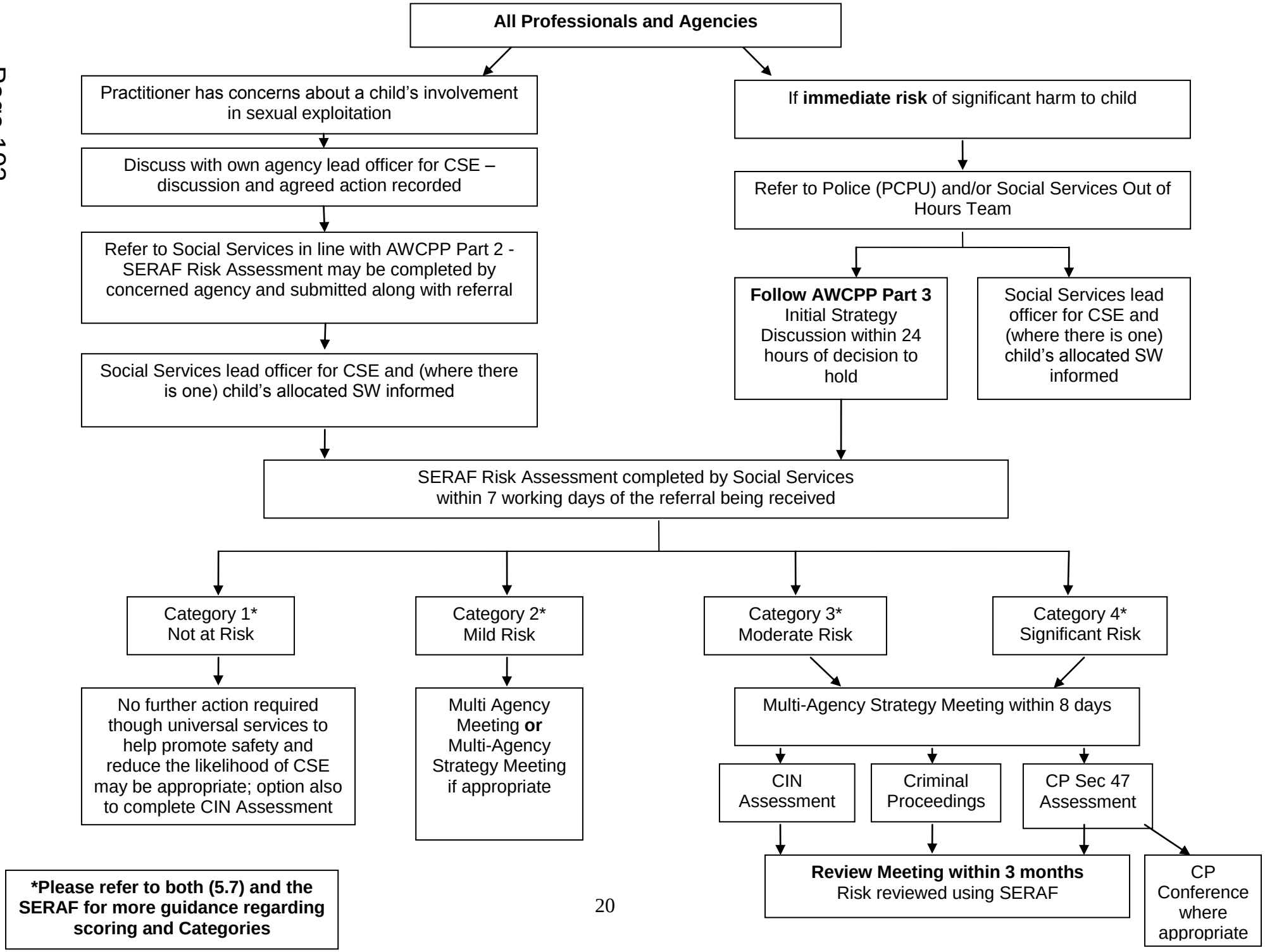
At such time when the new Social Services and Wellbeing Bill (Wales) becomes statute, the criteria relating to "adult at risk" as opposed to 'vulnerable adult' would come to apply; specifically one who:

- is experiencing or is at risk of abuse or neglect
- has needs for care and support, whether or not any of those needs are being met
- as a result of their needs, is unable to protect himself or herself against abuse or neglect or the risk of it.

6.8 Action Flow Chart

The following flow chart summarises the specific processes that should be followed for situations where there are Child Sexual Exploitation concerns. For this reason it must be used in conjunction with the All Wales Child Protection Procedures and other relevant safeguarding documents.

Outcomes are not identified as part of the chart because they will depend on the individual circumstances of the case and professional judgement. However sections (6.1) – (6.7) provide guidance on the possible outcomes that may be necessary in these unique and complex cases.


All Professionals and Agencies
Practitioner has concerns about a child's involvement in sexual exploitation
Discuss with own agency lead officer for CSE – discussion and agreed action recorded
Refer to Social Services in line with AWCPP Part 2 - SERAF Risk Assessment may be completed by concerned agency and submitted along with referral
Social Services lead officer for CSE and (where there is one) child's allocated SW informed
If immediate risk of significant harm to child
Refer to Police (PCPU) and/or Social Services Out of Hours Team
Follow AWCPP Part 3 Initial Strategy Discussion within 24 hours of decision to hold
Social Services lead officer for CSE and (where there is one) child's allocated SW informed
SERAF Risk Assessment completed by Social Services within 7 working days of the referral being received
Category 1* Not at Risk
Category 2* Mild Risk
Category 3* Moderate Risk
Category 4* Significant Risk
No further action required though universal services to help promote safety and reduce the likelihood of CSE may be appropriate; option also to complete CIN Assessment
Multi Agency Meeting or Multi-Agency Strategy Meeting if appropriate
Multi-Agency Strategy Meeting within 8 days
CIN Assessment
Criminal Proceedings
CP Sec 47 Assessment
Review Meeting within 3 months
Risk reviewed using SERAF
CP Conference where appropriate
*Please refer to both (5.7) and the SERAF for more guidance regarding scoring and Categories

7. Monitoring

Local Safeguarding Children Boards should ensure that monitoring arrangements are in place. The numbers of strategy meetings held under this protocol, numbers of children involved and any deficits in service provision should be recorded and monitored by the LSCB in order to evidence local prevalence and need and ensure adequate service provision.

Agencies are encouraged to collect information to monitor prevalence, activity patterns and effectiveness of interventions for children who are sexually exploited in their area (a tool kit is available using the SERAF framework). The lead practitioner/manager for CSE should be responsible for this within agencies/teams/services and for passing that information onto the LSCB.

Appendix 1: List of Named Lead Contacts

This list should contain the lead contacts for, at least, all LSCB member agencies, including voluntary sector representative(s); it should be completed locally by each LSCB and then circulated by the Board to member agencies and to all other relevant agencies within the LSCB area; the mailing should include the local Volunteer Bureau for cascading with the voluntary sector)

Agency	Name of CSE Lead	Agency Role	Telephone	Email

Appendix 2: Relevant Legislation, Procedures and Guidance

Primary Procedures to be used in conjunction with this protocol are the **All Wales Child Protection Procedures.**

The United Nations Convention on the Rights of the Child (UNCRC, 1989) has been adopted by the Welsh Government as a framework for its Strategy for Children and Young People. Welsh Government has drawn up seven Core Aims for all children and young people, each based on the UN Convention Articles. The UNCRC stipulates that the state shall protect children from sexual exploitation and abuse including 'prostitution', trafficking for sexual purposes and involvement in the production of child sexual abuse images.

The Welsh Government's seven Core Aims include the right to 'enjoy the best possible physical and mental, social and emotional health, including freedom from abuse, victimisation and exploitation' (Articles 6, 18-20, 24, 26-29, 32-35, 37 and 40). This Core Aim is central to protecting children and young people from sexual exploitation. Children and young people need access to the seven Core Aims so that they are not put at risk of child sexual exploitation. Where children and young people are put at risk of child sexual exploitation and where they are abused through child sexual exploitation, they require additional support in order to access their rights and entitlements.

The **Children Acts 1989 and 2004** set out the arrangements for safeguarding and promoting the welfare of children and young people.

In **Safeguarding Children: Working together under the Children Act 2004,** the Welsh Government emphasised that children involved in sexual exploitation should be treated primarily as victims of abuse and their needs require careful assessment. They are likely to be in need of welfare services and, in many cases, protection under the Children Act 1989.

