WMP Vulnerability Improvement Board - Delivery Plan (commenced December 2015)

"Preventing Crime, Protecting People and Helping Those in Need"

Governance:

Gold ACC Carl Foulkes

Silver: DCS Claire BELL

Bronzes: D/Supt Angela Whitaker (DA, FM and HBV), D/Supt Paul Drover (CA, including CSE and FGM), CI Sean Phillips (Missing and Absent)

The Improvement Board and its Delivery Plan will drive forward an ambition to improve that goes beyond the recommendations of the inspection reports detailed below. We will however use these useful assessments as a framework for our desire to provide an 'outstanding' service to victims, their families and the public of the West Midlands

The Delivery Plan is designed to pull together the findings and recommendations from a number of inspections and reviews across the areas of Domestic Abuse, including FM and HBV, Child Abuse, including CSE and FGM and Missing and Absent. Their reviews referred to in the plan are: HMIC CA Inspection (June 2014, published October 2014), HMIC CA re-inspection (July 2015, published December 2015), HMIC PEEL Vulnerability Inspection (July 2015, published December 2015), HMIC DA inspection (2013, published March 2014 and the national report updated in December 2015), HMIC FM, HBV and FGM inspection (June 2015, published November 2015), COP CSE peer review (December 2015, reported January 2016). There are common themes in terms of challenges, risks and areas for improvement across each of these themes and reports. As such WMP intend to draw together the strategic actions that will help us to drive improvement under one improvement board and a 4 'P' Plan. More detailed plans will be led by the thematic bronzes. Attendance from across the functions of the organisation will attend the improvement board.

1. Prepare - Provide strong leadership, effective systems whist working with partners to reduce vulnerability, the prevalence of hidden crimes and the

har	harmful impact of missing episodes.					
	What are we going to do?	How are we going to do it?	Action owner	Reference		
1.1	Review current DA, VA CA and HBV/FM policies and prepare guidance ensuring regional standards and national APP are included	 We will ensure: Full consultation will take place with specialists/LPUs /CVPS and IAG Guidance will be given to officers on one page- with the full APP sitting behind it. When implemented, that we periodically check adherence to policies (see audit and dip sampling) and regional standards. There is read across the various policies of golden thread issues such as DA and safeguarding of children and vulnerable adults. 	DA: AW HBV/FM: AW CA: PD VA: AW	DA action Plan, HMIC HBV/FM		
1.2	Ensure that WMP have problem profiles for each area.	 We will ensure: Problem profiles are commissioned & recommendations actioned within an 'agreed' timeframe. LPU / Internal Departments are updated to inform their tactical engagement / plan. Where applicable, external agencies are updated to help support future safeguarding & to ensure resources are directed to help prevent & reduce vulnerability. That a 'public version' of all problem profiles is available. 	DA: AW HBV/FM: AW CA/FGM: PD CSE: TB Missing: SP	DA action Plan, HMIC DA COP CSE review		

		 We are clear how we will take forward recommendations in problem profiles and that we are able to show progress. There is a formal approach to horizon scanning – ensuing that the force, partners and the PCC are aware and considering future increases in demand. 		
1.3	Embed the DA IAG and continue to build the FGM IAG	 We will ensure: We improve the effectiveness of a bespoke DA IAG and the FGM IAG The IAG Includes key stake holders working with communities and survivors IAG to provide a critical friend for WMP and to help ensure we remain child/victim centred in our delivery of services. Embed FM &HBV into existing IAG's Scope the need for an IAG for Vulnerable Adults 	AW	DA Action Plan
1.4	Identification of Vulnerability	We will ensure: The force applies a definition of domestic abuse 'repeat victim' and 'vulnerable victim' to ensure it consistently identifies those most at risk and provides the appropriate service,	AW – DA & VA PD - CA	HMIC DA HMIC Child HMIC Vulnerability

		 Staff who are not in specialist Child Abuse posts identify risks to children and take appropriate action (regardless of the nature of the primary call to police). We will correctly identify risk in children who go missing (see 3.4 & 3.5) and monitor the decision making around missing and absent to ensure that children are not exposed to greater risks of exploitation. Continue to develop MASH working practices in relation to child abuse, supporting and improving information sharing for families 		
1.5	Continue to develop the use and effectiveness of safeguarding tactic's	 We will ensure: Staff are aware and suitable trained to obtain where appropriate DVPO's, FMPO's, FGMPO's and other suitable tools to safeguard victims and their families. We will work to understand the effectiveness of such tools and in what circumstances they are most effective. Monitor their use and find an ICT solution to recording. 	DA: AW HBV/FM: AW CA: PD	DA Action Plan, HMIC DA, vulnerability

