



Northumberland
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POLICE



North East &
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NCASP

NORTHUMBERLAND CHILDREN AND ADULTS
SAFEGUARDING PARTNERSHIP

NCASP Annual Report September 2021 – August 2022

Safeguarding Children in Northumberland

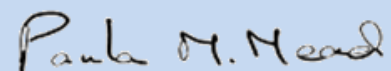
Foreword by the Independent Scrutiny and Assurance Chair

Since April 2022, our children and adult safeguarding partnerships' have been transitioning toward an integrated Northumberland Children and Adults Safeguarding Partnership (NCASP). The transition period continues until April 2023 therefore this will be the final 'standalone' children's yearly report.

Over the past year, the impact and fall-out from Covid-19 on our community has been significant. The evidence in this report demonstrates that safeguarding partner's and relevant agencies continued to respond, despite increasing demand, to deliver safe services, offering families and children support whilst managing the associated risks. The partnership therefore continues its focus of the impact from the pandemic on families, children and young people's health and well-being, and the substantial consequences of isolation on safeguarding.

It is within this context that NCASP continues to focus on driving quality, frontline practice around protection, prevention, exploitation and extra familial harms. Independent challenge and scrutiny of data, audit and intelligence, including a focus on the lived experience of children and young people, is analysed in this report, identifying the achievements but also the stubborn challenges for the partnership. The learning and improvement cycle continues, with work ongoing to measure the impact of services on children's outcomes.

I want to extend my gratitude to our partners who have provided the information collated within this report. The service pressures experienced by agencies and, particularly on front-line workers, are not underestimated. I would like to express my appreciation and sincere thanks for the commitment and innovation all partners have shown over this last year.

A handwritten signature in dark ink, reading "Paul M. Head". The signature is written in a cursive, slightly slanted style.

NCASP Independent Safeguarding Scrutiny and Assurance Chair

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1. Introduction

This report deals with two distinct periods in the development of the Northumberland Safeguarding Strategic Partnership (NSSP), which replaced the Local Safeguarding Board (LSCB) in August 2019 as required by the Children and Social Work Act 2017.

The narrative in this report sets out the Multi-Agency Safeguarding Arrangements (MASA) for children and young people. However, a transitional year began in April 2022, since which time the safeguarding partners have been developing joined-up arrangements with our Safeguarding Adult Board to develop an integrated Northumberland Children and Adult Safeguarding Partnership (NCASP) over the coming year. The NSSP governance structure has been retained during this period whilst working towards streamlining and reducing duplication across Northumberland's strategic partnerships. The work is led by the Executive Board which includes the three safeguarding partners; Northumberland Local Authority, the Clinical Commissioning Group (CCG; an Integrated Care Board (ICB) from July 2022) and Northumbria Police, as well as senior representatives from CNTW mental health trust, NHCFT hospital trust, and the Independent Scrutineer.

For the avoidance of confusion, the safeguarding partnership will be referred to as NCASP throughout this report.

Outcomes measuring impact and/or added value of these integrated arrangements is being monitored through a prospective evaluation framework which will report in the next annual report.

To ensure transparency for children, families and practitioners about the activity undertaken, the safeguarding partners are required to publish a yearly report setting out what they, and relevant agencies, have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice. In other words what value these provisions have added in terms of impact.

An audit¹ to assess how effectively Safeguarding Partners yearly 2019-20 reports were compliant with requirements set out in Working Together 2018 was undertaken on behalf of the Child Safeguarding Practice Review Panel. The contents and structure of this report reflect these recommendations therefore the report will include;

- evidence of the impact of the safeguarding partners and relevant agencies work, including outcomes for children and families, from early help to looked-after children and care leavers
- an analysis of areas where there has been little or no evidence of progress on agreed priorities
- evidence of decisions and actions taken by the partners in the reporting period, or planned to be taken, to implement the recommendations of local and national child safeguarding practice reviews, including resulting improvements

¹ Analysis of Safeguarding Partners' Yearly Reports 2019-20. What Works for Children's Social Care. May 2020

- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision
- a review of the use of restraint in Northumberland's secure children's home.

1.1 Multi-Agency Safeguarding Arrangements (MASA) for 2021-2022

Relevant local organisations and agencies have a duty under Section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. The responsibility for this coordination rests with the three safeguarding partners (the Local Authority, Police and the ICB) who have a shared and equal duty to make arrangements for agencies to work together to safeguard and promote the welfare of all children in a local area.

A North and South of Tyne Child Death Overview Panel (CDOP) reports annually to the Health and Well-Being Board. The annual report is discussed at NCASP and provides evidence that influences the partnership's priorities and planning.

NCASP sub-groups drive operations through their agreed workplans; these governance arrangements and membership are set out in Appendix 1. Governance Structure and Appendix 2. NCASP Membership

The budget and expenditure are set out in Appendix 3 – NCASP Staffing and Budget

Northumberland's demographics are summarised in Appendix 4. Northumberland Context .



1.2 Independent Scrutiny

An Independent Scrutineer provides assurance through critical challenge to the partnership, and analysis of its strengths and areas for development in order to hold the safeguarding partners and the relevant agencies to account.

There are a number of context-appropriate methods to achieve the scrutiny function. These have included our responses to emerging concerns, for example audits were commissioned to interrogate issues including extra-familial harm (HSB) and responses to anonymous referrals.

Challenges and responses raised between partners are explicitly logged in the partnership meetings minutes.

A multi-agency audit tool provides assurance to ensure partners, including Primary Care, are compliant with Section 11 of the Children Act, 2004. Schools, Northumberland college and alternative education providers complete Section 175 safeguarding standards audits that are monitored and reviewed annually in September aligned with updates to Keeping Children Safe in Education statutory guidance.

Ofsted conducted a JTAI in 2019 examining the effectiveness of multi-agency arrangements for dealing with criminal and sexual exploitation. Progress of the associated action plan was monitored by the partnership with all actions now complete.

Work has begun with the six Tyne and Wear local authority areas to establish a consistent and collaborative regional approach to independent scrutiny by establishing a protocol to share good practice and shape practice improvements. A consistent methodology and operating framework will be developed based on the Bedfordshire Six Steps (checklist) model with regional reporting into the Tyne Wear & Northumberland Strategic Partnership (TWNSP).

To ensure the independence of the assurance and impact of the partnership's work outlined in this report, it has been prepared by the Independent Scrutineer and will be made widely available for scrutiny to the Health and Well-Being Board and the Family and Children's Services Overview and Scrutiny Committee. It will then be published on the [NCASP Website](#).

2. What Northumberland's MASA's Have Achieved at a Glance

Our multi-agency responses to children at risk of criminal & sexual exploitation and MDS has been strengthened through a joint children/adults CSE strategy and delivery plan, and a completed JTAI action plan

Delivery of a multi-agency Neglect Summit to tackle and prevent neglect resulting in a partnership plan to be monitored and evaluated over 2022-2023

Tangible progress developing integrated children and adult 'Think Family' safeguarding arrangements. Strengthening governance, streamlining and reducing duplication

The voice of the child found its way into our performance reporting so that NCASP can understand lived experience better (HRBQ survey findings)

Northumberland County Council successful in White Ribbon Accreditation, agreeing a three-year action plan aimed to ending violence against women
<https://www.whiteribbon.org.uk/organisations>

SEND inspection and OFSTED focussed visit; Planning For and Achieving Permanence, cite evidence of improvements

3. Strategic Priorities; Achieving our Objectives

During this reporting period, partners met for two development sessions to examine children and adult safeguarding arrangements whereby children and adult safeguarding priorities were reviewed and it was concluded there was a synergy. It was agreed to continue focus on current priorities while acknowledging the need to be agile and responsive to emerging risks.

These are demanding times; the impact of the Covid-19 pandemic continues to impact and exacerbate the challenges of day-to-day life for many people in the wider North East with exceptional levels of poverty driving dramatic rises in child protection intervention and the number of children in care². This therefore remains an overarching priority for the partnership. It is within this environment

that NCASP provides leadership, oversight and quality assurance of safeguarding in Northumberland. The Quality Improvement and Performance (QIP) subgroup monitors and reviews a range of multi-agency, qualitative and quantitative measures enabling NCASP to monitor impact and inform the safeguarding partners planning.

A suite of measures to monitor progress against the five priorities were agreed in September 2021. The results were shared with the QIP in June 2022 and in an analysis session that followed. The findings from that quantitative and qualitative work, informed by the discussions about impact, took place at the analysis session.

This was the second analysis session and as the suite of information is still coming through, it is premature to provide complete assurance about impact, however the report provided judgements on what is working well and which areas need improvement.

² North East Submission to the Independent Review of Children's Social Care. July 2021