The **Sexual Offences Act 2003** introduced new offences to protect all children aged less than 18 years. The Act provides specific offences in respect of child sexual exploitation:

- taking, making, permitting to take, distributing, showing, possessing with intent to distribute and advertising indecent photographs or pseudo photographs of children aged 16 or 17 years of age (Section 45)

- paying for the sexual services of a child aged under 13 years – a child aged under 13 years cannot give consent (Section 47)
- paying for the sexual services of a child aged between 14 and 16 years (Section 47)
- paying for the sexual services of a child aged between 16 and 18 years (Section 47)
- causing or inciting child 'prostitution' or 'pornography' (Section 48)
- controlling a child 'prostitute' or child involved in 'pornography' (Section 49)
- arranging or facilitating child 'prostitution' or 'pornography' (Section 50)

- arranging or facilitating the arrival in the UK for the purpose of committing a relevant offence (Section 57)
- trafficking within the UK (Section 58)
- trafficking out of the UK (Section 59)

Other relevant guidance includes:

- Hidden Harm: Enquiry of the Advisory Council on Misuse of Drugs (2003)
- Cross Government Action Plan on Sexual Violence and Abuse (HM Government, April 2007)
- Safeguarding and Promoting the Welfare of Sexually Active Young People (2008)
- The Protection of Children from Abuse via Information Technology (2008)
- Safeguarding Children who may have been Trafficked (2008)
- All Wales Protocol – Missing Children (2011)

Appendix 3: Police Powers

The Police have powers to protect children within the **Children Acts 1989 and 2004.**

Child Abduction Act 1984: the Police use of the Child Abduction Act 1984 is relevant in situations where a young person is visiting the home of an adult and there are concerns that they are being groomed for sexual exploitation or having sexual intercourse with that adult. Section 2 of the Child Abduction Act 1984, says that any person other than a parent, lawful carer etc, commits an offence if without lawful authority, they take or detain a child under the age of 16 years so as to:

• remove them from control of the persons having lawful control of the child
• keep the child out of the lawful control of the person who has lawful control of the child

Police can take a statement from a parent or guardian to the effect that they have forbidden their child, under any circumstances, to visit an address. As a result of this the Police can inform the occupant that if they allow the child into the house they will be arrested and charged with child abduction and put before the court.

This is a practical option in relation to:

• stopping the grooming of a child in an adult's house
• sending a clear message to the adult that the Police are involved
• re-assuring the parents/carers of the proactive involvement of the Police

Search of premises under **Police and Criminal Evidence Act 1984 (PACE) Code B**

Police search of premises is relevant in situations where a young person is visiting the home of an adult and there are concerns that they are being groomed for sexual exploitation or having sexual intercourse with that adult.

The Police may search premises with the consent of the occupier, as well as where they have legal powers to do so. Before seeking consent the officer in charge should state the purpose of the proposed search, inform the occupier that they are not obliged to consent and that anything seized may be used in evidence.

Police repeated use of 'search of premises' can have the effect of making the child or young person an unwelcome guest in an adult's property. This is a practical option in relation to:

• stopping the grooming of a child in an adult's house
• sending a clear message to the adult that the Police are involved
• re-assuring the parents/carers of the proactive involvement of the Police

Appendix 4: References

(Ref: i) (5.6): Harper, Z and Scott, S (2005) Meeting the needs of sexually exploited young people in London, Barkingside: Barnardo's

(Ref: ii) (5.6): Clutton, S and Coles, J (2007) SERAF Sexual Exploitation Risk Assessment Framework: A pilot study, Cardiff: Barnardo's Cymru

(Ref iii) (6.7): South East Wales Executive Group for the Protection of Vulnerable Adults (2003) South East Wales Policy and Procedures for the Protection of Vulnerable Adults

Grwp Adolygu Canllawiau Amddiffyn Plant Cymru Gyfan

All Wales Child Protection Procedures Review Group

ALL WALES

PROTOCOL

MISSING CHILDREN

CHILDREN WHO RUN AWAY OR GO MISSING FROM HOME OR CARE

Final:	20th June 2011
Author:	All Wales Procedures review Group
Implementation:	
Review :	June 2012

INDEX

1. Introduction

1.1 The Children's Society *Still Running* II (2005) survey estimates that around 100,000 young people under the age of 16 run away from home or care each year across the UK.

The survey found that:

- 1 in 6 runaways sleeps rough
- 1 in 12 runaways is hurt or harmed while away

1.2 Research continues to highlight **the dangerousness** of these situations, given the vulnerability of young people and the risks they are exposed to. 'For a number of runaways, the act of running away itself puts them in danger. Running away can also mean a greater risk of social exclusion later in life. We know that the more often children go missing, the more risks they face and the less anchored they are to their home. While they are away substantial numbers of runaways are more likely to resort to crime or be sexually exploited in order to survive, and may also be physically assaulted' ref: *'Young Runaways'* Social *Exclusion Unit November 2002.*

1.3 Guidance for practitioners on what to do if they encounter a child who is being sexually exploited or is at risk of being sexually exploited can be found in the All Wales Protocol: Safeguarding and Promoting the Welfare of Children who are at Risk of Abuse through Sexual Exploitation (October 2008) and Welsh Assembly Guidance published in March 2011.

1.4 It is also recognised that there are strong links between going missing, child trafficking and forced marriage. Guidance for practitioners who encounter a child who may have been trafficked can be found in Welsh Assembly Government supplementary guidance: Safeguarding Children who may have been Trafficked (Welsh Assembly Government, April 2008). (Note: An All Wales protocol is also due to be issued).

1.5 Guidance for practitioners who encounter a case in which forced marriage may be an issue can be found in the multi-agency practice guidance: Handling Cases of Forced Marriage (Home Office, June 2009).

1.6 Children who run away or go missing are sending us a clear message – that they need help in dealing with problems in their lives. Clearly the circumstances surrounding these absences (the combination of 'push' or 'pull' factors) will vary enormously. It is important that the reasons for which children run away are sought and listened to and acted upon.

1.7 It is imperative that all agencies work together to safeguard children who go missing. Each incident of a child going missing should be considered serious as the risks are serious each time. When there are multiple incidents, professionals will need to consider whether the child's placement is appropriate and whether, for example, a change of placement is necessary to provide a more stable situation for the child. 'Every missing episode should attract proper attention from the professionals involved with the missing person and they must collaborate to ensure a consistent and coherent response is given to the missing person on his/her return.' ('Guidance on the

management recording and investigation of missing persons' Association of Chief Police Officers, 2005).

2. Principles

2.1 A Child-Centred Approach
The safety and welfare of the child is the primary aim. Whilst the child is missing the prime objective of all agencies must be to locate and return the missing child.

2.2 Inter-Agency Working
Police officers, social workers, carers, education, health and all other agencies should share information in order to work co-operatively to effect the safe recovery of children who are missing from home or care. Police should ensure all information in respect of missing children will be shared between other divisional officers and the Public Protection Unit (PPU). The process and procedures for the reporting of missing children by the Local Authority and other agencies will comply with this protocol. The All Wales Child Protection procedures will be followed in respect of all children.

2.3 Responsive Services
Children who go missing can be difficult to engage, however, this should not lead to labelling children as the problem. Agencies should beware of dismissing multiple incidents and of failing to analyse and address the underlying causes or the risks to the child whilst he or she is missing. Agencies should work proactively with children at risk of running away who should be identified and given access to support services. As a corporate parent for Children Looked After, the local authority has a duty to care for the wellbeing and safety of children. This responsibility is not absolved when a child/young person is reported missing. Similarly, the police will act on any report of a child missing.

2.4 Diversity
Children who go missing are all individuals and will come from a range of backgrounds and cultures. Agencies need to work in a way that is sensitive to the child's background and identity whilst at all times ensuring their safety and well-being remains the paramount concern.

3. Scope

3.1 This document applies to all children and young people up to the age of 18 and includes:

- Children who go missing who are living within their families
- Children who are Looked After by the Local Authority who go missing from their placement (including children on remand)

3.2 Not all children who are looked after away from the parental home are placed according to sections in the Children Act 1989. Some children reside in residential education or health / disability resources. These children are equally in need of safeguarding and protection should they go missing. Such establishments, and those responsible for placing children within such establishments, should be aware of this protocol and make arrangements for responding to incidents of children going missing in accordance with the protocol.

3.3 This document does not apply when child trafficking, abduction or serious crime is suspected and these situations must be reported to Police and dealt with as a criminal enquiry. However, Unaccompanied Asylum Seeking children are a particularly high risk group in terms of going missing and are vulnerable in these circumstances. There are clear links between Unaccompanied Asylum Seeking Children and children who go missing from Local Authority care and children who are at risk of trafficking.

3.4 It is intended that this protocol should complement existing good practice. It seeks to provide guidance to carers, police officers, social workers, education and other relevant agencies in dealing with situations where children go missing. It cannot anticipate every situation and therefore it follows that all staff must continue to exercise professional judgement and take any action necessary to protect the safety of any child based on a risk assessment of their individual circumstances. Individual risk assessment is a key element of this whole process.

4. Definitions

4.1 Children are defined as any person up to 18 years of age. The words 'child' or 'children' shall be used throughout the document to mean any person up to 18 years of age.

4.2 Looked After Children includes all children and young people who are looked after by a Local Authority, be that under Section 20 Children Act 1989, or a Care Order under Section 31, or an Interim Care Order under Section 38 or an Emergency Protection Order. It applies to children remanded to the care of the Local Authority; however, it should be noted that children subject of a Remand Order might be subject to conditions applied by the Courts as part of their remand. This may necessarily influence how an episode of absconding is responded to and may require a response under the Bail act.