1.6 Ensure sufficient capability and capacity across	We will ensure:	ACC Crime and	HMIC Vulnerability
Ensure sufficient capability and capacity across Public Protection functions to ensure their long term sustainability. This should be cognisant future/predictive demand.	 WMP2020 reviews demand and resourcing ratio's across all functions including Public Protection We continue to look at effective and efficient methods of working. We work with staff to ensure they are confident in making risk appropriate decisions and that they feel supported in doing so. 	ACC Crime and PPU Commander	
	 We will to bring stability where possible and in particular in roles where sustained partnership working is key. Ensure remit, workloads and workforce mix are all considered and the role of other teams such as homicide and force priorities team for serious and complex investigations. Consider opportunities to work more efficiently with partners and other service providers. 		

2. Prevent – Raise awareness of all aspects of hidden crime and vulnerability amongst our work force, partners, young people, parents, carers and potential perpetrators in order to identify risk quicker and prevent incidents/repeat incidents of harm including missing episodes.						
What are we going to do?	How are we going to do it?	Action Reference owner				

2.1 Improve the current risk assessment process for DA	We will ensure:	AW	HMIC DA
	DASH policy is reviewed and it is cognisant of learning via DHR's and		and
	other case reviews including SAR's and COP guidance/work.		vulnerability
	DA dip sampling/quality assurance continues to check appropriate		
	risk assessment takes place and that ratio of risk levels is appropriate		
	- including standard risk, non-crime and family members other than		
	intimate partners or ex-partners.		
	Analysis takes place into differences of risk assessment to try and		
	gain consistency.		
	The learning from DHRs is fed into the L&D programme		
	Ongoing communication of the policy to staff via Operation Sentinel.		
	There is an effective supervision of the initial RA process, specifically		
	on recording on the crime management system.		

2.2 Implement further effective training for DA	We will ensure:	AW	HMIC DA &
	Sentinel mandatory training on DA is available for ALL supervisors		vulnerability
	between Feb-July 2016: training to include new legislation on coercive control.		
	 Public Protection NCALT package is completed by ALL officers and staff on coercive control- to be monitored by L&D 		
	 Front- line aide memoire to be produced detailing the agencies available for signposting is available on the WMP intranet site & available to all WMP staff. 		
	Embed new legislation, Voice of the child and Care Act principles within all SCADIP/investigative/DA courses.		
	The PPU intranet is updated has its own page created dedicated to FM/HBV.		
	 Corporate Communications delivers internal campaigns to raise awareness of changes in legislation- particularly during seasonal spikes. 		

2.3	Take Immediate Steps to ensure that officers and staff	We will ensure:	PD	HMIC Child
	within specialist child protection teams have received the necessary training to enable them to investigate the full range of child abuse offences.	 People Development Board review the completion of ICIDP and SCADIP PDP by CAIT officers and ensure there are plans in place for all officers to complete courses and gain accreditation. L& D ensure that there is a current plan to deliver the ICIDP and SCADIP courses to CAIT officers in a timely manner. PPU and L & D consider if an additional CSE training input to CAIT officers is necessary. Ensuring that specialist staff are not excluded from on-going CSE training. Review the content of 'mandatory courses (as detailed above) to ensure they are fit for purpose and future proof. 		
2.4	Take immediate steps to ensure that police officers and staff understand the significance of drawing together all available information from police systems to improve their risk assessments.	 We will ensure: Sentinel is focused on the need for all police officers and staff to ensure that all available information is collected and considered when children are involved in police incidents. A/DI McMahon as the Child Sentinel lead will address this. 	PD	HMIC Child
2.5	Take immediate steps to ensure that all relevant information is properly recorded and readily accessible in all cases where there are concerns about the welfare of children, and as a minimum, provides guidance to staff on:	 Sentinel is focused on the need for all police officers and staff to ensure that all available information is collected and considered when children are involved in police incidents. 	PD	HMIC Child