3.1. Analysis of Progress and Impact.

Priorities 2020-2023	What We Are Doing and Its Impact
Overarching Priority 1. Understanding how COVID-19 and associated lockdowns have impacted on safeguarding children and young people – including, but not limited to, increased service demand, access to health services, understanding impact, and multi-agency responses to it	<p>The impact of Covid-19 has continued to amplify the risks to children and young people; its impact is therefore considered within all our priorities.</p> <p>Context:</p> <p>Children’s Social Care: For the period July 2021- June 2022, the volume of referrals received by children’s social care has remained stable compared to the same period in the previous year (2919 and 2953, respectively). Over the same period, the number subject to a child protection plan increased from 342 to 403.</p> <p>Northumbria Healthcare NHS FT: There has been a reduction in the number of safeguarding alerts to NHCFT, down by 29 to 314 in quarter 1 (25 of the 29 were in the Community). There were fewer child MASH information requests to NHCFT in quarter 1, reducing from 106 to 65. This is directly attributable to the TUPE of the 0-19 service to Harrogate FT in October 2021. The health visiting and school nursing service, by the nature of their work, represented a high volume of referrals. Despite the resulting reduction in referrals, an increase in complexity and a resource intensive response needed to safeguard children has been reported by the service.</p> <p>Police: The periods of lockdown meant variation on the reporting of crime, which was anticipated. Post COVID data has in a lot of areas returned to pre-pandemic levels. Increases have been seen in the submission of referrals into the MASH, however it is not clear if this is a reaction to coming out of lockdown periods or greater awareness of processes, it is thought to be a combination of both.</p> <p>What Worked well: Police officers adapted to the restrictions brought about by COVID. As an emergency response this did not change the requirement to attend incidents within allotted timescales.</p> <p>What Didn’t work well: Assessing safeguarding requirements remotely to truly understand what was going on behind closed doors. Capturing the voice of children.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>From the available data there is no doubt that the pandemic has had a negative impact on children and young people, though the longer-term fall-out from this is not yet clear. Only by listening to the voices of children will this be understood moving forward.</p> <p>Any trends/ hotspots should be picked up within the MASH to enable early intervention and prevention to be put in place. This relies on partners sharing information in a timely fashion, and professional curiosity. Further capture of the voice of the child is required.</p> <p>The number of Covid-19 cases at the beginning of 2022 placed pressure on services and there was a potential for more children to be off school. The partnership responded to these challenges by reviewing our Covid-19 response plans and assuring ourselves that risks of harm were mitigated;</p> <p>Processes</p> <p>A system was in place to monitor those children and young people with Child Protection Plans. There is an information sharing agreement for children open to a Social Worker, where school attendance/absence is shared with Children's Services, and visits prioritised.</p> <p>Two audits were undertaken with positive findings:</p> <ul style="list-style-type: none"> • Children known to Social Workers and not attending school in the past year • Front Door contacts and referrals from families re. neglect/physical abuse with no further action were found to be assessed appropriately <p>More than 357 children are being electively home educated in Northumberland. There is an approved Children Missing Education (CME) process in place which is subject to Ofsted scrutiny and contact with families is maintained by Education Welfare.</p> <p>Schools provide monthly reports to the Local Authority on children not in school. This list is monitored by a multi-agency group, so there is a partnership approach in getting these children back into school. Children's Services regularly share information with schools re. lists of children who are open to a Social Worker to support effective information sharing</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>Regular core group/Team Around the Family meetings for those children open to social work and early help to oversee and coordinate interventions and support with information sharing processes in place.</p> <p>MASH review completed and revised processes were put in place from 10/1/22 to further enhance timeliness and multi-agency involvement in decision making through the MASH.</p> <p>The multi-agency tracking panel for children at risk of missing education meets monthly and shares information about individual children so that action can be taken</p> <p>Children's Social Care (CSC) provided the partnership with assurance that robust oversight and support was in place for Looked After Children.</p> <p>Health Visitors provided a full face to face service, so all vulnerable children were seen throughout the lockdowns. The universal Healthy Child Programme continues. A Health Visitor representative attends the MASH, to strengthen partnership working. Health Visitors and School Nurses attend the Primary Care Supporting Families meetings. Midwives review antenatal bookings monthly.</p> <p>Family Hubs are now being developed, facilitating effective multi-agency working, including through co-location where possible as Primary Mental Health, Midwifery and Health Visiting colleagues are now working alongside Early Help professionals in the Hubs.</p> <p>GPs were provided with additional guidance during lockdown re. risks to virtual consultations and advice on professional curiosity. Information and support continue with daily contact and advice available for GPs, if concerns are noted, by the CCG safeguarding Team. Safeguarding training is delivered to GPs virtually. CCNs have been shared with Primary Care throughout Covid.</p> <p>Police continue working 'business as usual'. The Think Family approach has been reiterated and the multi-agency approach to CCNs continues.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>New Domestic Abuse Strategy in place.</p> <p>SIRS (Sharing Information Regarding Safeguarding), noted nationally as an example of emerging good practice, is ongoing with GP's/midwives.</p> <p>Immobile Babies Policy is in place, however further assurance was sought from all agencies re. their plans to highlight for the frontline the issue of bruising in immobile babies following a recent learning review</p> <p>Strong processes are in place re. exploitation e.g., MSET, identifying hot spots, targeted youth work, and responses around missing.</p> <p>An audit has been completed re. triage work and there were positive findings.</p> <p>Work continues to reinforce professional curiosity, triangulation of evidence and challenge. Signs of Safety continues to be rolled out.</p> <p>Face to face multi-agency training re. working with resistant and hostile parents was commissioned but put on hold due to pandemic, but was reinstated in May.</p> <p>Through the implementation of agency reports, the partnership now has a better understanding of the prevalence and factors impacting on children and young people not being in school, and the importance of promoting good school attendance being everyone's business.</p> <p>School attendance</p> <p>Northumberland learners experienced better school attendance than the national average, but persistent absence is still high. There are still some non-returners to school following the pandemic, but they are being worked with through early help and the virtual school.</p> <p>The national headlines suggest this is an issue across England and levels of school attendance had not returned to where they were. Whilst that was originally underpinned by anxiety from parents about children returning to school, it has become something different although there is a sense among professionals that poverty and the cost-of-living crisis may be impacting.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>Good attendance at school provides routine and stability for children. It has not been restored in the way that we had hoped and have a high number in Northumberland of ‘persistent absences’ where their attendance is less than 90%. The Virtual Head reported however, we are on the right trajectory and is targeting some secondary schools where levels are high and the families are requiring significant levels of support to get this stabilised.</p> <p>National developments In addition to the education-related work, audits were commissioned in Children’s Social Care following the murders of Arthur Labinjo-Hughes in Solihull and Star Hobson in Bradford. The partnership received assurance that eyes were on children during the period of COVID, however responses to further lockdown related issues are being incorporated into business continuity arrangements.</p> <p>What are the data telling us;</p> <p>School attendance: the DfE has published a statistical release for the academic year 2020-21 regarding school attendance and it shows that school attendance in Northumberland is not yet back to pre-pandemic levels (2018-19), but is moving in the right direction and compares well with the national averages in the measures shown:</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<div><div>ENGLAND</div><div><div><div>Rate of sessions recorded as not attending due to COVID circumstances</div><div>21.3%</div></div><div><div>Overall absence rate</div><div>4.6%</div><div>Better than 4.7% in 2018-19</div></div><div><div>Percentage of persistent absentees : primary</div><div>8.8%</div><div>Not as good as 8.2% in 2018-19</div></div><div><div>Percentage of persistent absentees : secondary</div><div>14.8%</div><div>Not as good as 13.7% in 2018-19</div></div></div><div><div>NORTHUMBERLAND</div><div><div><div>Rate of sessions recorded as not attending due to COVID circumstances</div><div>20.6%</div></div><div><div>Overall absence rate</div><div>4.7%</div><div>Better than 4.9% in 2018-19</div></div><div><div>Percentage of persistent absentees: primary</div><div>8.3%</div><div>Not as good as 7.4% in 2018-19</div></div><div><div>Percentage of persistent absentees: secondary</div><div>13%</div><div>Not as good as 12.3% in 2018-19</div></div></div></div><div><p>The information from Education Welfare school visits is that persistent absence (PA) in the primary phase is currently between 24% and 30%, with overall attendance between 92% and 95%. And in the secondary phase PA is between 26% and 49% with overall attendance between 89% and 91%.</p><p>There are still too many children not in school full time, the reasons for which are varied but the majority may be related in some way to child or parental anxiety. This is a lingering legacy of the pandemic. Several strategies are in place to improve school attendance that are gradually having a positive impact. Integrated arrangements between Early Help and Education Welfare are working well.</p></div></div>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>In the last quarter there were three significant developments regarding school attendance that are expected to accelerate improvement;</p> <ol style="list-style-type: none"> 1. The Virtual School Headteacher now has an extended duty to promote the education of children with a social worker. Northumberland has taken a project approach to this with 4 key workstreams, one of which is school attendance. The guidance was refreshed by the DfE in June with a greater emphasis on school attendance, so it is now a national priority. 2. The Schools' Bill is introducing new requirements for local authorities and parents to do with elective home education and children missing education. During the new academic year, a Children Not in School register will be set up that contains details of all children who are electively home educated (identified by their parents) and children who are not in school full time (e.g. on part-time timetables, in alternative provision, flexi schooled). The DfE will collect this data centrally each term, beginning in October 2022. 3. In May the DfE published new guidance – <i>Working together to improve school attendance</i>. There is a deliberate echo in the title of the statutory guidance on inter-agency working to safeguard and promote the welfare of children, in <i>Working Together</i>. The approach now taken to school attendance is very much about safeguarding, and asking if children are not in school then where are they and are they safe. The guidance is extensive and will give the Education Welfare access to all schools, not just maintained schools, and requires Northumberland to develop and implement a multi-agency Attendance Strategy. The focus is on managing school attendance by preventing, intervening and targeting. <p>Children missing education: the CME process was suspended when schools closed during the pandemic and was replaced by the arrangements set out in the original Children Not in School review. Once schools opened fully again the process resumed to identify, track and provide assurance that children not in school are appropriately safeguarded.</p> <p>The number of children being tracked through our CME process, identified as at risk of missing education, increased during the year but almost halved by the end of the last quarter to 598 children. If school attendance is poor then it is right that more children are tracked until they return to school, so the data demonstrates that the process was working and children were being identified by schools and services. The lower number in July is also due to Year 11 no longer being included as they had left school by then.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>The CME tracking panel reviewed its Terms of Reference this year and during the last quarter themed panels were introduced e.g. focus on children with a social worker; focus on children with anxiety issues. This targeted approach has started to have some success. In September 662 children were being tracked, 290 were referred to the CME tracking panel, and by July 257 had returned to school full time.</p> <p>The number of children in alternative provision and on part time timetables increased during the year and by the last quarter the use of part time timetables had almost doubled. Being in alternative provision is the most common reason for CME. Although the majority of those children on part time timetables are now engaging in some education when previously they had not, the trend and number of children (currently at 105) is high for Northumberland and needs to reduce. This will be addressed through the CME tracking panel in September.</p> <p>Elective home education: the number of children being electively home educated (EHE) in Northumberland continued to rise throughout the year and is at the highest level recorded.</p> <p>The total number of children known to be EHE by July 2022 is 357, which is a reduction from the peak figure of 423 earlier in the academic year once the year 11 leavers have been taken off. 221 children became EHE from September 2021 to July 2022, and 63 returned to school places. There has been a rise in the number of families agreeing to annual visits from Education Welfare Officers, and this is encouraging.</p> <p>A review of EHE cases is currently underway to identify more specifically the reasons why parents in Northumberland choose to home educate their children. This is aligned with national developments and is preparation for new requirements, such as the Children Not in School register, that will emerge during the new academic year.</p> <p>Work in all 3 areas is ongoing and captured as priorities in the Virtual School Improvement Plan 2022-23, that links to the CSC Continuous Improvement Plan. Making attendance everyone's business – a multi-agency approach.</p> <p>Disabled children and young people</p> <p>Headline findings from the multi-agency audit of disabled children and young people who had been subject to a child protection enquiry;</p> <ul style="list-style-type: none"> • good evidence that children were safer and happier following the input from services following a child protection enquiry • better consideration of environmental factors than in a previous audit 3 years ago and prior to the pandemic • The main recommendation for improvement was that wider use of the 'harm matrix' could improve assessment and planning in cases where there has been previous safeguarding service involvement.

Priorities 2020-2023	What We Are Doing and Its Impact
2. Mental Health; Suicide, Self-Harm, Social Media Impact/Bullying	<p>What are the data telling us</p> <p>Demand for mental health services has increased further amongst healthcare providers and there are challenges to the workforce's capacity to meet it (30% increase in referrals to CYPS tier 3 between July 2021 and June 2022 compared to same period the previous year). Performance on seeing urgent referrals within 24 hours has declined in the last 2 quarters (87% and 76%, respectively) but there is a sound understanding of why this was the case (largely due to families cancelling appointments). With regards to suicide, it is difficult to categorise how many referrals come in for attempted suicide because generally it is captured within depression, anxiety or self-harm. In terms of outcomes, there has been 1 suicide of a Northumberland child / young person between July 2021 and June 2022 (there was also a case involving a young person from Nottinghamshire). Children's Social Care data indicates that mental ill health and emotional ill health have increased in prevalence during the last year, both in real terms and percentage terms.</p> <p>Cumbria, Northumberland, Tyne & Wear (CNTW): Data was reported to the partnership in April 2022, specifically in relation to the Children & Young Peoples Service (CYPS). It was then agreed they would drill down into the data to focus on referrals for CYP presenting in crisis or with self-harm. CNTW have identified all those CYP referred to the PLT (Psychiatric liaison team) / UCT (Universal Crisis Team) from April 2021 – June 2022. Within this period 792 CYP have been referred into the UCT following an episode with PLT or direct referrals into the crisis service. An average of 49.8% went on to receive home-based treatment within UCT. The remaining 50.2% CYP's needs were met by the most appropriate service to meet their needs in line with the THRIVE model. All referrals into PLT instigate a referral into UCT unless they already have a care co-ordinator with CYPS MH / LD Pathway to CYPS for 7 day follow ups. Referrals to UCT fluctuated during the period, being higher in the spring and reducing in the summer (but with an increase in late summer) and levelling off in the autumn and winter. A snap shot of data was taken to understand the referrals in January 2022 – March 2022 (47 CYPS / 81 UCT), where the referral reason has been self-harm or in a crisis. Of these, 39 were categorised as being in crisis and 89 as self-harm. Females accounted for 102 of the 128 referrals and CNTW have identified that they continue to seek support sooner whereas males continue to present later in the crisis phase.</p>