4.3 UNAUTHORISED ABSENCE
This category is critical to the clarification of roles of the Police, Social Services and service providers and refers only to children who are Looked After by a Local Authority.

4.3.1 The category of 'Unauthorised Absence' will only be applicable for a maximum of 6 hours or until midnight on the first day of absence (However, for some children the risk assessment may identify a quicker response is required). Any absence exceeding that period, where the location / whereabouts of the child are not known or are unconfirmed, will be re-categorised as 'Missing' and the Police will be notified. No child should remain unreported as missing after six hours or after midnight. Clearly, some children absent themselves for a short period and then return. Such children may be testing boundaries and are not necessarily considered at risk. Any child's absence falling within this category will not be routinely reported to the Police and the responsibility for managing this lies with the staff of the care home or the foster carer.

4.3.2 Children who fall within this category must be the subject of continuous risk assessment whilst they remain absent. During their absence circumstances may change the view of risk and necessitate a different response.

4.3.3 During this period of absence Social Services and provider services will take all reasonable and practical steps which a good parent would take to establish the whereabouts of a child, or the location of any persons with whom he/she is likely to be associating and arrange for those places to be checked.

4.3.4 If the location of the child is known or suspected, then it is the Service Provider's responsibility to locate and return them. However, if there are believed to be specific issues of safety or public order difficulties involved in returning them, then the Police will assist in the recovery process. These circumstances would not mean that the child / young person should be categorised as 'missing'.

4.3.5 All steps and enquires which have been undertaken to find the child should be recorded by each individual agency and notified to the Police on reporting the child as missing.

4.4 MISSING

A child is defined as missing when their location or reason for their absence is unknown and there is cause for concern for them because of their vulnerability, or there is potential danger to the public. They will be considered missing until located and their wellbeing or otherwise established.

4.4.1 A child is missing if they have been considered as unauthorised absent for more than six hours or past midnight. Six hours should be seen as a MAXIMUM period and in most situations much shorter periods will be appropriate.

4.4.2 The absence of Children in the above circumstances should be notified immediately to the Police.

4.5 ABSCONDED

An absconder is a child/young person who has, as a result of a Court Order, been remanded into Local Authority accommodation. If the young person is in breach of a court order this would evoke a warrant of arrest (depending on whether they have been arrested.) If a young person is in breach of police bail conditions the police will be informed.

4.5.1 Consideration needs to be given by both Social Services and Police to the legal status of the child who is remanded by the Courts. The management of such absences may therefore not be their sole responsibility. The involvement of the Youth Offending Team (YOT), the CPS and the Youth Court may be necessary.

5. Process for looked after children

5.1 All children 'looked after' are placed under the terms of the following statutory instruments: The Placement of Children with Parents Regulations 1991, The Fostering Services (Wales) Regulations 2003, The Fostering Services (Wales) (Amendment) Regulations 2003, The Placement of Children (Wales) Regulations 2007, The Children's Homes Regulations (Wales) 2002, The Children's Homes (Wales) (Miscellaneous Amendments) Regulations 2007.

5.2 Unaccompanied Asylum Seeking Children

Unaccompanied Asylum Seeking Children are a particularly high risk group in terms of going missing and are vulnerable in these circumstances. Local Authorities should have local multi agency protocols which must be followed if a child goes missing. The All Wales Child Protection Procedures also provide specific guidance regarding children that go missing who are on the Child Protection Register. Further advice and guidance can be found in the All Wales Safeguarding Unaccompanied Asylum Seeking Children Protocol.

5.3 Child Trafficking

There are clear links between Unaccompanied Asylum Seeking Children, children who go missing from Local Authority care and children who are at risk of trafficking. UK research suggests that many trafficked children will present as being unaccompanied and seeking asylum and will subsequently go missing from care, usually within 48 hours. Further advice and guidance on child trafficking can be found in the Welsh Assembly Government guidance, Safeguarding Children who may have been Trafficked, WAG, April 2008.

5.4 Pre-Planning

In the preparation of a care plan and at placement meetings, Children's Services staff will consider the vulnerability and associated risks of a child going missing. (See Appendix D.)

5.4.1 In cases where there have been previous concerns about the child going missing, the care plan will include:

- the likelihood of the child going missing
- the level of supervision/support offered to the child
- the parents' and carers advice on what action they feel should be taken if the child goes missing
- the level of risk presented if the child is missing,(to include the child vulnerability and the risk to the public)
- the impact of any conditions imposed by the courts e.g. curfew

5.4.2 The child should be given a copy of Appendix C to this protocol explaining the actions to be taken if he/she is missing or absents him/herself from the usual place of residence. Every effort should be made to convey the principles of the protocol in cases where the child cannot read.

5.4.3 When children are known to go missing regularly, Social workers and carers should always consider the involvement of the local police at the pre-planning stage.

5.5 Responding to an incident

5.5.1 When a child absents him/herself without permission it is necessary to initiate procedures which encourage him/her to return as quickly and safely as possible.

5.5.2 Whoever discovers that a child has absented his/herself without permission from a residential home should inform the Manager or in their absence the senior person on duty of this immediately or, if a child absents him/herself from foster care, the Social Services Duty Officer (or out of hours, the Social Services Emergency Duty Team) for the area from which the child comes from.

5.5.3 Those with responsibility for the child should immediately consider whether the child is 'unauthorised absent' or 'missing' as defined in section 4 of this document.

5.5.4 In the circumstances of an 'unauthorised absence' the carer will be expected to take all reasonable and practical steps to establish where the child is and/or why they are absent and to continually review the situation. Prior to contacting the police, foster carers and care homes should have searched the home and grounds and contacted family/ friends and associates. Police attending missing from care incidents, must check that the above has been carried out. Consideration should be given at this point to having an early discussion with Police and other relevant agencies as to the current situation and the response so far.

5.5.5 As soon as the child is defined as **missing** the following steps must be taken:

- Notify the Police (if a child is living out of area notify the placing authority Police as the child may return to the home area)
- Notify the parents and anyone else with Parental Responsibility
- Notify the Local Authority responsible for the child, Social Worker, Relevant Line Manager or follow out of hours procedure (Emergency Duty Team)
- Notify the Registered Home Manager/on call Manager

5.5.6 On receiving notification, any case of a missing child which causes particular concern or difficulty, this should be brought to the attention of the Senior Manager - Services and Divisional Commander or member of the Command Team without delay. The Senior Manager - Services and Divisional Command Team member will then decide on further action and consider the need to inform the Head of Operations/Assistant Chief Constable.

5.6 Information to be made available to the police

When reporting a missing child, the following information, where known, should be made available immediately over the phone and in writing as soon as reasonably practical (Appendix E):

- What action has been undertaken by carers and others to locate the child/young person(including mobile contact, access to social networking sites)
- A description of the child and their clothing
- The child's legal status
- The circumstances of them going missing

- When the child was last seen and with whom
- A recent photograph (if possible)
- The child's mobile phone details
- Family addresses
- Known acquaintances/addresses
- Any previous history of being missing/absconding
- The name and address of the GP and the dentist
- Known indicators of risk to self or others
- Any circumstances which increase the risk to the child
- Efforts already made to locate the child
- Any medication the child is taking/medical condition
- Any other information that may be relevant or helpful
- Risk assessment pro forma (see appendix D).
- Distinguishing features i.e. marks, scars, tattoos.

5.6.1 In circumstances where police require premises to be searched, full access should be afforded police officers.

5.6.2 Even after reporting a child as missing, it should be recognised that social services and carers are responsible for children in their care at all times and that responsibility is not absolved when they have reported a child missing to the police. It is recommended that the care provider maintains regular contact with the police (at least 12 hourly) in order to updates of the progress made, in locating the child.

5.6.3 Whilst the child is missing all agencies involved should liaise with one another and discuss what ongoing actions will be taken to try and locate the child.

5.7 Risk Assessment

Decision making must be based on an individual assessment of risk. In assessing the significance of a child being missing and the risks involved, all workers must consider a range of factors including those identified below. However, this list is not exhaustive and assessments must be based on the individual circumstances of the case. The following should be taken into consideration:

- Guidance already agreed in the child's care plan;
- The age and maturity of the child;
- The legal status of the child in care/whether subject of a Court Order or Police Bail conditions
- Previous behaviour patterns/history of unauthorised absence
- Previous behaviour patterns/history of going missing
- History of self harm or concerns of self harm
- Any concerns about substance misuse;
- The vulnerability of the child due to
  - Mental or physical condition
  - Learning difficulties
  - Medical requirements
  - Gender
  - Disability
  - Ethnicity
  - Language/communication needs

Religion
Sexual orientation
Immigration status;

- Group behaviour;
- Whether the child is perceived to be running to, or from, someone or a situation;
- State of mind at time of going missing;
- Whether the child is at risk of sexual exploitation/forced marriage;
- Whether the child is involved in criminal activity;
- The time of day;
- Any other particular circumstances at the time of the incident;
- Whether the child is on the Child Protection Register.