	 a) what information (and in what form) should be recorded on systems to enable good quality decisions; b) the importance of sending the information to the correct police department and/or relevant partner agency; and the value and relevance of ensuring that records are made promptly and kept up-to-date. 	 A/DI McMahon as the Child Sentinel lead will address this. A full evaluation of operation sentinel will take place and this evaluation will be used to develop further such initiatives 		
2.6	Take immediate steps to ensure that manager's quality assures records and provide feedback to police officers and staff.	We will ensure: CA Dip Sampling/Audit regime is conducted by all CA inspectors and above PPU operates with a performance framework that is focused on improving outcomes for children.	PD	HMIC Child
2.7	Review the communications (internal and external) strategy for CSE to ensure it is effective and outcome focused.	 We review our websites, volume of information; branding and sentinel overlap to ensure we create an appealing and effective campaign internally and externally. CSE is more explicitly translated internally as a force priority We explore regional successful campaigns to inform our strategy. 	Des Lambert	COP CSE review
2.8	Review the prevention strategy and activity for CSE to ensure it is effective and outcome focused.	 We will ensure: We create a cohesive prevention plan for CSE We will be clear around ownership and delivery for activity and 	Des Lambert	COP CSE review

	impact
•	That any plan is aligned to the force priority of 'intervention and
	prevention'
•	Where possible evaluation of programmes such as Princes Trust,
	KICKS, Schools Panels, Youth Parliament is undertaken in relation
	to its role around CSE and that such evaluation informs future
	programme design and resourcing decisions.

3. Protect – Safeguard vulnerable people and support victims and those professionals who seek to reduce instances concerning all forms of abuse including missing episodes.

	What are we going to do?	How are we going to do it?	Action owner	Reference
3.1	Ensure MARAC's are effectively run to protect victims	 We will ensure: MARAC's gain consistency across the force area We provide a solution to recording MARAC minutes and actions. Ensure that MARACs record what safeguarding action has been taken, and what actions are planned for the future; MARAC improvement Boards with plans are instigated We work with the OPCC and partners to review and resolve 	AW	HMIC Child DA Action Plan

		the arrangements for MARAC co-ordinators/administrators		
3.2	 Ensure that there are procedures in place to: a) escalate any concerns about incidents involving children at risk, if for whatever reason, police have been delayed in attending the incident or alleged crime; and b) ensure that the incident is not downgraded without proper justification, and the appropriate checks have been made on the welfare of the child 	 Force Contact Department will ensure that delays are escalated to an Inspector and that incidents are not downgraded within Contact Centre's and that Force Contact staff and operators are aware of the guidance. CS Andronov (Contact) is a member of the improvement Board. Sentinel is focused on the need for all police officers and staff to ensure that all available information is collected and considered when children are involved in police incidents. A/DI McMahon as the Child Sentinel lead will address this. 	Force Contact	HMIC Child
3.3	Within three months undertake a review of the central referral unit to ensure that: a) the unit is fulfilling its purpose to receive, assess and coordinate multi-agency activity to safeguard children effectively;	 We will ensure: we implement a process of reviewing the quality of supervisory oversight and quality of recording within the work of the CRU. 	PD DI Lee	HMIC Child

	c)	background checks, initial assessments and strategy discussions between agencies take place in good time and do not leave children at risk; and there is supervisory oversight at a senior level to ensure that the unit is working properly, and any problems are speedily resolved.				
3.4	chil as a)	thin three months take steps to improve practice in cases of lidren who go missing from home, and those who are assessed absent. As a minimum, this should include: improving staff awareness of their responsibilities for protecting children who are reported missing from home and assessed as absent – in particular, in those cases where absences are a regular occurrence; improving staff awareness of the significance of drawing together all available information from police systems to better inform their risk assessment; improving senior management oversight to ensure that supervisors are fulfilling their responsibilities; identifying the range of responses and actions that the police can contribute to multi-agency plans for protecting children in these cases; and	•	Ongoing monitoring/audit of risk decision making, categorisation of missing and absent and supervisory oversight. Accurate data recording for Missing and Absent cases is available and shared with partners and national Agencies and is utilised to better understand risk cases. Develop local care home protocols to agree responsibilities in terms of data share, preventative action and improved information to assess risk at point of reporting. Monitor and review recent policy changes and the recently introduced revised Risk Assessment process to ensure its impact on accurate decision making. Ensure relevant staff awareness and training of recently	SP.	HMIC Child
	e)	ensuring that, when police officers and staff recognise a risk and consider that other agencies are not meeting their responsibilities, they raise the issue with managers to ensure	•	upgraded data systems, policy and risk Assessments to ensure Consistent application and understanding. Utilise information from the November STCG review when		