Priorities 2020-2023	What We Are Doing and Its Impact										
	<p>The geography of Northumberland and referrals from the areas remain consistent, with higher numbers coming from the central and south east of the county (90 out of 125), factors being higher socioeconomic deprivation and a larger, more densely populated area.</p> <p>Self-harm can mean many things and it is important for providers to understand this and what can enable CYP to access support prior to being in a crisis phase. 47 case records have been reviewed from a CYPS perspective;</p> <table border="1"> <thead> <tr> <th>CYPS referrals coded and Self harm</th><th>Number of CYP (47)</th></tr> </thead> <tbody> <tr> <td>Self-Harm (cutting, Burning, ingesting substances)</td><td>30</td></tr> <tr> <td>Suicidal ideation (thoughts / ligatures)</td><td>9</td></tr> <tr> <td>Overdose</td><td>7</td></tr> <tr> <td>Hallucination (wrongly coded)</td><td>1</td></tr> </tbody> </table> <p>Common themes also associated with the above CYP whom self-harm include ongoing difficulties with relationships, bullying, exam stress, return to education following summer break, autism and trauma.</p> <p>NHCFT: There was a slight increase in safeguarding referrals (+5) with category of self-harm and a decrease (-17) with category of mental health. This coincides with a decrease in safeguarding referrals this quarter. Although NHCFT have seen a decrease in referrals, the complexity and involvement in cases is noticeable. As referrals are only given 1 category it may be that both parental mental health and substance misuse are present in some cases and the shift is due to recording practice. NHCFT will keep this under review this next quarter to identify if any additional action is required.</p> <p>Police: The police report that the impact of the pandemic has seen a rise in mental health issues across all age-groups. Statutory Partners adapted well to the restrictions with meetings moving online which is continuing.</p> <p><u>Processes in place to identify and respond to themes and trends.</u></p> <p>QIP's work has improved the partnership's understanding of self-harm and the factors underlying it through production of a more granular data set from CNTW.</p>	CYPS referrals coded and Self harm	Number of CYP (47)	Self-Harm (cutting, Burning, ingesting substances)	30	Suicidal ideation (thoughts / ligatures)	9	Overdose	7	Hallucination (wrongly coded)	1
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Priorities 2020-2023	What We Are Doing and Its Impact
	<p>CNTW continue to interface with colleagues within NHCFT from a PLT perspective but also with PMHW's and Talking Matters. A weekly clinical Interface meeting is in place between UCT / CYPS and PMHW and school health to ensure children's needs are met by the most appropriate service. This is also a forum where they identify themes and trends and enable them to co-ordinate bespoke pieces of work targeted at specific groups for example a group of girls same age from 1 high school all presenting at NSECH with self-harm (WEST). An increase in overdoses from 1 school of 12-13 year olds (Central). Along-side this there is a monthly operational interface between CNTW and PMHW's this again is an opportunity to explore themes and trends, identify and coordinate training and there is a clear defined pathway to ensure CYP receive the most appropriate service to meeting a CYP's need following presenting in a crisis.</p> <p><u>Points for further discussion at Quality, Improvement & Performance (QIP)</u></p> <ul style="list-style-type: none"> • Ongoing working within CNTW around incident reporting safeguarding vs self-harm to potentially support with data collection. • Work around males and seeking support. • LA information – voice of the child <p>The 2021 Health & Behaviour-Related Questionnaire received a good response rate of around a third out of 9,000 pupils, year groups 6, 9 and 11 in 5 secondary schools and 29 middle and primary schools having participated. This lived experience data tells us that, unsurprisingly, a significant proportion of pupils said that life during coronavirus had affected their mental health and wellbeing, and this was more the case for girls than boys (31% of boys and 56% of girls in the secondary phase). The issue of child sexual abuse in schools has been reviewed within Northumberland's safeguarding arrangements and the questionnaire asked related questions about that, revealing that 30% of boys and 46% of girls said someone has posted or sent them hurtful, unwanted or nasty comments on the internet, and 28% of Year 11 girls said they had been asked to post pictures of themselves that are inappropriate.</p> <p>Further issues raised by the results relating to potential safeguarding concerns include; 74% primary pupils but only 25% of secondary pupils think their school takes bullying seriously. 37% of Year 9 girls have hurt themselves at some point. 61% of Year 11 girls said that life during covid has affected their mental health and wellbeing. 66% of Year 9 lesbian, gay, bisexual pupils would keep a problem to themselves compared with 53% of the overall Year 9 sample.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>26% of Young Carers in Year 9 said they felt less safe at home because of increased family tensions during COVID restrictions/lockdown compared with 11% of the overall Year 9 Sample.</p> <p>62% of Year 11 lesbian, gay, bisexual pupils have deliberately hurt themselves compared with 36% of the overall year 11 sample.</p> <p>30% of Year 11 pupils living in single parent families have had sex compared with 22% of the overall Year 11 sample.</p> <p>Year 6 pupils who experienced shouting and arguing at home are more likely to say they have felt less safe at home since Covid.</p> <p>Secondary pupils who smoked cigarettes are more likely to have used e-cigarettes, know someone who uses drugs and get drunk when they drink alcohol, compared with secondary pupils who haven't smoked.</p> <p>Year 11 pupils who have used drugs are more likely to have tried smoking, had sex, deliberately hurt themselves and usually miss breakfast compared with Year 11 pupils who haven't used drugs.</p> <p>The Senior Mental Health Lead Coordinator is contacting all schools that took part in the survey to give them the opportunity to feedback on how they are using their reports, and to offer support if necessary.</p> <p>Data which is relevant will be included in Northumberland's Children & Young People's Emotional Wellbeing and Mental Health Strategy.</p> <p>NCC and partner agencies to direct activity where needed to address concerns from the Survey</p> <p>Activity to be planned on how to share the HRBQ findings wider with children and young people.</p> <p>Understanding how to promote better engagement, so that the survey results reflect a more significant picture going forward i.e. providing an assurance of countywide opinion.</p> <p>There is general agreement amongst healthcare providers that they were seeing more instances of self-harm. Publicly available data shows that hospital admissions as a result of self-harm of 10-24 year old Northumberland residents have increased, from an average of around 240 per year between 2014/15 and 2016/17 to around 470 per year between 2019/20 and 2020/21, whereas there has only been a slight increase seen nationally in that period. In Northumberland, the latest data shows that 90% of the hospital admissions as a result of self-harm amongst 10-24 year olds involved those aged 15 plus. The data from the</p>

Priorities 2020-2023	What We Are Doing and Its Impact								
	H-RBQ triangulated the view that self-harm was a significant issue with 25% of boys and 38% of girls saying they have deliberately hurt themselves at some point.								
Neglect	<p>What are the data telling us</p> <p>The trends from July 2020-June 2021 and July 2021-June 2022 tell us that recorded neglect remains prominent within the lives of vulnerable children and young people in the county. It continues to be the most frequently cited category in child protection plans (83% between July 2021 and June 2022) and is often identified as a factor in those entering care (65% of admissions in July 2021 – June 2022).</p> <p>Given the relatively high figures in cases that are firmly in the system and at the sharp end, it is safe to say that the prevalence of neglect within the most concerning cases continues to be high in Northumberland. The question has been raised about whether we are effectively capturing the emotional side of neglect in our work and whilst it is captured at the referral stage in CSC (and reported to QIP), it was agreed that data is based on initial judgements at the onset of involvement and the QIP would discuss if something more focused should be introduced, or whether this can be sourced from audit work.</p> <p>In cases worked on previously by CSC where neglect had been identified as a factor, 10% that came back into the safeguarding system also identified neglect as a factor. This is an encouraging indicator that the initial work round neglect is effective in the majority of cases.</p> <table border="1"> <thead> <tr> <th colspan="2">Cases categorised as neglect that had previously been categorised as neglect</th></tr> </thead> <tbody> <tr> <td>% of CSC cases where neglect is a factor that had previously been referred to CSC (for any reason)</td><td>62%</td></tr> <tr> <td>% of CSC cases where neglect is a factor that had previously been referred to CSC with neglect as a factor</td><td>10%</td></tr> <tr> <td>% CPPs categorised as neglect starting within 2 yrs of previous CPP categorised as neglect</td><td>10%</td></tr> </tbody> </table> <p>The data told us that there had been a slight increase in Child Protection Plans (CPP) starting in the year due to ‘neglect’ that were repeat plans within 2 years categorised as neglect (from 8.8% to 10%). Reducing this should provide encouraging signs about the impact that partners’ collective interventions are having on those children. Whilst numbers are relatively small, this is still a useful indicator of the effectiveness of work done on the initial CPP and it is something we would want to see reduce.</p>	Cases categorised as neglect that had previously been categorised as neglect		% of CSC cases where neglect is a factor that had previously been referred to CSC (for any reason)	62%	% of CSC cases where neglect is a factor that had previously been referred to CSC with neglect as a factor	10%	% CPPs categorised as neglect starting within 2 yrs of previous CPP categorised as neglect	10%
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Priorities 2020-2023	What We Are Doing and Its Impact
	<p>NHCFT: There has been a reduction in referrals with category of harm from neglect this quarter (-27) and 20% of referrals account for neglect compared to 28% the previous quarter.</p> <p>Police: There has been an increase in the number of offences against children categorised as child neglect, which increased from 46 to 62 (35%).</p> <p>What is the qualitative intelligence telling us. The planned multi-agency audit of neglect was delayed in order to follow the Neglect Summit (May 2022). It is expected this piece of work will provide depth to determine the impact of partners' work on frontline practice, and consequently on the lives of children and young people. Whilst this audit work will be key to determining impact, there are positive overviews in relation to other activities. For instance, training that has been completed by the 0-19 service for the Home Environment Assessment Tool (HEAT). The QIP heard it has been appropriately integrated into professional's home contacts alongside the existing individual health needs assessment, and also impacts on the priority to safeguard under 1s. Neglect is a theme discussed within the safeguarding supervision groups inclusive of all children who reside within the family home.</p> <p>The multi-agency Neglect Summit was held in May attended by 325 staff from the partnership. Agencies created action plans describing how they would improve practice in relation to identification, intervention and review of neglect. Attendees reported a positive effect on their understanding of the impact of neglect.</p>
Safeguarding children under 1 year old including non-accidental head injuries and co-sleeping	<p>Assurance has been provided to the partnership around quality of practice delivered in relation to safeguarding under 1s.</p> <p>What are the data telling us The data tells us that under 1s continue to be proportionately more represented the further through the safeguarding system they travel. For instance, over the last year, around 10% of referrals were for those aged under 1, yet the proportion of all CP Plans starting where the child was under 1 was around 17%. This is not unexpected as immobile babies have significant vulnerability. However, this has decreased when comparing the most recent year with the previous one and significantly so in the most recent quarter (April 2022 – June 2022); 17% of all CP plans started were aged under 1 compared to 23% the previous</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>year. A small number of these CP plans (5%) were re-plans within 18 months of the previous plan ending and there were just 2 CP re-plans where the second plan began before the child's first birthday, a picture that we would want to see continue.</p> <p>CP plans for under 1s are taking longer to end in the most recent quarter. 41% of those ending lasted less than 6 months compared to 46% the previous year. More ended in the 6-12 month period (47%) than the previous year, but fewer lasted longer than 12 months (12%) compared to 15%. It is unclear why there has been an increase, is the increase because babies were already in the court arena? Whereas between July 2020 and June 2021, 29% ended in the first 3 months, this reduced to 25% in the most recent year. This may suggest better processes are in place for moving work into court and will be interrogated in the next audit on safeguarding under 1s.</p> <p>Data from the Healthy Child Programme tells us that in over 90% of cases:</p> <ul style="list-style-type: none"> • Mothers receive a first face-to-face antenatal contact with a Health Visitor at 28 weeks or above • Mothers receive a face-to-face New Birth Visit <u>within</u> 14 days by a Health Visitor • Children receive a 6-8 week review • Children receive a 12 month review by the time they turned 15 months <p>There is a process for follow up with families for any contact missed within the timeframe.</p> <p>Antenatal and primary visit contacts by health visitor include key elements relevant to the priorities:</p> <ul style="list-style-type: none"> • health needs assessment, including domestic abuse and maternal mental health • Safe sleeping • ICON³ - about helping people who care for babies to cope with crying. • Home Environment Assessment Tool (HEAT) <p>For families who transfer into the service, the first contact includes a health needs assessment and HEAT, and age appropriate/relevant information.</p> <p>At each routine Health Professional contact, relevant elements are reviewed and outcomes noted. At any time, when an issue is raised, targeted support and contact is offered.</p> <p>ICON – 96.1% is recorded at primary visit (10-14 days).</p>

³ I – Infant Crying is normal. C- Comforting methods can help. O- its ok to walk away. N – never, ever shake a baby