5.7.1 A risk assessment pro forma is attached at Appendix D. Workers involved will need to agree who will complete the risk assessment pro forma and how this will be shared with the Police.

5.7.2 On notification, Police will undertake their own risk assessment in line with their internal procedures and should incorporate the risk assessment undertaken by the placing authority residential home and foster carers assessment.

5.8 Recording
Each agency should have its own guidance and recording systems in respect of children going missing. Social work staff, foster carers and police officers should refer to their individual agency guidance.

5.9 Missing from care during an external organised activity
The person in charge of the external activity will:

- Undertake an immediate risk assessment of the circumstances which should determine the actions should be taken. (The actions and timescales will depend on a number of factors including; circumstances, location, environmental factors, child and staff levels. If possible advice should be sought from senior management, e.g., if it is appropriate in the circumstances to institute a local search if staffing levels permit or is an immediate telephone call to the police necessary in order to safeguard the child. Also any other emergency services if needed.
- Notify the local Police in that area IMMEDIATELY;
- Notify the carer, the person(s) with parental responsibility, Emergency Duty team. Social Worker and Social Work Manager;
- Institute a local search if staffing levels permit;

5.9.1 In circumstances where a child or young person goes missing from a party of people on an externally organised activity a decision will need to be made as soon as possible about whether the other members of the group should return home. The person in charge of the external activity must discuss this with senior management. The police located in the area where the child has gone missing should be informed of this decision.

5.9.2 On-going communication regarding the missing child will be maintained between Children's Services in the locality where the absence occurred and or the responsible authority and the Police Force for the locality where the absence occurred.

5.10 Continued Period of Missing

Any period of missing lasting for 24 hours should be reported to a Children's Services Senior Manager by the Home Manager, Social Worker or Foster Carer the responsibility of this should be agreed by these parties.

5.10.1 Any period of missing lasting for 48 hours should be reported to the Children's Services Head of Service.

5.10.2 All absences will be subject of an on-going review process.

5.10.3 Whenever a child is missing for a period of 7 days, or sooner if required, a strategy meeting will be held in line with the All Wales Child Protection Procedures (if this has not already taken place). This meeting will be Chaired by a senior manager for children's services and attended by a police representative and any other appropriate representative from each agency.

5.10.4 Following this meeting an open dialogue should be kept between all services involved, exchanging information and providing updates as appropriate. Any actions required by the All Wales Child Protection procedures must also be applied.

5.10.5 Where a child is missing for longer than 7 days, the case should be formally reviewed weekly with the relevant parties by the appropriate team manager, and the Senior Manager kept informed. This review will include contact with the police to update each agency in respect of any developments.

5.11. Media Publicity, Communication & Planning

5.11.1 As soon as a child or young person is reported to the police as missing the first attending officer is responsible for a number of actions including placing the child as 'missing' on the Police National Computer.

5.11.2 Where circumstances dictate Police will circulate information to other forces nationally via the National Missing Persons Bureau – consideration at this stage may be given to using the U.K. Missing Persons Website (www.missingkids.co.uk)

5.11.3 The police have responsibility for the missing person enquiry and will decide whether media involvement will assist or hamper their efforts. However there can be no media involvement without the consent of those with parental responsibility.

5.11.4 When consideration is being given to informing the media, discussions must take place, as appropriate between;

- The police
- Senior Manager from Children's Services
- The Child's Social Worker
- The Parents or any other individuals with PR (where appropriate)
- Foster parents or any other relevant individuals

- Whether or not publicity should be sought in relation to the missing child;
- Which parts of the media should be involved (e.g. local press only, or wider press and television coverage); recognition should be given to the more intrusive and wider reaching nature of television involvement, and the potential impact on the child and her/his family;
- What information and level of detail should be shared (only in exceptional circumstances should the fact that a child is looked after be included);
- Whether a photograph should be provided;
- Who should speak to the media - the police will take the lead role, supported by Children's Services. All professionals and agencies involved with the child must not speak to the media unless agreed, this includes foster carers. To do so may hamper the investigation and may also breach the Data protection rights of the individuals involved. Parents and those with PR may choose to talk to the media however, they should have a clear understanding from the Police about what effect uncoordinated information in the media sphere could have.

5.11.5 Where media publicity is required, any statement made between agencies will normally be agreed between press officers. Where a missing child enquiry is to receive publicity through the media, every effort will be made to inform the parents beforehand of when the press release will be issued.

5.11.6 Within a residential unit, arrangements may need to be made to inform all children and staff within any relevant establishment(s) about the current situation. In this way distressing rumours may be avoided and additional intelligence regarding the missing child's whereabouts and associations may be obtained.

5.12 Planning for when the child is found

Agencies should consider what will happen when a child is found and plan for the child's safety and wellbeing. Multi agency discussion should include:

- Whether the child will return to the previous placement or alternative placement;
- How the child will be conveyed there;
- Who will interview/debrief the child and how will this be facilitated;
- Identification of an appropriate 'independent person' to support the child once they've been found.

5.13 Location and Return

When the child is located it is the responsibility of the placing social services department to make arrangements for transporting a child to his/her residence. The police will assist where resources allow.

The child should, where appropriate, be conveyed direct to his/her placement and not to or via a police station, unless any information suggests that a direct return is not in the child's interests (for example, if a return to the placement raised concerns about his / her safety or well-being).

5.14 Powers to detain the child once found

The police do NOT automatically have power to detain a child unless the following apply:

- The child is at risk of significant harm;
- The child is subject of a Section 31 Court Order;
- The child is in breach of bail conditions or remand conditions imposed by a court.

5.14.1 Recovery orders can be applied for in respect of a child who is on a care order, the subject of an Emergency Protection Order, or in police protection.

5.15 When a Child Returns

Parents, police, social worker and anyone else informed that the child was missing should be informed of their return. On finding a child it is important to clarify any immediate safety and / or welfare needs and take all reasonable steps to address these. It is important to give the child the opportunity to talk about their experiences as well as to ascertain why they ran away. This interview/de-brief should take place as soon as possible but at least within 3 working days. It should be determined and agreed as to who is the most appropriate person to talk to the child. This could be a police officer or social worker but where local agreement exists a suitable independent person should be utilised.

5.15.1 The purpose of this interview is to establish the following:

- Why the child/young person went missing and, in particular whether they have been subject to abuse or bullying;
- Were they encouraged to go missing as a result of grooming?
- Whether they were a victim of crime before or whilst missing;
- Where and by whom they have been 'harboured';
- Obtain any information which may lead to their early discovery should they disappear again;
- To put in place any support to prevent the child/young person from running away again
- To provide information on local services/support available to the young person.

5.15.2 The interview should take account of the child's mental and physical condition. If there are any concerns, or if the child makes allegations of sexual or physical abuse a medical examination should be arranged, in consultation with the local Consultant Child Protection Paediatrician. The interview should consider:

- The child's explanation of the absence.
- Physical symptoms, suggestive of physical, sexual assault or substance misuse.
- Possession of large amounts of money or unexplained property.

5.15.3 In circumstances where the interview identifies a child has suffered, or is at risk of suffering significant harm the All Wales Child Protection Procedures must be followed. As part of these procedures a strategy meeting may be required which will identify whether child protection enquiries need to be undertaken and/or respond to the risks identify. It may be appropriate to convene a Looked After Child (LAC) review at this point. This is particularly important in the case of repeated instances of a child going missing.

5.15.4 Agencies must be mindful that many situations where children have been missing from home will require continued multi-agency involvement and support beyond the stage of initial inquiries and intervention.

5.15.5 If a Looked After child/young person has gone missing they must always be offered contact with an Advocacy Service and given a list of local information and telephone numbers in order to safeguard their welfare.

National Advocacy Service MEIC Phone 080880 23456 SMS txt: 84001
www.meiccymru.org
Children's Commissioner for Wales Advice and Support Service
Free phone: 0808 801 1000 Free text: 80800 Email: advice@childcomwales.org.uk

6. Process for Children missing from home

6.1 Children Who are Known to the Social Services Department
When a child is reported missing, police officers need to enquire whether they are already known to the social services department. Whilst living at home they may be subject to a statutory order giving the social services department shared parental responsibility, they may be on the Child Protection Register and therefore subject to a protection plan or have been identified as a child in need of services and support.

6.1.2 When a child's name is on the Child Protection Register, police officers and social workers should refer to the All Wales Child Protection Procedures section 3.27.6 for guidance. These circumstances will necessitate information sharing and close liaison between police officers and social workers.

6.1.3 In all circumstances consideration must be given to the convening of a strategy meeting as soon as possible, but at least within 7 working days. The need for, and timing of such a meeting will be determined by the assessed level of risk.

6.1.4 Indications that a child has suffered or is at risk of suffering significant harm will prompt the convening of a child protection conference.