that the risk is addressed. Staff should know how to escalate their concerns. At a senior level, officers should initiate discussions with the local authority and children's home providers so that risks to children who are looked after are properly addressed.	completed to reaffirm HMIC observations and establish accurate causes for inappropriate actions and decisions made. Taking action to reduce concerns identified. Monitor and deliver all activity through the Missing and Absent Delivery Plan and the Missing force wide delivery group chaired by Head of Public Protection. Sentinel to focus on the role and responsibilities of all officers and staff with regard to missing children; A/DI McMahon to factor into the Sentinel work		
to ensure that: a) Frontline staff understand and appropriately use the missing and absent categories b) Frontline staff have the necessary knowledge to identify risk	 All children who are both absent and missing are recorded on to COMPACT and that they are monitored and shared with partners to ensure appropriate intervention is made. All CSE risk children are treated as missing and not absent. Staff are aware of and consider risk factors including CSE, physical and mental health issues when assessing the risk (and categorisation – missing or absent) and developing investigation plans. Work with Local Authorities and 3rd sector providers to increase the frequency of face to face 'return home' interviews and the sharing of information/intelligence that emanates from these interviews. Ongoing monitoring/audit of risk decision making, catagorisation of missing and absent and supervisory 	SP	HMIC vulnerability

		oversight.		
3.6	 Within six months: a) Continue to push the importance of a child's, thoughts, feelings, wants and wishes when making decisions on their behalf. b) record the views and concerns of children; c) record any available outcomes at the end of police involvement in a case; d) inform children, as appropriate, of decisions made about them; and e) ensure that information about children's needs and views are made available on a regular basis for consideration by the Police and Crime Commissioner. 	 Staff are fully aware of the importance of seeking and recording the views of children That we are a 'service for children'. Staff are aware of the CA investigative template and that they use this to guide them through these issues for all cases. That we regularly check compliance and feedback to staff. PPU operates with a performance framework that is focused on improving outcomes for children. WMP to seek feedback from children's groups and initiatives regarding the needs and views of children so that this can be fed back to the PCC 	PD	HMIC Child COP CSE review
3.7	Within three months undertake a review (jointly with children's social care services, other relevant agencies and local safeguarding children boards) of how the force manages the detention of children. This review should include, as a minimum, how best to: a) improve custody staff awareness of child protection and the standard of risk assessment required to reflect the needs of children, and the support they require at the time of detention and on release;	 We will ensure: Staff are aware of the increased needs of young people detained within our custody suites Staff consider the need for local authority accommodation at the earliest stage and follow the recently introduced escalation policy ensuring the PACE Inspector is aware should a request for accommodation be refused by the local authority. CJS management team will ensure data collection of all 	CJU	HMIC Child

	assess at an early stage, the likely need for secure or other accommodation, and work with children's social care services to achieve the best option for the child; ensure that custody staff comply with statutory duties and complete child detention certificates if children are detained in police custody for any reason; ensure that custody staff make a record of all actions and decisions on the relevant documentation; and rk with local authorities to ensure that no child who is looked er by the local authority is refused accommodation by them.	charge which will included in qualit include checks received to Certificates) Compliance with within CJS Service Instances of your detention despite with the local aut	bung person is refused police bail after be shared with local authorities and y dip sampling by local CJS Inspectors (to e completion of Juvenile Detention the legal requirement will be monitored be Improvement Meetings. Ing people having remained within police a request being made for accommodation hority will be raised at local Children ard meetings in an attempt to reduce such		
3.8	view 'Joint Screening' processes and agenda to ensure that it is effective and efficient as possible.	We will strive for area. Any changes are	rtners in identifying any changes consistency of standards across the force	Dawn Miskella PD	HMIC Child PVVP Delivery Plan