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>A CSC pre-birth team was created in September 2022 with key partnership links to further strengthen the timeliness and responses where unborn children are deemed to be at risk of significant harm</p> <p>What is the qualitative intelligence telling us</p> <p>A multi-agency audit of safeguarding under 1s. completed, focusing on decisions and actions taken at the point of referral and the following positive impacts were found:</p> <ul style="list-style-type: none"> • There were no cases where children were left unsafe • The actions from referrals made a difference • Appropriate and proportionate actions on referrals were made in all the cases audited • Good information sharing between agencies <p>Areas for improvement were:</p> <ul style="list-style-type: none"> • In half the cases the reason for referral was unclear • In nearly half of cases the vulnerability and history of involvement was not considered to inform decision making • For the vast majority, there was no engagement with the father but that could have occurred later on in the case which was not looked at as part of the audit • The referrals were not always accessible to the auditors <p>A more in-depth, multi-agency audit will be scheduled to give a wider understanding of the multi-agency working for this priority.</p> <p>SIRS (sharing information regarding safeguarding) is being embedded in Northumberland and having a positive impact with cases being identified due to safeguarding information being shared that was held by the fathers' GP. It was highlighted that there were 11 or 12 cases where safeguards have been put in place whereas before this process was implemented that would not have happened, showing that this early prevention model works.</p> <p>There have been positive evaluation findings in relation to a specific training package developed to address this priority (called Vulnerable Babies) which addresses potential safeguarding concerns from conception, including substance use in</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>pregnancy. Local procedures and referral routes are specifically referenced in the training which is co-facilitated by staff from NCC and CCG/ICB. Positive impact of this training on professional practice was seen with 83% of the 38 attendees scoring a maximum of five in response to the question about the impact of the training on professional practice, and 17% scored 4. Quotes from delegates included that they found the focus on the following areas really useful: ICON; the Myth of Invisible Men; information about the SIRS process; understanding local data – especially about substance use in pregnancy; and holistic consideration of all elements of vulnerability.</p>
<p>Impact of Domestic Violence on children (2018-2020) - including Child to Parent Violence and Abuse (CPVA) (2020-2023)</p>	<p>Assurance has been given to the partnership on quality of practice delivered in relation to CPVA.</p> <p>What are the data telling us</p> <p>As with neglect, the police data repeatedly tells us that domestic abuse is a significantly prevalent factor in our work with vulnerable children and young people. There was a 32% increase in the number of domestic abuse incidents between July 2021 and June 2022 and the corresponding period the previous year, accounting for a 33% increase in the number of victims. Triangulating this, there was a 25% increase in violence against the person incidents.</p> <p>Despite the increase in incidents, the proportion that were repeats was 1.2% fewer and there were fewer MARAC cases discussed. There was a less marked increase in the number of incidents involving children (7%) than the population as a whole, but an increase all the same, this period being the first in 3 years where there were no lockdown restrictions. The proportion of domestic abuse victims aged 16/17 remained similar to the previous year (1.9%). The proportion of domestic abuse incidents with children involved that ended in arrest reduced significantly (by 22%). Where cases were more advanced at the “sharp end”, there has been an increase in children entering care where domestic abuse was a factor: 28% compared to 24% in the previous period, and the real numbers in the last 2 quarters were relatively high (19 and 14, respectively).</p> <p>NHCFT: A decrease has been seen in domestic abuse in quarter 1 22/23 with less referrals to MARAC and this follows increases in the previous 3 quarters.</p> <p>The numbers of referrals made due to concerns regarding child to parent violence and abuse (CPVA) have slightly decreased in quarter 1 22/23. CPVA is fully embedded within training and supervision opportunities to promote identification and robust responses. There have also been small increases in both Criminal and Sexual Exploitation concerns.</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>Harrogate District FT: In terms of impact around Domestic Abuse women's voices are captured at an early stage, as 0-19 practitioners are asking the question, and using the risk of identification checklist. This enables us to be more confident that victims are being protected.</p> <p>Finally, the developing intelligence about our healthy relationships work showed that 80% of children experiencing parental conflict went on to have an early help assessment, a child in need or a child protection plan, demonstrating that the thresholds for intervention by this programme feel appropriate.</p> <p>What is the 'soft' intelligence telling us The qualitative information received included findings from the multi-agency audit of CPVA and the use of CCNs amongst GPs. A multi-agency CPVA audit was undertaken 18 months ago. This recent audit evidenced positive improvements across agencies regarding the identification of CPVA, the use of the CPVA risk identification checklist and CPVA pathway since then.</p> <p>The CPVA audit told us what worked well:</p> <ul style="list-style-type: none"> • A much broader understanding of CPVA • good identification and use of the checklist by all agencies • training is embedded • voice of the child is captured • improved use of the CPVA non-violent resistance offer • use of the CPVA pathway has improved • evidence of discussion between adult and children's social care <p>What needs to improve;</p> <ul style="list-style-type: none"> • Ensure GP records and coding updated to reference CPVA • Ensure information re CPVA shared with school/education provider • Understanding of the role of males in the household for all agencies

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>Whilst we would like to see a decrease in prevalence, we are not at that point on “the curve” yet; we are more at the “identification” stage. We are seeing an increase in identification, and that is encouraging and demonstrates the impact of training and the tools/pathway provided.</p> <p>With regards the use of CCNs amongst GPs, the ICB audit found that most GP responders report that CCNs were discussed at safeguarding meetings and multidisciplinary team meetings which was good awareness raising for GPs. It was felt that this reflected positively on the large amount of training of GPs around domestic abuse and CPVA.</p> <p>Maternity services are now asking about domestic abuse at every contact which did not happen previously. In terms of impact around Domestic Abuse per se, patients are being seen in a timelier way and their voices captured at an early stage, staff are using the risk of identification checklist and in general, being upskilled. The impact is we can be more confident victims are being protected.</p>
<p>Harmful Sexual Behaviour (HSB)</p> <p>Whilst this was not originally identified as a priority, emerging evidence of significant risk required further analysis by the partnership</p>	<p>Processes</p> <p>Northumbria Police’s Prevention Through Education Team have undertaken a campaign raising awareness about the sharing of self-generated indecent images among children. During the summer term, the team visited 15 Northumberland schools to deliver this topic to 1206 pupils. These included 7 middle schools, 3 high schools, 4 SEN schools and 1 PRU, with most children who received the input being in year 8. Five of these sessions included a contribution from a member of our Paedophile Online Investigation Team (POLIT) giving an insight into what can happen to these indecent images once they are shared digitally. Feedback from schools was that the inputs were timely, shocking, well-pitched and exactly what the students needed to make them realise the consequences of sharing indecent images.</p> <p>What are the data telling us</p> <p>A multi-agency audit was undertaken to establish Northumberland’s baseline position using the HSB self-assessment tool developed by the NSPCC (in partnership with ‘research in practice’ and Durham University). The findings revealed a mixed picture with largely effective multi-agency assessment and responses to children and young people displaying HSB, with gaps in the availability intervention/prevention programmes and in some areas of workforce development.</p> <p>A deep dive casefile audit was subsequently completed by a range of service representatives including: Front Door/Assessment Team (children’s social care), Northumberland Adolescent Service (children’s social care), Youth Justice Service, Education,</p>

Priorities 2020-2023	What We Are Doing and Its Impact
	<p>Northumbria Police, CYPS, Early Help and CQC. Findings show that cases entering the criminal justice system receive a more holistic assessment and have more consistent access to support services like CYPS, AIM assessments are not used consistently in cases where charges are not brought, there are gaps in preventative programmes across the region and there is a lack of professional curiosity in navigating conversations of HSB</p> <p>Strengths</p> <ul style="list-style-type: none"> • Professionals write about children in a child first way, considering the child's needs and not focussing on the offence in isolation. • Arrests for offences were timely and good use of 'Operation Harbinger' was found – an initiative to reduce time spent in custody and ensure staff are appraised of wider mental health, speech and language, learning needs which would impact time spent in cells and ability to engage in interview etc. • CCNs were timely and identified risk to the victim as well as siblings. Aggravating factors noted by Police allowed triage to understand and address wider support needs like alcohol use. • Chronologies are well used but did not always consider early help information. • Prevention work with schools is a theme in the audits – this is identified only on an increase in CCNs for specific schools. • When cases enter the youth justice service, they consistently have AIM assessments – these are holistic and identify robust risk management strategies. • Young people have been supported to remain in or return to school with multi-agency plans and support. <p>Limitations</p> <ul style="list-style-type: none"> • RUI (Released Under Investigation) is misused and means children are left in a state of limbo for too long, with limited safeguarding around them. Bail Conditions would allow safeguarding to be addressed and would provide reassurance for victims. This would also trigger regular reviews from Police. • Professionals make judgments based on limited information and without assessment or understanding of wider risk/influence i.e. 'out of character'.

Priorities 2020-2023	What We Are Doing and Its Impact
	<ul style="list-style-type: none"> • There is a theme around lack of professional curiosity with this subject. Specifically, that we do not consider wider environmental factors or take time to understand the ‘why’ behind behaviours. Several audits identified that professionals either do not speak to the child about the HSB or there is a significant delay in doing this (2 months). This causes hypothesis to be formed on incomplete information. In some cases, there is a reliance on parents to share their understanding of why children have displayed HSB. • Issues navigating contact records has been identified as a potential risk of ‘missing’ information for those unfamiliar with EHM/ICS. Contact records are described as ‘disjointed’ in nature and ‘difficult to follow’. • Additional needs (diagnosed mental health or learning disabilities) were identified but not routinely shared. This was not the case for cases in the criminal justice service. <p>Recommendations</p> <ul style="list-style-type: none"> • Police to consider comms regarding the use of Bail Conditions in cases where this would provide additionality. • Information sharing between social care and health services to be reviewed for cases HSB. A multi-agency pathway would support this. • There is a need for intervention programmes/services to work with this cohort prior to a charge decision. This is a regional gap since NSPCC provision moved out of Newcastle. • AIM pathways and policy information needs to be delivered to social care team managers. AIM3 assessments should be used consistently and not just in cases with CJS involvement. This will support more holistic assessment of HSB generally. Each locality has an AIM3 trained social worker to support this process. • Staff should receive training in HSB to enable them to feel confident navigating difficult conversations with children who display these behaviours. <p>The Criminal & Sexual Exploitation Sub-Group are leading on this area of work for the partnership</p>

3.2 Performance Priority Dashboard

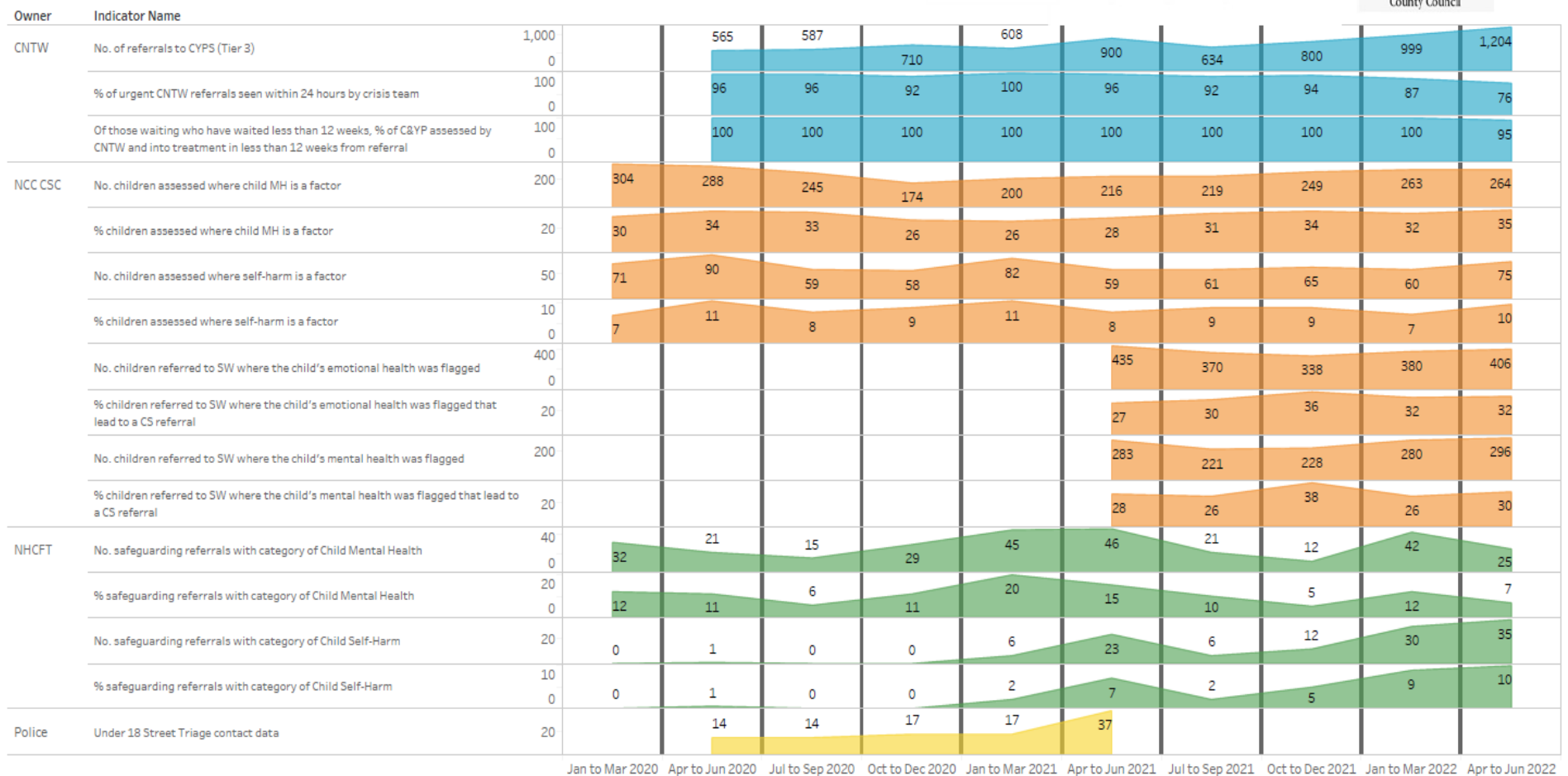
Performance data, both qualitative and quantitative, measuring progress against the NSSP's priorities, has been set out and analysed in Section 3.1 within each of the priority areas. The dashboard below presents a summary of these data.