6.2 Children not Currently Known to the Social Services Department
Where a child is reported missing and not currently known to the social services department, police officers need to consider making a referral to the department for an assessment of need/risk as a consequence of the child's experiences whilst missing or the situation on their return home.

6.3 Informing Other Police Forces – Publicity
If a child is missing from home consideration of an appropriate publicity strategy, and the process to be followed, is outlined in section 5.9 of this protocol.

6.4 When a Child Returns
Parents, police, social worker and anyone else informed that the child is missing should be informed of their return. It is important to give the child the opportunity to talk about their experiences as well as to ascertain why they ran away. This interview/de-brief should take place as soon as possible but at least within 3 working days. It should therefore be determined and agreed as to who is the most appropriate person to talk to the child. This could be a police officer, social worker, teacher or independent person. The purpose of this interview is to establish the following:

- Why the child/young person went missing and, in particular whether they have been subject to abuse or bullying;
- Whether they were a victim of crime before or while missing;
- Where and by whom they have been 'harboured';
- Obtain any information which may lead to their early discovery should they disappear again;
- To put in place any support to prevent the child/young person from running away again;
- To provide information on local services/support available to the young person.

6.4.1 The assessment should take account of the child's mental and physical condition. If there are any concerns a medical examination should be arranged, in consultation with the local Consultant Child Protection Paediatrician. The assessment should consider:

- The child's explanation of the absence;
- Physical symptoms, suggestive of physical, sexual assault, or substance misuse;
- Possession of large amounts of money or expensive items.

6.4.2 In circumstances where the assessment identifies a child has suffered, or is at risk of suffering significant harm a strategy meeting will be required to plan child protection enquiries if appropriate, or respond to the risks identified. This is particularly important in the case of repeated instances of a child going missing.

6.4.3 Agencies must be mindful that many situations where children have been missing from home will require continued multi-agency involvement and support beyond the stage of initial inquiries and intervention.

7. Strategic Monitoring Arrangements and Overview

7.1 Individual agencies should follow their own guidance and procedures in respect of monitoring and recording incidence of absence.

7.2 The Local Safeguarding Children Board will have responsibility for reviewing agency data of children missing and making recommendations for improved practices where necessary.

8. The role of individual agencies

8.1 All agencies have a responsibility to safeguard children and young people and to comply with these protocols. Respective roles are outlined below:

8.2 The Social Services Department
The social services department's responsibilities in respect of safeguarding children and promoting their welfare are outlined in the Children Acts 1989 and 2004.

8.2.1 In every case where a child has been missing from home three times in twelve months, Social Services must convene a strategy meeting in accordance with the All Wales Child Protection Procedures. The role of social services is to co-ordinate multi agency arrangements to respond to children who go missing.

8.3 The Police
The investigation into a missing person begins at the point of first notification to the police.

8.3.1 The priorities of the police service in responding to a report of missing persons can be summarised as follows:

- To ensure that every report of missing persons is risk assessed so the missing persons who may be vulnerable or represent high risk are immediately identified;

- To investigate reports of missing persons;
- To have clear policies in place which describe organisational roles and responses to report of missing persons;
- To adopt a pro-active multi-agency approach in dealing with missing persons;
- To support the needs of the family, those close to the missing person and the community;
- To ensure staff are adequately trained to investigate missing person cases;
- To preserve evidence where a crime has been committed.

8.4 Education

Teachers and other staff in schools also have duties under the Children Acts 1989 and 2004. They are in close and regular contact with children who may be at risk of running or who have run away. They should be aware of the risks that children may be drawn into and be alert to changes in patterns of behaviour. Any concerns should be raised with the school's designated teacher for child protection, who may then need to refer to the police and/or social services and advise the school's attached education welfare officer.

8.4.1 The National Framework for Personal, Social Education provides clear opportunities for teachers to discuss personal, social and moral issues and to assist children to develop personal and social skills. Teachers will be able to direct children to contact points for those who have problems at home or elsewhere, this includes the school based counselling services.

8.4.2 Where children have been missing from home and are being reintegrated into school, school staff should be aware of any identified needs.

8.5 Health

The Health Service has an important part to play in working with children and young people involved in running away from home. If a young person presents for a health service and if it becomes apparent that they have been involved in running away from home or from Local Authority care, then the Health Service should make a referral to social services.

8.5.1 If a young person runs away from a hospital the police should be notified by the hospital staff who would make a risk assessment in accordance with this protocol.

8.5.2 Every school has an attached school nurse who can provide advice on a range of health related issues.

8.6 Youth Service and Voluntary Sector

The Youth Service and Voluntary Sector have an important part to play in working with children who go missing. Due to their lifestyle and past family experiences, many young people are reluctant to engage with other statutory services and often find the Youth Service and Voluntary Agencies more approachable sources of help. The Youth Service and the Voluntary Sector has a duty to identify and refer concerns to Social Services and to contribute to multi agency working.

9. Agency Signatures

Agency	Name	Status	Date	Signature

Appendix A Matrix: Actions, Responsibilities, Timescales and Monitoring

Children Missing from Local Authority Accommodation

CIRCUMSTANCES	ACTION	RESPONSIBILITY	TIMESCALES	MONITORING
At the point of admission to accommodation	• Consider risks and vulnerability re child missing – pre-planning arrangements (see 5.2.1). • To be recorded on the child's Care Plan. • Work in accordance with 'Towards a Stable Life and a Brighter Future' Regulations.	Social worker; Team Manager, Carer; Child / Young Person; Family	First and subsequent Reviews [LAC]	At all stages of the process, police and social services should comply with their agency recording and monitoring guidelines • Looked After Children [LAC] Assessing, Planning & Reviewing process • Supervision • LAC and file audits • YOS Planning Forum • CSSIW Inspections

CIRCUMSTANCES	ACTION	RESPONSIBILITY	TIMESCALES	MONITORING
Child missing: Absconder Child subject of criminal Court Order [i.e remand, curfew, bail or conditions of residence] or Secure Order	• Report child missing to the police (see 5.4 and 5.5) • Inform social worker • Inform YOS (where applicable YOS should liaise with the appropriate electronic surveillance company)	Carer; unit worker	Immediate	• Looked After Children [LAC] Assessing, Planning & Reviewing process • Supervision • LAC and file audits
Child Missing a. Unauthorised absence	Risk Assessment Taking into consideration all aspects noted at 5.4. and 5.5 to be recorded on Assessment pro forma, as at Appendix D. Young person categorised as 'unauthorised absence' – risk assessment ongoing	Carer and social worker / team manager Carer and social worker / team manager	Immediate Ongoing	• Looked After Children [LAC] Assessing, Planning & Reviewing process • Supervision • LAC and file audits
b. 'Missing' children	• Child/young person to be reported to the police as missing by the carer • Social worker to be informed	Carer	High risk – after 6 hours or by midnight of the first day of absence	• LAC processes as above
b. Child's name on the Child	In addition to the above – follow All Wales Child Protection Procedures	All agencies involved with the family	Immediately	• Child Protection Review Conference

CIRCUMSTANCES	ACTION	RESPONSIBILITY	TIMESCALES	MONITORING
Protection Register				• Supervision • LAC and file audits •
Recording	Each agency to follow agency guidelines in respect of recording	Police and social services	Ongoing	• Police Command & Control system • LAC Planning & Review system • Supervision • LAC and file audits •
Media – informing other Police Forces	Police will inform other forces via the National Missing Persons Bureau – consideration given to use of UK Missing Persons Website	Police Officer leading the enquiry	After child missing for more than 12 hours	• Police Command & Control system • LAC Planning & Review system • Supervision • LAC and file audits
Media	Informing local media	Police lead role – Police Officer leading the enquiry, following discussions with social services group manager and those with parental responsibility	Ongoing consideration	Police Command & Control system

Child Found	a. Return to placement: (Unless information suggests that to do so would likely place the child at risk of significant harm) Parents and all relevant agencies to be informed Child to be interviewed by person independent of the placement. The purpose being to form an assessment of the absence.	Social worker Tasks to be agreed between Police and social services Person independent of placement. Responsibility to be agreed between police and social worker – child always to be offered contact with Children's Advocacy Project	As soon as possible Immediately Within three working days	• Police Command & Control system • LAC Planning & Review system • Supervision • LAC and file audits
Particular concerns arising from assessment of absence e.g. multiple instances of absence	Strategy meeting is held and / or consideration of LAC review	Social Services Manager	Within 7 days of absence or according to the risk assessment	• Strategy minutes • LAC Planning & Review system • Supervision • LAC and file audits

Child missing for 7 days	Strategy meeting is held	Social Services Manager	After 7 days absence	• Strategy minutes • LAC Planning & Review system • Supervision • LAC and file audits •
Child missing for longer period	• Weekly review by Team Manager • The Group Manager is informed • Weekly liaison with police	Social Services Manager	Weekly for the duration of child missing	• Police Command & Control system • LAC Planning & Review system • LAC and file audit