4. Pursue - Disrupt, arrest and prosecute offenders, ensuring a victim/child centred approach at all times. What are we going to do? How are we going to do it? Action Reference owner Ensure DA outstanding PIC's are continually We will ensure: **HMIC** vulnerability AW monitored and prioritised in terms of risk level O/S offenders are discussed weekly with DA teams and managers will be held to account for their performance PPU will continue to work with LPUs regarding primary investigation and 72hr inbox There is a performance framework that feeds the PPU SIM SIM continues to find the norm levels for OS DA PICs **HMIC** vulnerability Develop and implement a force process for the We will ensure: Paul Betts identification and effective management of DA Ensure the new DA OM structure embeds within 2020. offenders Review DA OM processes. DA Plan, HMIC Improve DA CJ outcomes AW We will ensure: Consistency with CJ outcomes across the force area vulnerability Improve CJ outcomes across the force Review and assess the quality of service to victims We will: AW, PD DA Plan, HMIC Child, **HMIC** vulnerability Carry out victim satisfaction surveys for DA (national requirement) Conduct bespoke DA satisfaction pilot with Birmingham University

		 Consider how we ensure that we are a 'service for children' (see 4.5). Consider how we ensure that we are a 'service for vulnerable adults' 		
4.5	 a) Take steps to ensure that children receive the right level of service irrespective of the team to which the case is allocated; b) Develop a force-wide good practice regime aimed at improving the standards of investigation; c) Take steps to improve staff awareness, knowledge and skills in these types of investigations; 	 We will ensure: That we reinforce the CA investigative template and ensure that it is utilised and understood. That the importance of file build and file quality is understood by staff and managers in terms of impact on justice and outcomes for victims. A regular audit is conducted by CA inspectors and above using HMIC case selection and QA criteria and is reflective of the CA Investigative template. Continue to hold SCADIP update days that are timely and focused on our improvement plan as well as emerging issues. PPU operates with a performance framework that is focused on improving outcomes for children. 	PD	HMIC Child
4.6	Take immediate action to review plans for identifying, disrupting and prosecuting perpetrators involved in child sexual exploitation.	 We will ensure: Tasking process is in place for offenders to go to CSE Perpetrator team CMOG, COG, MOG meetings identify offenders A strategy is developed between RSO (registered sex 	PD, NW Des Lambert	HMIC Child

		offenders) lead (DSU Walton) and Child Lead (DSU Drover) to ensure Child Abuse Teams are sighted on RSO risks.		
4.7	Improve the safeguarding of children who are associated/identified with RSO's	We will ensure: • A strategy is developed between RSO (registered sex offenders) lead (DSU Walton) and Child Lead (DSU Drover) to ensure Child Abuse sighted on RSO risks.	Nick Walton	HMIC Child
4.8	Take steps to maintain service level agreements in Digital Forensics	 Implementation of a robust performance framework for mobile phones and computers that will monitor and evidence SLA compliance. Correct categorisation of devices awaiting examinations that compliments force priorities. Implement a risk matrix model to gain more control and prioritisation of exhibits within the submission process (demand awareness). Provision of technical capability to support proactive device assessment at scenes and monitoring its impact on reducing reactive demand in this area. Provision of Kiosk technology and monitor its impact on service level improvements. 	Forensics	HMIC Child
4.9	Continue to work with the CPS to reduce timescales for charging decisions	We will ensure: Continued dialogue at a senior level with CPS both at a force level and across the region via the PVP Police Forum.	PD/CB	HMIC Child

4.10	Ensure that we have the capability and capacity to manage the risk and investigate crime associated with on-line child sexual abuse.	 We will ensure: We have the capability and capacity to investigate CPS/peer to peer activity in a risk based way and in line with NPCC council agreement. We work with the region to roll out the 'operation safenet' brand and the transferable aspects of the model/approach. 	Dawn Miskella	NPCC Council decision/NCA operation Hera.
		We continue to work with WMP2020 to find innovative technological solutions to improve productivity and effectiveness in this area.		
4.11	Ensure that as a force we are able to appropriately manage non-recent investigations	 We will ensure: We are aware of relevant referral pathways Staff are aware of relevant tactics and good practice. We work closely with CPS to ensure appropriate prosecutions are brought. 	Nick Walton	National Child safeguarding Plan – action 1.12