NSSP Priority dashboard - End of June 2022



Priority 1: Mental health, self-harm and suicide (includes social media and bullying)

Data from: CCG - CNTW - NCC Ed - NCC CS - NCC EH - NHCFT - Police



Owner	Indicator Name							Quarter	County Council				
NCC CSC	No. children referred to CS where Neglect is a factor	0							367	410	383	402	394
	% children referred to CS where Neglect is a factor	0							16	22	19	18	17
	No. children referred to CS where Educational Neglect is a factor	0							16	20	33	34	47
	% children referred to CS where Educational Neglect is a factor	0							1	1	2	2	2
	No. children referred to CS where Emotional Neglect is a factor	0							136	140	135	135	116
	% children referred to CS where Emotional Neglect is a factor	5							6	7	7	6	5
	No. children referred to CS where Medical Neglect is a factor	50							52	28	52	61	37
	% children referred to CS where Medical Neglect is a factor	0							2	1	3	3	2
	No. children referred to CS where Nutritional Neglect is a factor	0							28	27	38	40	32
	% children referred to CS where Nutritional Neglect is a factor	0							1	1	2	2	1
	No. children referred to CS where Physical Neglect is a factor	0							121	191	198	188	160
	% children referred to CS where Physical Neglect is a factor	0							5	10	10	8	7
	No. CP plans total	0	455	411	399	365	369	342	368	381	403	388	
	% CP plans labelled as Neglect	50	77	75	75	76	75	77	81	87	80	82	
	No. of CPPs starting and categorised as neglect	100	150	101	90	80	104	115	101	127	91	116	
% CPPs starting within 2 yrs of previous plan - both neglect	10	15	5	12	10	8	5	16	10	4	9		
No. children entering care	0	49	44	46	41	44	32	33	57	57	43		
% children entering care where Neglect was a factor	50	55	80	67	51	73	72	70	60	67	63		
NCC EH	% of EH cases subsequently stepped up to SW where neglect is a reason	0						0		2	5	3	
NHCFT	No. safeguarding referrals with category of Child Neglect	50	52	32	35	40	41	79	51	51	92	65	
	% safeguarding referrals with category of Child Neglect	0	19	17	14	15	18	25	24	24	28	20	
Police	Child Concern - notifications	OK		3,354	3,910	3,638	3,720	4,292	3,566	3,931	4,376	4,487	
	Child concerns - % of repeat notifications	0		39	38	37	38	35	35	35	35	35	
	Neglect – offences against children	0		7	8	8	14	16	12	24	12	14	
Jan to Mar 2020 Apr to Jun 2020 Jul to Sep 2020 Oct to Dec 2020 Jan to Mar 2021 Apr to Jun 2021 Jul to Sep 2021 Oct to Dec 2021 Jan to Mar 2022 Apr to Jun 2022													

NSSP Priority dashboard - End of June 2022



Northumbria Healthcare
NHS Foundation Trust



Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust



North East and
North Cumbria

Northumberland
Strategic Safeguarding Partnership

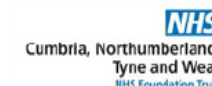


Priority 3 Safeguarding children under 1 year old (includes unborn babies)

Data from: CCG - CNTW - NCC Ed - NCC CS - NCC EH - NHCFT - Police

Owner	Indicator Name	Quarte									
NCC CSC	No. referrals for babies	102.0	80.0	72.0	93.0	87.0	90.0	76.0	72.0	86.0	52.0
	% of referrals that were for babies	12.0	12.4	14.4	12.2	12.7	12.7	13.8	9.7	11.6	7.0
	No. strategy discussions for babies	69.0	44.0	40.0	48.0	37.0	48.0	47.0	47.0	49.0	48.0
	% strategy discussions where a baby is the subject	12.3	11.1	11.8	13.3	10.6	12.8	13.8	12.9	12.9	13.6
	No. S47s where babies are the subject	50.0	46.0	33.0	39.0	37.0	36.0	42.0	39.0	41.0	24.0
	% S47s where a baby is the subject	12.6	15.7	13.1	18.2	14.7	13.8	18.3	13.4	14.2	8.6
	Of the S47s counted above, no. babies subject to ICPC	37.0	33.0	24.0	28.0	31.0	30.0	30.0	29.0	27.0	15.0
	% of ICPCs where a baby is the subject	16.0	23.4	20.2	23.9	20.8	23.8	21.3	18.7	19.1	8.4
	No. babies starting CP plans	31.0	32.0	20.0	27.0	36.0	29.0	25.0	23.0	29.0	15.0
	% of CP plans starting where the child is a baby	15.6	23.9	17.7	24.5	28.6	22.5	19.5	15.1	21.5	11.6
	No. of CP re-plans within 18 months of the previous CP plan end date	4.0	0.0	3.0	1.0	0.0	3.0	2.0	1.0	2.0	0.0
	% CP re-plans within 18 months of the previous CP plan end date	12.9	0.0	15.0	3.7	0.0	10.3	8.0	4.3	6.9	0.0
	No. of CP re-plans where 2nd plan was before child's first birthday	0.0	0.0	2.0	1.0	0.0	0.0	1.0	1.0	0.0	0.0
	% of CP re-plans where 2nd plan was before child's first birthday	0.0	0.0	10.0	3.7	0.0	0.0	4.0	4.3	0.0	0.0
	No. CP plans for babies	43.0	44.0	40.0	41.0	47.0	43.0	44.0	52.0	57.0	62.0
	% of children subject to CP plans that are babies	9.5	10.7	10.0	11.2	12.7	12.6	12.0	13.6	14.1	16.0
	No. of CP plans ending (where child was unborn when CP plan started)	15.0	28.0	22.0	13.0	15.0	24.0	20.0	26.0	14.0	16.0
	% of above that ended within 0 to 3 months	53.3	32.1	31.8	23.1	26.7	33.3	30.0	30.8	14.3	25.0
	% of above that ended within 3 to 6 months	20.0	21.4	22.7	15.4	13.3	16.7	10.0	15.4	21.4	18.8
	% of above that ended within 6 to 12 months	13.3	32.1	18.2	53.8	60.0	33.3	50.0	46.2	42.9	50.0
	% of above that ended within 12 months+	13.3	14.3	27.3	7.7	0.0	16.7	10.0	7.7	21.4	6.3
	No. babies entering care	11.0	8.0	9.0	6.0	11.0	8.0	10.0	17.0	17.0	13.0
	% of children entering care that are babies	22.4	18.2	19.6	14.6	25.0	25.0	30.3	29.8	29.8	30.2
	No. of babies in care	27.0	27.0	27.0	26.0	20.0	20.0	21.0	31.0	29.0	27.0
	% of children in care that are babies	6.2	6.1	6.1	5.9	4.6	4.6	5.2	8.0	6.8	6.3
NCC EH	% of people attending brilliant babies subsequently referred to SW in 1y					0.0	1.0	2.0	1.0	1.0	3.0
?	No. SINs due to co-sleeping				0.0	0.0	0.0	0.0	0.0	0.0	
		Jan to Mar 2020	Apr to Jun 2020	Jul to Sep 2020	Oct to Dec 2020	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021	Jan to Mar 2022	Apr to Jun 2022

NSSP Priority dashboard - End of June 2022



Priority 4 Impact of domestic abuse (DA) on children and child to parent violent abuse (CPVA)

Data from: CCG - CNTW - NCC Ed - NCC CS - NCC EH - NHCFT - Police

Owner	Indicator Name	Qu	Jan to Mar 2020	Apr to Jun 2020	Jul to Sep 2020	Oct to Dec 2020	Jan to Mar 2021	Apr to Jun 2021	Jul to Sep 2021	Oct to Dec 2021	Jan to Mar 2022	Apr to Jun 2022
NCC CSC	No. children referred to CSW	OK	2,345	2,138	2,272	2,229	2,171	2,321	1,885	1,984	2,234	2,381
	No. children referred to CSW where DA is a factor	500	505	564	657	609	586	515	449	396	362	463
	% children referred to CSW where DA is a factor	20	22	26	29	27	27	22	24	20	16	19
	% of children referred with DA as a factor that go on to CS referral stage	0	44	35	23	37	28	35	40	46	27	29
	No. children referred to CSW where CPVA is a factor	50						28	26	33	74	82
	% children referred to CSW where CPVA is a factor	2						1	1	2	3	3
	No. of cases open to SW where DA is a factor	0						538	473	411	373	318
	% of SW cases where DA is a factor	0						24	22	18	16	15
	No. of SW cases working with CPVA team	0						38	49	36	26	30
	% of SW cases where CPVA is a factor	0						2	2	2	1	1
	No. children entering care	0	49	44	46	41	44	32	33	57	57	43
	% children entering care where DA was a factor	20	24	14	20	22	36	22	18	28	33	33
	No. CLA entering care where DA was a factor	10	12	6	9	9	16	7	6	16	19	14
	% schools reporting Op Encompass had a +ve impact on understanding of DA	0							26			
NCC Ed	% schools reporting Op Encompass had a +ve impact on understanding of DA	0							26			
NHCFT	No. MARAC referrals completed	0	18	21	19	17	15	15	12	20	22	15
	% MARAC refs increase / decrease compared to prev Q	0	-11	3	-2	-2	-2	0	-3	8	2	-7
Police	No. DA Incidents	OK	1,208	1,738	1,242	1,200	1,055	1,813	1,784	1,567	1,703	1,943
	No. DA Victims	1K	895	1,261	907	898	782	1,389	1,375	1,207	1,284	1,432
	% DA Victims age 16/17	0	1	1	2	2	2	2	2	2	2	2
	% of repeat DA incidents	0	26	27	27	25	26	23	23	23	25	26
	Domestic Incidents involving Children	500	570	695	830	527	538	824	753	662	724	769
	% Domestic incidents involving children	50	47	40	67	44	51	45	42	42	43	40
	Arrests associated with domestic violence incidents with child involved	0	242	150	140	254	224	198	149	145	172	174
	% Domestic incidents with children involved that end in arrest	0	42	22	17	48	42	24	20	22	24	23
	No. MARAC Cases discussed	0	91	125	134	114	115	116	117	117	109	113
	No. repeat cases	0		34	42	31	45	30	28	27	23	41
	% of repeat MARAC cases discussed	0		27	31	27	39	26	24	23	21	36

Jan to Mar 2020 Apr to Jun 2020 Jul to Sep 2020 Oct to Dec 2020 Jan to Mar 2021 Apr to Jun 2021 Jul to Sep 2021 Oct to Dec 2021 Jan to Mar 2022 Apr to Jun 2022

3.3 An Early Help Case Study

The following case study provides a qualitative illustration of joined-up and prompt multi-agency action resulting in positive outcomes for the child and family. Concerns included neglect, domestic abuse and parental substance abuse/mental health issues.

Background:

- Child started 2-year-old early education provision in June 2022.
- Health Visitor shared concerns with Senior Early Years Worker regarding home conditions and mothers' wellbeing. Senior Early Years Worker shared concerns around mothers' mental health with Early Help colleagues.
- Discussion between Early Help team and health visitor led to a referral to Children's Services.
- Child Protection conference held and case opened – neglect and domestic abuse
- Initial core group meeting – info shared: mum testing positive for drugs, child attending 2-year-old provision up to summer holiday period and has attended one holiday drop-in session with no concerns noted, social worker is still working with families' targets and mother providing regular samples to the health visitor.
- Outcome: mother to join in summer holiday provision at Children's Centre. Health visitor arranging with GP for more suitable mental health provision for mum. Mum signposted for drug abuse support. Father not to have unsupervised contact.