Children Missing from Home

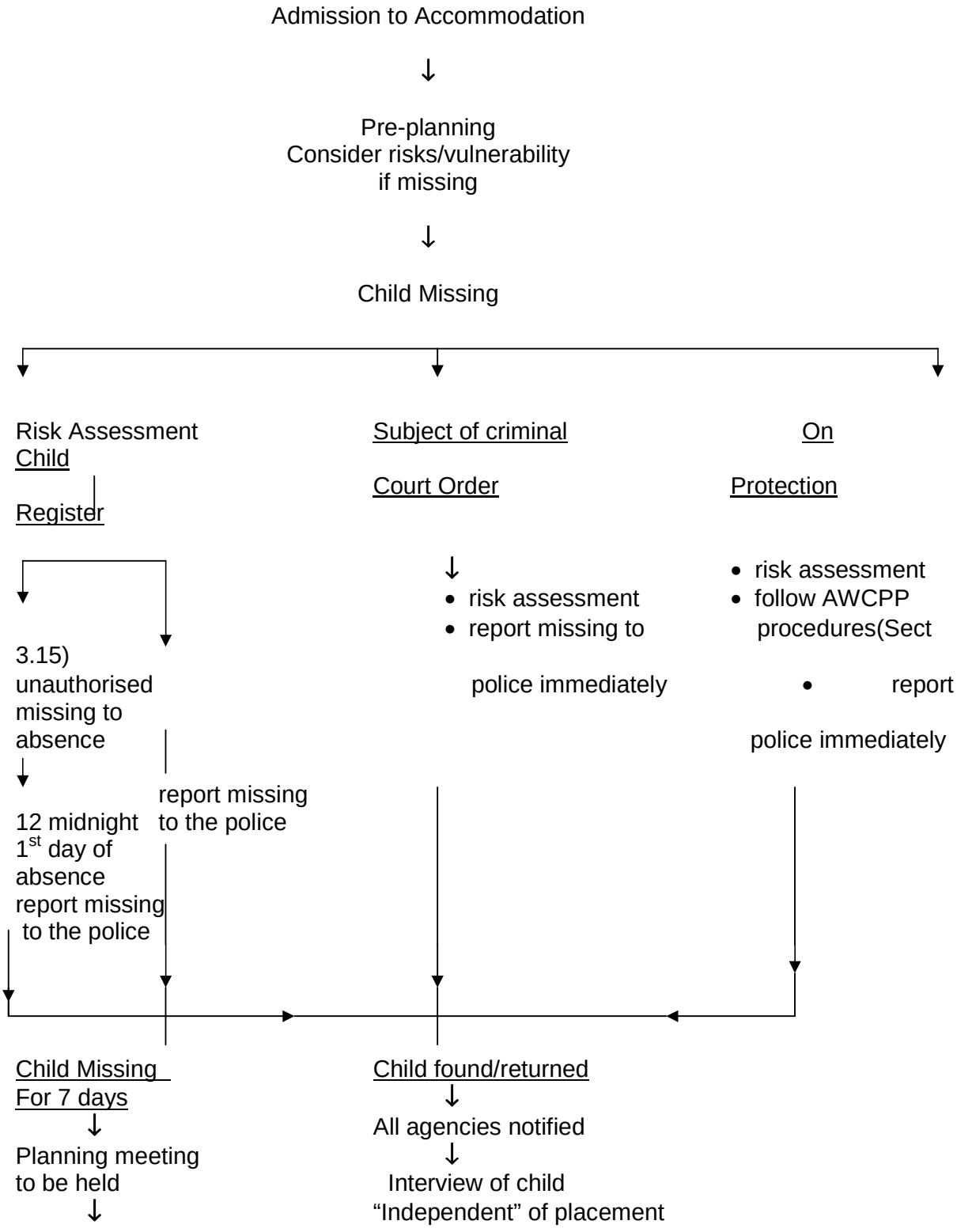
CIRCUMSTANCES	ACTION	RESPONSIBILITY	TIMESCALES	MONITORING
Child reported missing to the police	Police to enquire if child is known to social services	Police officer leading the enquiry	Immediately	Police Command & Control system
Child's name on the Child Protection Register	Follow All Wales Child Protection Procedures	All agencies involved with the family	Immediately	Individual agencies supervision and monitoring systems Child Protection Register review system
Child missing	a. Risk Assessment, taking into account all considerations indicated at section 5.5	Police and social services, if child and family known to them	Immediate and ongoing	Police Command & Control system Social Services Recording & Supervision process
	b. Consideration of a strategy meeting to be held based on assessment of risk	Police officer leading the enquiry/social services team manager	Immediate and ongoing	Police Command & Control system Social services recording & supervision process
	c. Inform other police forces	Police officer leading the enquiry	After child is missing for more than 12 hours	Police Command & Control system
	d. Media	Police lead role. Police officer leading the	Ongoing consideration	Social services via recording and supervision process

CIRCUMSTANCES	ACTION	RESPONSIBILITY	TIMESCALES	MONITORING
		enquiry, following discussion with Social services group manager (if social services involved) and those with parental responsibility		
Child/young person who has been missing x 3 in a twelve month period.	Strategy Discussion / Meeting to be held	Social services and police	Within 7 days of last absence or according to the risk assessment	Social Services and Police records of strategy discussion
Child found/returned	a. Inform all agencies, persons notified of child's absence b. Child to be interviewed, de-briefing assessment of absence (to be agreed with those with parental responsibility) c. Police consideration of referral to social services, if not already involved d. Consideration to be given to the convening of a strategy meeting	Police officer leading the enquiry Police officer leading the enquiry and/or referral to Social services (see below) Police officer leading the enquiry Police officer leading the enquiry/social services team manager	Immediate on child's return Within 3 working days of child's return Within 3 working days of child's return Within 3 working days of child's return	Police Command & Control system Police Command & Control system Police Command & Control system Police Command & Control System social services recording and supervision process

Appendix B Flow Charts

CHILDREN LOOKED AFTER

Outline of the process for managing concerns



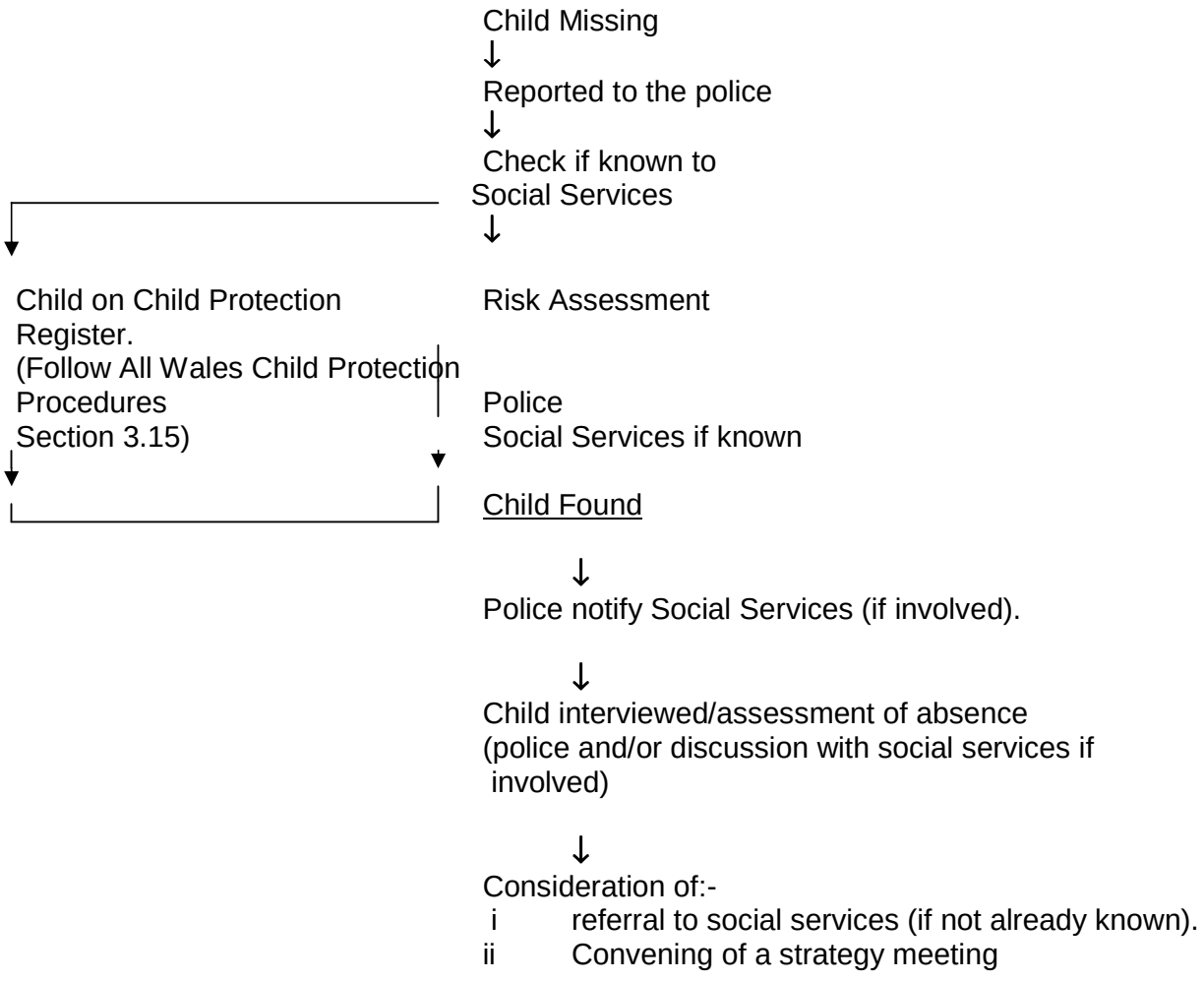
Continued missing
Weekly review.
Social Services Group
Manager to be kept informed.

↓

Consideration of planning meeting.

CHILDREN MISSING FROM HOME

Outline of the process for managing concerns



Appendix C: Information Sheet for Young People

WHAT WILL HAPPEN IF YOU GO MISSING?

The most important thing for everyone is that you are safe and well and that you feel you can talk to someone about ANYTHING that is wrong

- **What is meant by 'missing'?**

  You are missing if you go away from where you are meant to be without permission and fail to tell people where you are going or who you are with.

- **What will happen if you go missing?**

  The people who look after you will ask your friends and family for any information. They will look in your room for clues to where you may be or whom you are with, and may contact people who you might be with. The police will be told straight away if there are concerns for your safety.

- **What happens if we don't find you after a while?**

  If they haven't already been informed, then police will be told, given your name and information about what you are wearing and a recent picture, if there is one available.

  A search may be organized and it could be that your picture and details about you might go into the newspapers in order to help find you.

- **What happens when you are found?**

We think it is important that you should be given the chance to talk to someone about what is troubling you and may have caused you to run away.

You will be returned home, unless it is agreed that it would not be safe for you to do so at that time. If the social worker, foster parent responsible for you or your parent find you, he or she will transport you home.

- **Will anything else happen?**

If you are injured or unwell, you will be checked by a doctor or nurse
If at a later stage you feel you want to talk to someone you can. This might be an Advocacy Service, teacher, carer or police officer etc. It is important it is someone you trust.

Appendix D: Risk Assessment Proforma

CHILDREN MISSING FROM LOCAL AUTHORITY ACCOMMODATION

RISK ASSESSMENT

Name of Child:……

D.O. B/Age: ……..

Legal Status: ……..

HomeAddress:…….
.

……..

Care Address:
……..

……..

Date & time absence was identified:……

---

1. Is there guidance in respect of actions to be taken already agreed in the child's Care Plan? **YES/NO**

   If yes, give details:

   _____

2. Age & Maturity:

   Note down comments in respect of the child's age and maturity.

   Detail:

   _____

3. Is there a history of:

i. Going missing? **YES/NO**
ii. Self harm?
iii. Substance misuse ?

If yes, give details:

_____

YES/NO

4. Is the child particularly vulnerable in any way - i.e. mental or physical condition?

If yes, give details:

_____

5. Is there any information about the child's state of mind at the time of going missing?

YES/NO/DON'T KNOW

If yes, give details:

_____

6. Is there any indication/information at this stage to indicate why the child has gone missing (i.e running from, or to, a particular situation/person, influenced by peers)?

YES/NO/DON'T KNOW

If yes, give details:

_____

7. Is it felt the child may be particularly at risk of sexual exploitation?

YES/NO/DON'T KNOW

If yes, give details:

---

8. Has the child been known to be involved in criminal activity? **YES/NO**

If yes, give details:

---

9. ASSESSMENT OF RISKS
(with reasons given)

---

10. DECISION AND ACTION REQUIRED

---

11. Date & time the child was reported missing to the police:

_____

12. If returned before being reported missing, time of child's return:

_____

Signature of Social Worker: ……**Date**……...**Team**……

Signature of Team Manager……**Date**

Appendix E: Care Planning

Appendix 2

Section 1 to be completed during care planning.

Personal Detail			
Surname		Date of Birth	
Forename		Gender	
Middle Name		Preferred Name	
Home Address			
		Post Code	

Age		Alias/Nickname	
Place of Birth		Home Telephone	
Mobile and Network Provider			
Missing From Address			
		Post Code	

Photograph

Family			
Next of Kin Name		Telephone	
Address			
		Post Code	

Nearest Relative Name		Telephone	
Address			
		Post Code	

Main Carer Name and Relationship		Telephone	
Address			
		Post Code	

School/ Occupation			
NI Number		Occupation	
Unemployed Y/N			
School/ Employer		Telephone	
School/Employment Address			
		Post Code	

Bank			
Sort Code		Acct Number	
Card Type		Card Number	
Bank Name		Bank Phone Number	
Bank Address			
		Post Code	

Description			
Ethnicity		Nationality	
Hair Type (e.g. Long)		Hair Colour Natural	
Hair Feature (e.g. curly)		Hair Colour Artificial	
Dyed Y / N		Greying Y / N	
Facial Hair		Facial Hair Colour	
Body Hair		Body Hair Colour	
Eyebrows Feature		Eyebrows Colour	
Nasal Hair		Nasal Hair Colour	
Ear Hair		Ear Hair Colour	
Eyes Description		Eyes Colour	
Glasses description		Glasses used For	
Mannerisms (Stutter limp, deaf etc)		Build / Weight	
Height from e.g. 6’		Height to e.g. 6’4	
Accent National		Accent regional	

Accent local		Complexion	
Handed		Shoe size.	

Distinguishing Features Include Marks scars piercings amputations and tattoos. E.g. Tattoo, lion, lower right arm and any further description.

Medical			
GP Name		Telephone	
Address		Post Code	

Dentist Name		Telephone	
Address		Post Code	

Social Worker Name		Telephone	
Address		Post Code	

Psychiatric Nurse		Telephone	
Address		Post Code	

Care co-ordinator		Telephone	
Address			
		Post Code	

Other		Telephone	
Address			
		Post Code	

Passport.			
Valid Passport Y/N		Type e.g. UK	
Passport Number		Expiry Date	
Location e.g. Home address			

Places Frequented.

Associates.				
Name	Age/DOB	Address	Telephone	Association Eg Friend

Medication Include potential effect of withdrawal from medication.

Addictions

Mental Health Order.
Include expiry date

Care Status.
Include expiry date

Missing History If previously missing and not reported to police location (s) found.
Include expiry date

Section 2. To be completed where a person is deemed missing

Reported to Police			
Date		Time	
Reported By		Telephone No	

Last Seen			
At Time		On Date	
At Location			
Seen By. Name		Telephone Number	
Address			
		Post Code	

Clothing and Jewellery			
Item E.g. T-shirt / shoes.	Colour (s)	Make/Logo	Other description

Property Carried			
Item E.g. Holdall.	Colour (s)	Make/Logo	Other description

Enquiries / Searches		
Action	Comment	Conducted by
Room Search (Describe extent)		
Building Search (Describe extent)		
Outbuilding Search (describe extent)		
Grounds search (Describe extent)		
Next of Kin contacted		

Social Worker Contacted		
Home Manager contacted		
Other.		

Appendix F: Useful Telephone Numbers (To be inserted by individual LSCB areas

Believe in children

Barnardo's Cymru

SERAF Risk Assessment Form

Name of worker completing assessment (by phone or email)		**Name and contact details of referrer**	
Child's Name		**Local Authority**	
Known to social services since		**Date of SERAF Assessment**	
Age **Date of birth**		**Legal status Section:**	
		Migrant/Refugee/Asylum Seeker/Trafficked status Please specify:	
Ethnicity		**Gender**	
Physical/learning disabilities		**Languages spoken**	
Have child protection procedures been initiated? (If yes provide date)	**Yes** ☐ **No** ☐ **If yes when:**	**Involvement with the youth justice system?**	**Yes** ☐ **No** ☐
Is the child receiving support or services from any other agency?	**Yes** ☐ **No** ☐	**If other agencies are involved please list them here e.g. CAMHS, EWO etc.**	
Has sexual exploitation previously been identified as a specific issue for this child?	**Yes** ☐ **No** ☐ **If yes when:**	**Has the All Wales Safeguarding and Promoting the Welfare of Children who are at Risk of Abuse through Sexual Exploitation Protocol been used?**	**Yes** ☐ **No** ☐ **If yes when:**

Vulnerabilities	Please tick	**Vulnerabilities**	Please tick
Emotional neglect by parent/carer/family member	☐	Family history of mental health difficulties	☐
Physical abuse by parent/carer/family member	☐	Low self-esteem	☐
Sexual abuse	☐	Unsuitable/inappropriate accommodation	☐
Breakdown of family relationships	☐	Isolated from peers/social networks	☐
Family history of domestic abuse	☐	Lack of positive relationship with a protective/nurturing adult	☐
Family history of substance misuse	☐		