What we are worried about	What is working well	What needs to happen
<ul style="list-style-type: none">• Poor parental mental health, living conditions, past and current substance misuse & domestic violence in the home, overall impacting on the child's holistic development, learning and wellbeing	<ul style="list-style-type: none">• Mother shared her mental health history with Senior Early Years Worker when bringing child to provision on 2nd day.• Mother engaging with relevant professionals and attending Children's Centre for parenting support, and the learning and development opportunities for her child.• Parent attending appointments with GP, referred to mental health services.• Parent accessing support from the family network to improve home conditions.• Relevant & timely information sharing with other professionals	<ul style="list-style-type: none">• Mother to continue attending services for support.• Consistency with relevant information sharing between professionals.• Mother to have regular negative drug test results.• Improved home conditions to be maintained.

4. Dealing with Risk & Learning from Safeguarding Practice

This section explains how learning and improvements are embedded to make progress on achieving better outcomes for children and young people.

4.1. What have we learnt from Child Safeguarding Practice Reviews?

The Safeguarding Practice Review Group (SPRG) collates the findings from local children's safeguarding practice reviews (LCSPRs), evaluates the learning/findings, and provides further audit and scrutiny to gain a broader view of the findings on behalf of NCASP.

There have been 3 rapid reviews this year, one of which took place out of area, and no LCSPRs initiated during this reporting period. Ongoing work and actions have continued in relation to previous reviews. There has been one joint child/adult learning review completed, and one child learning review undertaken in the previous reporting period which was finalised this year. One LCSPR from the previous year is complete and will shortly be published.

Priority 1. Children and young people's mental health, including self-harm and suicide. There have been 2 rapid reviews undertaken relating to suspected child suicide however neither met the criteria for a formal LCSPR, one of these involved a child placed out of the area. The SPRG has overseen and completed a learning review related to a suspected child suicide. The learning from this review has been shared and included in single and multi-agency training, including a carousel event. A draft action plan and 7-minute guide

has also been prepared. The self-harm pathway has been reviewed and updated to consider the learning from this and other recent reviews. There is an ongoing action to consider information sharing regarding self-harm between health and education services. A joint adult and child learning review has been completed during this reporting year, where the key themes included transitional safeguarding and the impact of trauma. There is ongoing work to ensure these approaches are embedded across services. In addition, the Northumberland Emotional Wellbeing Service (NEWS) is now in place and fully operational, working with families and carers.

Priority 2. Neglect. The SPRG undertook a learning review during this year where neglect featured and the action plan is currently being monitored. The findings from this and previous learning directly informed a well-attended, multi-agency Neglect Summit in May 2022.

Priority 3. Safeguarding children under 1 year old - including non-accidental head injuries and co-sleeping. In response to a learning review competed in the previous year for a small baby with serious, life-threatening head injuries, the action plan has been reviewed and assurance sought from agencies. ICON, a prevention programme to raise the awareness and reduce the incidence of abusive head trauma (AHT), has been rolled out across Northumberland in Sept 2021. There is ongoing work with the immobile baby policy to include in training across agencies. The immobile baby policy has been included in the carousel event and the multi-agency vulnerable baby training. Work is underway to develop an information leaflet for parents regarding the process when an immobile baby has a bruise, which is recognised as a very emotive and stressful experience for parents and professionals.

A SPR was initiated in the previous year with regards to a baby who sustained multiple fractures. The review concluded this year however publication is on hold due to ongoing police investigations. Nevertheless, a 7-minute guide and an action plan has been produced.

Priority 4. Impact of domestic abuse on children including Child to Parent Violence and Abuse (CPVA). A Domestic Homicide Review (DHR) undertaken this year was asked to consider any learning relating to a child, which will be included as an appendix report and was presented to NCASP.

In response to learning from previous joint learning reviews, there has been ongoing work and training to raise awareness of CPVA and promote the pathway.

5. Quality of Practice and Partners Assurances; how effectively are children and young people being safeguarded in Northumberland?

Scrutiny from external inspectorates provides independent monitoring and reviewing of how well safeguarding is being carried out in Northumberland. The pandemic delayed these processes last year however inspections have more recently been reinstated.

Northumberland's safeguarding partners and relevant agencies have continued to provide assurance to NCASP and sought assurance from their commissioned services.

5.1 The Integrated Care Board (ICB)⁴

As one of the statutory safeguarding partners the ICB must gain assurance from all their commissioned services, NHS and independent healthcare providers, throughout the year to ensure quality and continuous improvement.

Assurance consists of assurance visits, Section 11 audits which will be carried out in the next reporting year, and attendance at provider safeguarding committees and quarterly monitoring provided through the safeguarding children and adult performance dashboards.

The ICB is also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. The ICB safeguarding team has extended the attendance at multi-agency meetings to provide information on behalf of GP Practices as agreed through the information sharing agreement including MAPPA (Multi-Agency Public Protection Arrangements), MSET, and MARAC (Multi-Agency Risk Assessment Conference). Through this process, and information sharing agreements which have been reviewed and updated over the last year, access has been granted by most GP practices in Northumberland which allows the team to retrieve relevant information, add appropriate coding and provide reports for the meetings on behalf of GPs and then feedback after meetings.

Furthermore, assurance has been sought from GP practices by the Named Nurse Primary Care (NNPC) who aims to attend each practice at least once annually. This offers the opportunity to support, share

⁴ The Clinical Commissioning group until July 2022

learning, seek assurance, and identify any areas for development. Additionally, this provides an opportunity to develop good rapport with GPs and Primary Care staff. To achieve this the most appropriate setting is to attend the supporting families multi-disciplinary meeting where vulnerable people are discussed. To date the NNPC has attended 36 practices 'supporting families' meetings either face to face or via teams. Attendance at these meetings allow the NNPC to share learning from Case Reviews and CQC inspections, to discuss any training needs or training opportunities for Primary Care staff in addition to supporting and advising on safeguarding concerns.

5.2 Northumbria Police

MASH demand was closely monitored to measure the impact of COVID on child concern (CCN) notifications and allow flex and response accordingly, with a continued physical presence with MASH police staff, officers and support staff, located in and working from the MASH.

5.2.1 Priority 1. Children and young people's mental health including self-harm and suicide.

Northumbria Police have continued to provide a Street Triage Service investing in training front line offices, this commitment is open to Children across Northumberland. The CNTW nurses and police officers who work on the service deploy to incidents of children in MH crisis and have continued to provide a face-to-face service throughout the COVID pandemic and beyond.

In the last 12 months our Street Triage officers have undertaken training in ACE's, learning disabilities and child exploitation to ensure they have a more holistic understanding of children's presenting

behaviours. The Street Triage service also ensure they are sighted on the impact of parental mental ill health on children and young people's mental health and make safeguarding referrals for children impacted by a parent or carers mental health crisis, utilising a think family approach.

Kooth is promoted within Northern area command for front line officers in Response Policing and Neighbourhood Teams to use as a signposting tool for young people with mental health concerns.

The role of our Criminal Justice Liaison and Diversion Nurses in Custody who can support children who are suspected of an offence with their mental health is fully embedded. The importance of seeing an incident through the eyes of a child and hearing the voice of the child to understand their lived experience to ensure that our officers focus on Mental Health triage and interventions for Children rather than taking a Criminal Justice approach wherever possible.

Struggling children whose poor mental health has pushed them towards self-harm and substance abuse have been provided support by Northumbria Police, through early intervention and education.

5.2.2 Priority 2. Neglect

Northumbria Police are committed to reducing instances of child neglect. All reports are subject to daily oversight from the Detective Inspector within dedicated Child Abuse Teams. There is a drive to work with our partners throughout the force to establish the root cause of the issues and provide help and support to prevent any reoccurrence. Vulnerability training has been initiated for officers' force wide, helping them identify where neglect is a factor. Raising awareness that this is a form of child abuse that can have serious and long-lasting impacts on a child's life - it can cause serious harm and

even death. Awareness that neglect can happen at any age, sometimes even before a child is born. If a mother has mental health problems or misuses substances during pregnancy, for example, she may neglect her own health, and this can damage a baby's development in the womb.

When a prosecution is justified these are driven by supervisory oversight to make the process as quick as possible to limit the impact to victims throughout. All investigations are conducted by specialist investigators within Child abuse teams who are trained in interviewing children.

5.2.3 Priority 3. Safeguarding children under 1year old – including non-accidental head injuries and co-sleeping

All reports of this nature are daily brought to the attention of specialist child abuse teams and scrutinised and reviewed at Detective Inspector level. Staff attend and share information at all levels of multi-agency meetings to ensure accurate interventions and safety plans are in place.

Detective Inspectors attend all rapid review meeting for serious injury and SUDI and continues with the child death review panel and joint learning review processes.

Lessons learned are disseminated and staff attend formal delivery sessions as part of their CPD for the SCADIP (Specialist Child Abuse Investigators Development Programme) accreditation.

All reports of this nature are investigated by Child Abuse specialist detectives who have a SCADIP qualification from the College of Policing.

5.2.4 Priority 4. Impact of Domestic Violence on Children and CPVA

From September 2021 to August 11.8.2022 there were 42 incidents of CPVA in the Northumberland area including harmful acts/

behaviours or patterns of coercive control. The force recognises that children displaying these types of behaviour may well be subject to factors including learning disabilities, autism, ADHD, substance abuse, and ACEs (adverse childhood experiences) and therefore consider the child's developmental age as well as their age. The force continues to promote the "Through the Eyes of a child" campaign as part of their frontline response to domestic abuse incidents.

5.2.5 Criminal Exploitation

Northumbria Police have developed a vulnerability assessment tracker (VAT) within the Multi-Agency Exploitation Hub. While in its early stages of development the performance data is at this time primarily Police centric, the aim is to host relevant multi agency data which will be a big step forward in supporting safety plans. Work has progressed on Information Sharing Agreements (ISA) with the future aim for all hub partners to drive a more connected intelligence picture to allow for effective extra-familial safeguarding. Also, developed is an internal threat reduction group meeting at a senior management level which is linked to the Force tasking and coordination process driving the 4P policing activities (Prevent, Protect, Prepare & Pursue) in response to exploitation. This is supplemented with analytical support desk within the Force Intelligence Department dedicated to Modern Slavery, Human Trafficking as well as Child Sexual Exploitation and County Lines identifying any current or emerging trends and hotspots.

A weekly meeting between all partners to discuss individuals raised as being at potential risk or at current risk of exploitation takes place. There are no geographic boundaries, allowing a whole system approach to ensure bespoke safety plans are put in place.

5.3. Local Authority

5.3.1 Children's Social Care (CSC)

Effective performance management and quality assurance processes underpin continuous improvement and ongoing development as a learning organisation. The focus and depth of our quality of practice is driven in the work of QPAG where all quality of practice findings are presented, improving how learning from quality of practice work reaches front line staff in a meaningful and embedded way by enhancing the communication flow from QPAG to CSMs to Team Managers to Practitioners.

Overall, there has been evidence of continuing improvement in the quality of practice seen in all activities. We have worked on achieving more consistency in application of standards and this has been evidenced, improvement has been noted and practice is more consistent across all areas of children's social care in Northumberland. The consistency of recording has also improved but requires ongoing focus to ensure all good practice and impact is evidenced. . The increased quality of practice activity in this period and the dedication and commitment of workforce members to ensure good outcomes for children and young people threads through the practice.

Further to the practice areas and impact noted in the previous section on the priorities, the following findings from our quality of practice work relevant for the partnership are summarised below:

The Signs of Safety model has been firmly embedded in the practice at the front door and across the safeguarding teams. The use of

clear, jargon-free language, networks, danger statements and safety plans, and direct work with young people are consistently evident. Staff report increased confidence in the use of the model and can see the benefits in their relationships with families and outcomes for children.

While the overall numbers of children subject to a child protection plan has increased over the year from 359 to 389, our quality of practice work has evidenced that the decision making, and application of thresholds is appropriate. Child protection conferences are consistently held in a timely way

There is good application of thresholds and children are receiving the right service at the right time. Referrals are well received into the Front Door and triage is thorough and analytical in the application of thresholds for intervention. Effective decision-making at the Front Door has led to re-referrals reducing further, from 20% in 2020/21 to 16% in 2021/22, far lower than the national average of 23%.

Cases that require immediate actions are escalated appropriately and the relevant cases are proceeding to MASH where a multi-agency approach determines the next steps.