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Moderate risk indicators	Please tick if present **on date of referral or during the past 6 months**
Staying out late	☐
Multiple callers (unknown adults/older young people)	☐
Use of a mobile phone that causes concern	☐
Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression)	☐
Exclusion from school or unexplained absences from or not engaged in school/college/training/work	☐
Sexually Transmitted Infections (STIs), pregnancy/termination of pregnancy	☐
Drugs misuse	☐
Alcohol misuse	☐
Use of the internet that causes concern	☐
Living independently and failing to respond to attempts by worker to keep in touch	☐

Significant risk indicators	Please tick if present **between 6 and 12 months ago**	Please tick if present **on date of referral or during past 6 months**
Disclosure of sexual/physical assault followed by withdrawal of allegation	☐	☐
Peers involved in clipping/sexual exploitation	☐	☐
Periods of going missing overnight or longer	☐	☐
Older 'boyfriend'/ relationship with controlling adult	☐	☐
Physical abuse by controlling adult / physical injury without plausible explanation	☐	☐
Emotional abuse by controlling adult	☐	☐
Entering/leaving vehicles driven by unknown adults (**not** taking and driving away: car theft)	☐	☐
Unexplained amounts of money, expensive clothing or other items	☐	☐
Frequenting areas known for on/off street sexual exploitation	☐	☐

SERAF Score		**In addition:** **Physical/Learning Disability: Score 1** **Age under 13 and at least 1 significant risk factor present: Score 5**
Risk Category		

Rhifau Cofrestru'r Elusen 216250 a SC037605
Barnardo's Registered Charity Nos. 216250 and SC037605

ISBN 978-1-907645-02-0

Vulnerabilities Identified: (if any of these have been ticked please detail why)

Emotional neglect by parent/carer/family member:

Physical abuse by parent/carer/family member:

Sexual abuse:

Breakdown of family relationships:

Family history of domestic abuse:

Family history of substance misuse:

Family history of mental health difficulties:

Low self-esteem:

Unsuitable/inappropriate accommodation:

Isolated from peers/social networks:

Lack of positive relationship with a protective/nurturing adult:

Moderate Risk Indicators Identified: (if any of these have been ticked please detail why)

Staying out late:

Multiple callers (unknown adults/older young people):

Use of a mobile phone that causes concern:

Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression):

Exclusion from school or unexplained absences from or not engaged in school/college/training/work:

Sexually Transmitted Infections (STIs), pregnancy/termination of pregnancy:

Drugs misuse:

Alcohol misuse:

Use of the internet that causes concern:

Living independently and failing to respond to attempts by worker to keep in touch:

ISBN 978-1-907645-02-0

Significant Risk Indicators Identified: (if any of these have been ticked please detail why)

Disclosure of sexual/physical assault followed by withdrawal of allegation:

Peers involved in clipping/sexual exploitation:

Periods of going missing overnight or longer:

Older 'boyfriend'/ relationship with controlling adult:

Physical abuse by controlling adult / physical injury without plausible explanation:

Emotional abuse by controlling adult:

Entering/leaving vehicles driven by unknown adults (**not** taking and driving away: car theft):

Unexplained amounts of money, expensive clothing or other items:

Frequenting areas known for on/off street sexual exploitation:

Additional information:

ISBN 978-1-907645-02-0

REPORT TO PARTNERSHIPS AND GOVERNANCE OVERVIEW AND SCRUTINY COMMITTEE

21 NOVEMBER 2016

REPORT OF THE CORPORATE DIRECTOR – OPERATIONAL AND PARTNERSHIP SERVICES

FORWARD WORK PROGRAMME UPDATE

1. Purpose of Report

1.1 The purpose of this report is to:

a) present the items due to be considered at the Committee's meeting to be held on 06 December 2016 and seeks confirmation of the information required for the subsequent scheduled meeting to be held on 06 February 2017;
b) present a list of further potential items for prioritisation by the Committee.

2. Connection to Corporate Improvement Objectives / Other Corporate Priorities

2.1 The improvement priorities identified in the Corporate Plan 2016-2020 have been embodied in the Overview & Scrutiny Forward Work Programmes. The amended Corporate Plan adopted by Council on 10 March 2016 formally set out the improvement priorities that the Council will seek to implement between 2016 and 2020. The Overview and Scrutiny Committees engage in review and development of plans, policy or strategies that support the Corporate Themes.

3. Background

3.1 At its meeting 4 July 2016, the Partnerships and Governance Overview and Scrutiny Committee will determine its Annual Forward Work Programme for 2016/17.

4. Current Situation / Proposal

Meetings of the Partnership and Governance Overview and Scrutiny Committee

4.1 In relation to the Committee's next scheduled meeting to be held on 06 December 2016, the table below lists the items to be considered and the invitees due to attend.

Topic	Invitees	Specific Information Requested	Research to be Undertaken by the Overview & Scrutiny Unit
City Deal	• Darren Mepham; Chief Executive; • Mark Shephard, Corporate Director – Communities.	To provide an update on City Deal and what impact this will have on Bridgend.	Detail research / To be confirmed

4.2 The table below lists the items to be considered and the invitees due to attend in respect of the subsequent meeting of the Committee to be held on 06 February 2017.

Topic	Invitees	Specific Information Requested	Research to be Undertaken by the Overview & Scrutiny Unit
Community Safety - Domestic Abuse Strategy	• Andrew Jolley, Corporate Director - Operational and Partnership Services; • Cllr Charles Smith, Cabinet Member Regeneration and Economic Development; • Angie Bowen, Group Manager Housing & Community Regeneration.	To provide Members with an update on the progress on delivery of the 2016/17 Domestic Abuse Strategy; and to provide an opportunity for Members to comment on the local delivery priorities for the proposed 2017/18 Domestic Abuse Strategy prior to it being approved by WG.	Detail research / To be confirmed
Western Bay - Safeguarding	• Sue Cooper, Corporate Director - Social Services and Wellbeing; • Cllr P White, Cabinet Member Adult Social Care, Health and Wellbeing.	To provide an update on the Safeguarding Adults Board and Safeguarding Children's Board and evidence how partners are working together and how quickly are services acting to need.	Detail research / To be confirmed

4.3 The table below lists all potential items that the Committee approved at their meeting on 04 July 2016, which are put to the Committee for reprioritisation as appropriate.

Topic	Proposed Date	Specific Information Requested	Research to be Undertaken by the Overview & Scrutiny Unit
Community Safety Partnership	10-April-17	To provide Members with an overview of Community Safety Partnership priorities and projects.	Detail research / To be confirmed
Community Policing	10-Apr-17	To receive a review of the current community policing strategy within the County Borough with emphasis on local delivery, partnership intervention and community liaison.	Detail research / To be confirmed

4.4 **Extra Items for Consideration**

Dementia Care	Western Bay Health and Social Care Collaborative - Western Bay Mental Health Project - development and evidence of success of the regional Western Bay Dementia Strategy. Members have asked questions such a 'Are we able to cope with the increasing demand for dementia care?' Also a request for Case Studies as evidence.
Housing Strategy	TBC
Community Safety - Community Cohesion	Community Cohesion - Local Delivery Plan

Corporate Parenting

4.5 Corporate Parenting is the term used to describe the responsibility of a local authority towards looked after children and young people. This is a legal responsibility given to local authorities by the Children Act 1989 and the Children Act 2004. The role of the Corporate Parent is to seek for children in public care the outcomes every good parent would want for their own children. The Council as a whole is the 'corporate parent' therefore all Members have a level of responsibility for the children and young people looked after by Bridgend. [1]

4.6 In this role, it is suggested that Members consider how the services within the remit of their Committee affects children in care and care leavers, and in what way can the Committee can therefore assist in these areas.

4.7 Scrutiny Champions can greatly support the Committee in this by advising them of the ongoing work of the Cabinet-Committee and particularly any decisions or changes which they should be aware of as Corporate Parents.

5. Effect upon Policy Framework and Procedure Rules

5.1 The work of the Partnerships and Governance Overview and Scrutiny Committee relates to the review and development of plans, policy or strategy that form part of the Policy Framework and consideration of plans, policy or strategy relating to the power to promote or improve economic, social or environmental well being in the County Borough of Bridgend.

6. Equality Impact Assessment

6.1 None

7. Financial Implications

7.1 None.

8. Recommendations

[1] Welsh Assembly Government and Welsh Local Government Association *'If this were my child… A councillor's guide to being a good corporate parent to children in care and care leavers'*, June 2009

8.1 The Committee is recommended to:

(i) Note the topics due to be considered at the meeting of the Committee for 06 December 2016 and confirm if it requires any additional specific information to be provided by the invitees listed or the Overview & Scrutiny Unit;

(ii) Determine the topics, invitees to be invited to attend and any specific information it would like the invitees to provide as well as any research that it would like the Overview & Scrutiny Unit to undertake in relation to its meeting for 06 February 2017;

(iii) Revisit and consider the list of future potential items for the Committees Forward Work Programme and reprioritise as the Committees feels appropriate.

Andrew Jolley,
Corporate Director – Operational and Partnership Services

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Background documents: None