EDT actions are considered as proportionate and recording of these actions is thorough and appropriate. Where necessary, rapid safety plans are put in place and a handover process is in place to ensure day services are aware of any necessary tasks that might be required.

Section 47 enquiries are initiated at appropriate junctures across the service and measures are put in place to safeguard the child(ren). This is strengthened by oversight from the Service Manager,

however the recording of information and analysis in Section 47s is variable and further work is required in this area.

Through ongoing scrutiny of our thresholds, we are reassured that we are applying them appropriately and not intervening unnecessarily: our rate of S47s going to ICPC is between 50% and 60% (consistently higher than the national average of 37%).

Strong child-centred practice is evident across all areas of social care and the majority of assessments and plans are robust, ensuring children's needs are understood. Use of child protection/looked after and child in need procedures are well embedded within the teams and effective use of conferencing/reviews and relevant meetings strengthens the overall ethos to keep children safe and improve their lives.

Parents and wider family members and networks are engaged well and there is regular and effective multi agency working. Plans are variable, however are improved with the Signs of Safety form used now. Identification of family networks is improving, and they are being engaged and are creating safety for the child

Good step-up arrangements from early help to social work are in place and quality of practice activity evidence that this is executed well and with the child at the focus, joint visits are arranged, and the situation explained to parents about the shift in level of involvement needed.

Effective responses to and understanding of exploitation and extra familial harm are strong in Northumberland Adolescent Service (NAS), with constructive partnership work evident. Numbers of young people discussed in MSET have reduced in the last 12 months

and those that are re-presenting is extremely low (averaging just 7% in 2021). There was an increase in young people accepting their offer of a Return Home Interview with a 13% increase from 75% to 88% between October 2021 and May 2022.

Further to our internal quality of practice findings, two external inspections reported ongoing improvements;

Details from the SEND inspection in July 2021 can be found here; <https://files.ofsted.gov.uk/v1/file/50166604>

Details from a focused visit in July 2022: Planning for and achieving permanence can be found here; <https://files.ofsted.gov.uk/v1/file/50191898>.

5.3.2 Education

The Schools' Engagement sub-group continued to operate according to its Terms of Reference to improve the engagement of schools with the work of the partnership and improve safeguarding standards in schools and education settings.

The annual review of the S175 Safeguarding Standards Audit completion rate by schools has dipped this year (to 82% by July 2022), however development of an e-S175 is underway and will be launched with schools before the end of 2022, with better accessibility and significantly enhanced functionality.

Progress through the groups workplan was good and provided a framework to ensure that partnership priorities were understood and acted on appropriately in education settings. **Schools are prepared and resourced to take appropriate action in their own**

school communities to challenge sexual abuse, violence and harassment

The impact of delivery on this priority was positive, with evidence that more schools create the opportunity for children to speak out about sexual abuse, violence and harassment and have better information to either prevent or respond to incidents. Schools know which other appropriate agencies to involve when needed and the statutory RSHE curriculum addresses this theme effectively.

19 Northumberland schools were asked by Ofsted inspectors about what they are proactively doing to combat sexual abuse, violence and harassment in their community (even if there were no reported cases), including preventative measures, the curriculum (and RSHE curriculum) and responses to allegations. Complaints about schools via the Ofsted whistleblowing route were monitored and only one related to sexual violence and sexual harassment (linked to the school's PSHE curriculum) Safeguarding was recorded as 'effective' in the 19 Ofsted school inspection reports published by July 2022.

Through the sub-group, the Schools' Safeguarding Team co-ordinated schools' responses to the NSPCC audit commissioned by NCASP, of sexual harassment and violence in Northumberland settings. Contributing to the findings report for NCASP compiled by the task and finish group. Partners developed advice and guidance relating to sexual exploitation in schools that was included in every locality briefing for Designated Safeguarding Leads.

The Schools' Safeguarding Team now delivers multi-agency domestic abuse L1 course training.

Fulfil the extended duty of Virtual School Headteachers to promote the education of children with a social worker

From June 2021 Virtual School Headteachers have had a new duty to promote the education of children with a social worker. The requirement is not to provide a new service, but to deliver services in ways that strengthen the relationships between social workers and Designated Safeguarding Leads.

A priority, and key measure of success, is improved stability for children with a social worker in school, and improved school attendance. Northumberland's Virtual School delivered a webinar for the DfE to demonstrate good practice regarding the attendance of children with a social worker.

Actions to identify and support individual children not in school are delivered through the Children Missing Education (CME) process at a monthly multi-agency CME tracking panel.

Poor school attendance is recognised as a negative impact of Covid-19 and which affects the safeguarding of children. Following the cases of Arthur and Star, assurance was provided to NCASP regarding the safeguarding of children not in school during the pandemic and school closure periods.

Strategies to improve school attendance are on-going, and further improvements will be achieved as the new DfE School Attendance guidance is implemented. This includes the development of a Northumberland attendance strategy and specific focus on children with a social worker.

Recommendations from learning reviews have been fully implemented.

Implementation of lessons from learning reviews has promoted good practice and improved understanding of the vulnerability of children not in school. The recommendations were monitored through the sub-group workplan and schools' S175 Safeguarding Standards Audits.

The Fiona Review;

- 100% of schools and alternative providers have received updates on the recommendations from this review
- Recommendations from this review are included in all whole school training and monthly Designated Safeguarding Lead refresher training.

The Bobby Review;

- A Prevent item was included in every half termly issue of Safe to Learn, received by all schools and alternative education providers, including the Prevent Flowcharts and how to make a referral
- To ensure that senior leadership teams in schools are able to support students with SEND or safeguarding concerns, recommendations were shared regarding contingency planning for Designated Safeguarding Leads e.g. absent from work, change of role, new staff

- Measures for smooth handover and continuity planning for individual pupil cases was included in the S175 Schools' Safeguarding Standards Audit
- Exclusion processes and the use of alternative education were reviewed through the Exclusions Strategy Board and included in The Northumberland Strategic Inclusive Plan (a new promoting inclusion and preventing exclusion strategy)

The Aaron review;

- 100% of schools and alternative providers have received updates on the recommendations from this review
- Recommendations from this review are included in all whole school training and monthly Designated Safeguarding Lead refresher training
- The updated partnership Suicide and Self-Harm strategy and pathway was shared
- All schools have access to relevant training provided by the local authority and NCASP.

5.4 Cafcass⁵ Section 11 submission to safeguarding partners

The Cafcass Annual Report and Accounts 2020-21 were published on 28 October 2021 in accordance with the standards set out in the *Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act (2007: section 2.13)*.

The strategic risk profile saw some increase in risk which related to issues associated with the pandemic including pressure of rising

⁵ Children and Family Court Advisory and Support Service

demand and delays in concluding cases in court resulting in growing caseloads. Noteworthy risks around case management and safeguarding include not seeing children, either as a result of sickness or pandemic restrictions, which means that there is an inadequate understanding of the child's lived experience, wishes and feelings. Mitigation includes an operational action plan aiming to have 100% of records where a child is expected to be seen, in line with policies; the plan is monitored and then scrutinised. Organisational and strategic risk continues to be monitored through new reporting processes, including identification of emerging risks, and this is supported by regular assessment of environment risks. There were no noteworthy emerging strategic risks at the end of the financial year.

5.4.1 Quality assurance

In accordance with the newly published Cafcass inspection framework, Ofsted undertook a focused visit in April this year and despite the exceptional challenges of the pandemic Cafcass *'sustained and further improved our track record of placing children, their welfare and safety at the centre of our work.'* Internal quality assurance audits find close to 63% of the work to be good or better, with a further 30% meeting the required standards.

The same quality assurance framework remains in place from last year but also includes a focus on improving coaching, learning and family feedback aspects of quality assurance, as an important means of reflecting on practice and impact. During this year, changes include:

- A strengths-based audit focused on learning, to improve the impact we have on children.
- The incorporation of collaborative (alongside FCAs) audit and family feedback. This enables a more complete picture to be

formed of the quality and impact of the work for the child, which supports improved practice and learning about what is done well and what needs to change.

- The level of management oversight for staff not approved to self-file is retained by additional auditing between quarterly audits. For self-filing FCAs, this is now completed via 'dip sampling quality assurance'.
- The National Improvement Service undertakes moderation of audits on a regular basis and works with regional teams where there is a difference in judgement as well as overseeing learning and improvement actions.

A new performance and accountability framework is the mechanism through which Cafcass hold 's themselves to account as an organisation for the commitments made in the National Improvement Plan.

5.4.2 Feedback from children and families

In addition to the learning from internal audits, feedback is obtained from children and families directly to the family court adviser after meetings via surveys and in less direct ways, for example through mystery shopper work at call centres.

During the last year, an integral aspect of audits included routinely asking parents and children for their feedback. For example, we audited records for 200 families who had experienced domestic abuse and received feedback from 81 people. Many reported they felt listened to and their circumstances were understood by Cafcass for example, *"Thank you for putting my children's safety and wishes at the heart of your report and for your empathy and kindness"*. However, the need for more explanation of the decisions made in

assessments, more consideration of all professional opinions and the need to keep an open mind about children's and parents' experiences throughout the assessment process, provided some learning.

Feedback from children, cited that they need more help in advance of initial meetings so that they can prepare for and understand the purpose of engagement with them. In response to this point, introductory letters were revised and re-issued to enable children to plan what they would like to say and for Cafcass to explain clearly the purpose of the meeting – including asking for their feedback on

5.4 Northumbria Healthcare NHS Foundation Trust.

The Safeguarding Service hosted NHCFT's annual safeguarding conference in September 2021. The eighth annual conference was held virtually by over 200 staff and guest speakers included experts from Sexual and Criminal Exploitation, drug and alcohol, learning disability and The Lighthouse Boys who spoke about their lived experience of losing their mother and sister when their father murdered them both and the impact of domestic abuse in their early lives.

The trust continues to use a flagging electronic system for children who have a learning disability to ensure that when a child attends hospital, a code will be in their medical record so that staff can identify that they have a learning disability and ensure reasonable adjustments are put in place as required.

SIRS identifies partners who may pose a risk to the unborn/new-born is referenced as good practice by the National Panel in their thematic

how well they had felt supported. Children are also asked in the new letters, what is special about them and what they would like to be known about how this affects their experiences, wishes and feelings. A Family Forum has been created to work closely with families whose experiences of work with them should have been better. The two most important objectives in this work are to put right mistakes made and to learn from that practice so that anyone receiving help and support receives a quality experience equivalent to the best offered.

review of non-accidental injuries in under 1's. This process was established following a Serious Case Review.

From April 2021 the trust safeguarding service extended their service supporting staff and patients around safeguarding. There is a safeguarding practitioner on site at the Emergency Care Centre

(NSECH) covering all of the wards and A&E. This was a proactive approach taken due to the increased volume of patients and safeguarding concerns since the Covid-19 pandemic. A successful business case resulted in an additional 5 specialist safeguarding posts into the service which includes a specialist domestic abuse practitioner who is IDVA and ISVA qualified. The service takes a proactive role in safeguarding and includes full cross cover across children's, adult's and the acute learning disability liaison service.

The trusts joint safeguarding children and adult three-year strategy and action plan 2021-2024 has been signed off. In year it includes;

- Plans for early identification and prevention of cocaine use through audit, toxicology reports and campaigns.
- Reviewing and developing domestic abuse training, a physical presence of a DA practitioner on acute hospital sites, develop a pathway for victims of sexual violence that attend the trust. Will be achieved through training, audit, data analysis and DA champion networks feedback.
- Develop the workforce's understanding of 16/17 year old vulnerabilities around transition and appropriate actions to take with mental health, substance misuse and exploitation concerns. Will be achieved by identifying staff needs, and providing appropriate support.
- Implementation of ICON to reduce abusive head trauma in babies through training for all midwives.

5.5 Cumbria, Northumberland, Tyne and Wear (CNTW) Mental Health Trust

The service has now returned to face-to-face contacts, but has also retained new ways of working developed during lockdown. Including multi-disciplinary risk management meetings to ensure safe and appropriate intervention are in place to meet a child's needs.

A Universal Crisis Team (UCT) remains in place, Children and Young Person (CYP) pathway to a 24/7 provision and mobilised a 24 hour Enhanced PLT, providing a holistic approach to assessment for young people/adults up to age 25; with both CYP and Working Age Adult professionals jointly providing review.

Neglect and risks to vulnerable babies are dealt with in Level 2 and 3 training. Where concerns regarding neglect is identified, staff are

required to complete an incident report to obtain advice, support and supervision as needed.

Following learning from 'Daniel', and other local case reviews the Keeping Children Safe Assessment is under review.

Staff have attended specific Child to Parent Violence and Abuse training, including awareness of reporting processes.

5.6 Northumberland Domestic Abuse Local Partnership Board (DALPB)

Partnership arrangements for domestic abuse (DA) have been established in its new strategic Domestic Abuse Partnership Board.

The Board is responsible for supporting Northumberland County Council in meeting its duties under the new DA Act 2021 and ensuring victims of domestic abuse have access to adequate and appropriate support to improve outcomes for victim/survivors, including their children, through a strategic approach to identifying and addressing gaps in support. Following a refresh of the DA needs assessment the DA Board published its Domestic Abuse Strategy 2021-2024 informing the recommissioning of domestic abuse services from 1st April 2022 to ensure support is available when needed for victims, survivors, their children and those causing harm who are acknowledging the need to change their behaviour.

Northumberland Integrated Domestic Abuse Support Services: DASSN (Domestic Abuse Support Service Northumberland) provided by Harbour– refuge, dispersed properties, sanctuary scheme, IDVA service, outreach, assertive outreach, groups & service user forum. Full time IDVA based in MASH.

Counselling, Therapeutic & Outreach Service for Children and Young People provided by Acorns – counselling, play therapy, outreach support & service user forum.

Changing Behaviour Service provided by Harbour– 1:1 & groups, based in MASH. Partner safety work.

6. Focus on the Child's Experience of Services and Embedding it in Practice

6.1 Young People's Views and Opinions About the Services they Receive

There is still more work to do for NCASP to understand the lived experiences of children and young people. The following material has limitations generally in that the analysis largely stems from those young people open to Northumberland Adolescent Services (NAS), equating to 95% of all responses, with 4% coming from Early Help Teams and 1% coming from ESLAC. Since August 2021 there was a total of 69 responses of which 89% were directly completed by young people. Nevertheless, hearing the voices of this particular cohort of young people is crucial for a safeguarding partnership.

The lived experiences of children and young people more broadly in Northumberland is reported on page 12 from data sourced by the **2021 Health & Behaviour-Related Questionnaire** in the priorities section.

Domestic Abuse in Rural Areas provided by NDAS – 1:1, group work and awareness raising in the North & West

Adult Counselling provided by Cygnus Support – counselling for male and female victims of DA.

A DA Summit has been arranged for the 6th October 2022 to support the DA Board in reviewing the DA Strategy and action plan priorities.

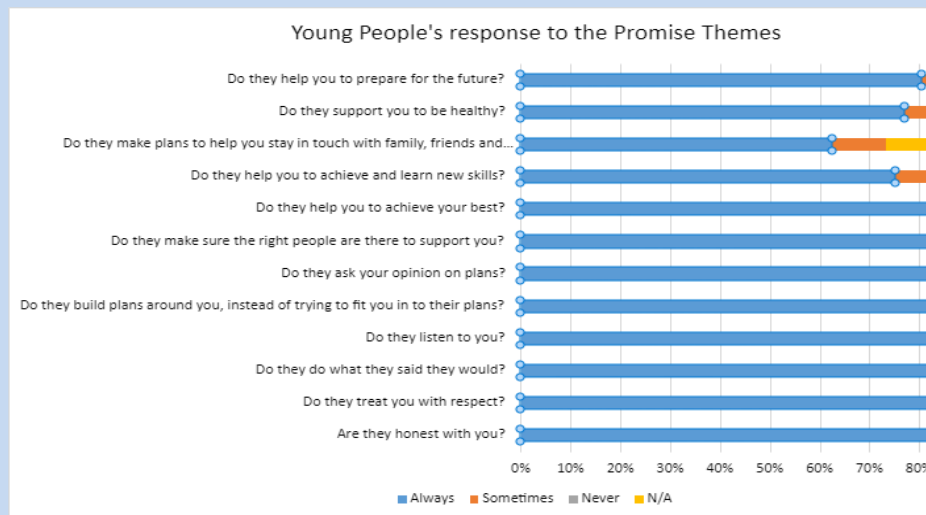
The Children and Young Peoples Plan, Priority 1, states - Children and Young People know that their voice will influence decisions that affect them.

A Young People's Feedback survey was developed collaboratively at the beginning of 2021 to provide a picture of the views of young people about the services they received over the year.

6.1.1 What we are doing well

Respondents rated the overall service they received out of five, with one being "Poor" and five being "Brilliant". Over the 12-month period the average score was 4.36 out of 5. This highlights that most young people are happy with the service they are receiving.

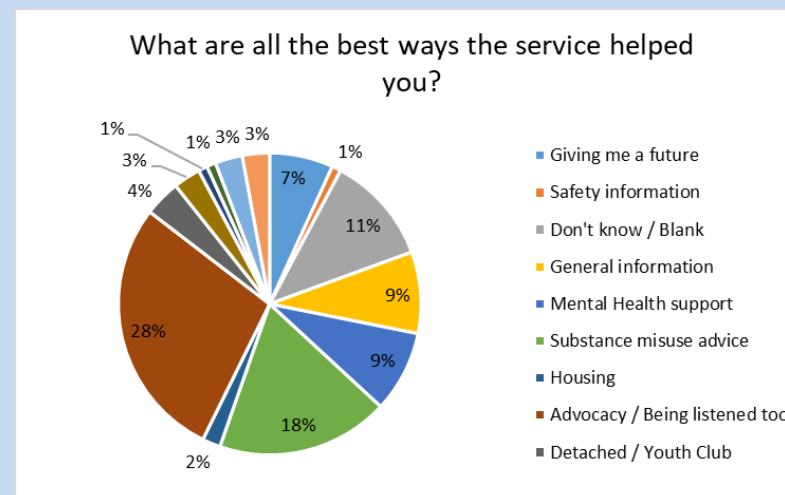
Figure 1. Details of the young people's responses to questions about The Promise which was created for children and young people in care but has relevance to all young people involved with Northumberland's Children's Services.



Analysis of responses demonstrate a generally positive picture on the themes of The Promise;

- 95% of young people say they are always listened too
- 99% say they are always treated with respect
- 96% say their workers are always honest with them

Figure 2. Young people were asked about the best ways in which their service helped and supported them;



Qualitative Data

Young People reported that they felt listened to by their worker/s and that their worker/s cared for them and were there for them. They valued and trusted these relationships;

- “(worker’s name) has been really supportive and caring. She gives good advice and has earned my full respect and trust. When my social worker was on leave and I was going through a difficult time (worker’s name) stepped in and came out nearly everyday if she could to help and support me. I really appreciated that. She sat in hospital with me when I was going through a hard time. She didn’t have to but she did and that goes a long way.

- “The best way social services has helped me is by giving me a life my parents couldn't and making sure they can do whatever I have needed.”
- “Help with moving on and to succeed in life”
- “I’d be homeless if it wasn’t for (worker’s name), no one else has ever helped me this much.”
- “The service helped me change my life around and has inspired me to do a youth work degree.”
- “The service has really supported me and listened to my views”
- “(workers name) listened to me, she made me feel like I mattered to her and that made me happy to talk to her.”
- “Listened to me and was an extra voice to try and get me a place to live in Cramlington as that is where I wanted to be. I am now in accommodation in Cramlington and very happy.”

A recent focussed visit by Ofsted to Northumberland children’s services noted a number of areas of improvements including;

“The Designated Family Judge reports an improvement in the quality of work, including how the child’s voice is evidenced within reports” and also that “Social workers encourage children, including disabled children by using communication aids to express their views about their plans”.

6.1.2 What we need to do better

A small number of young people reported feeling that they were only “sometimes” supported, helped or involved in their care plans or interventions. Below is a breakdown of the key areas for potential improvement where they felt we could do more in relation to that theme. (See Figure 1)

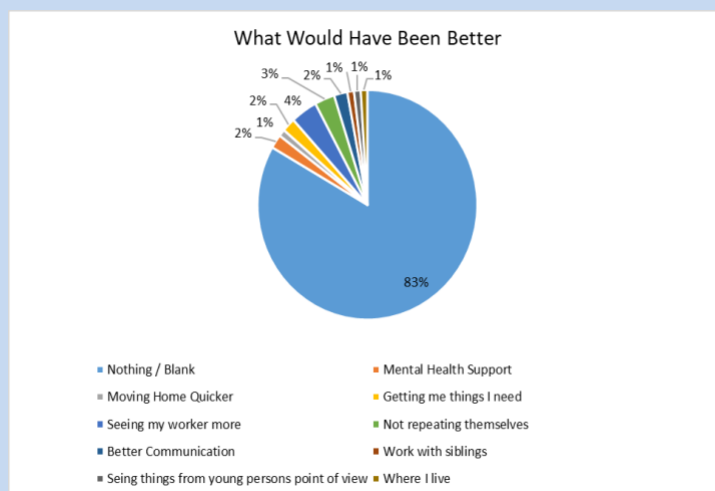
- 3% of respondents felt that workers were “sometimes” honest with them,
- 10% felt that workers would “sometimes” do what they said they would,
- 6% felt that workers “sometimes” made sure the right people were there to support
- 7% felt workers “sometimes” helped them achieve their best.
- 14% felt that workers “sometimes” helped them to achieve or learn new skills, 3% felt this “never” happened.
- 11% felt workers “sometimes” helped them stay in touch with family and friends, 27% felt this was “not applicable” to them
- 12% felt workers “sometimes” supported them to be healthy, 2% felt this “never” happened.
- 13% felt workers “sometimes” prepared them for the future

The three broad findings below indicate that some young people feel that they are not as involved in the development and review of their care plan or intervention as they could be. This suggests that at times our young people may not always be made aware that they are listened to and their opinions are taken seriously or that

they have not had decisions explained to them in a way they can understand and accept.

- 5% of respondents indicated that workers only “sometimes” listen to them
- 10% indicated that workers “sometimes” build plans around the young person and their needs
- 5% of respondents felt that workers would “sometimes” ask their opinion on a plan

Figure 3. Young People were asked what could have been better for them:



- 106 responses were received during the 12-month period, 83% indicated that there was nothing that they felt would improve the service they had received. However, it is

acknowledged that some young people who did not have a positive experience may have chosen not to complete the feedback form. Therefore, responses may be disproportionately positive.

In the comments made about what would have been better, there were some recurring themes;

- Keep working with me, not closing the case, keeping the same worker (which suggests young people viewed this relationship positively)
- Keeping intervention sessions shorter
- Not repeating the same information time and again.
- Following up with specific tasks (applying for passports, Driving licences etc)

Summary

Whilst the data indicates some areas for further work and scrutiny, the findings over the 12-month period are generally positive and highlight effective work carried out by frontline workers. Young people stated that their workers are positive, easy to talk to and engage with, are supportive and knowledgeable and there is mutual respect between the worker and young person.

Progress to Date

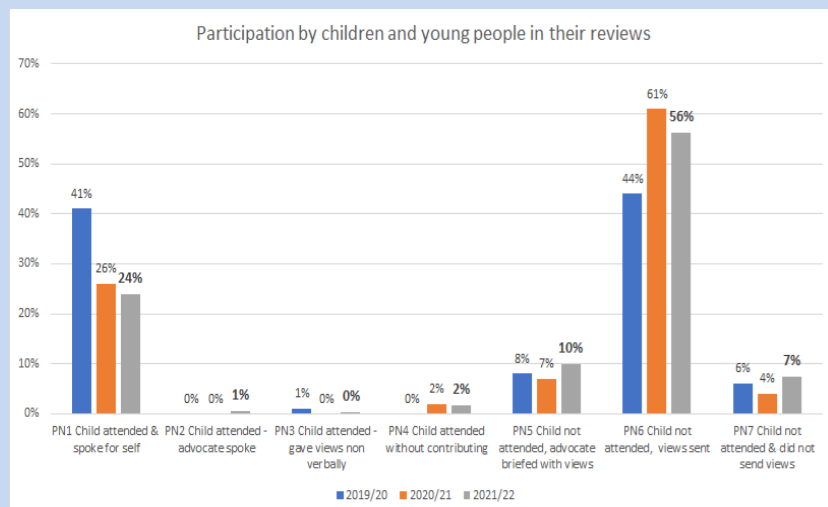
A number of developments have progressed including three participation champions identified within the Youth Justice Service, 14/18+ Team and Sorted with plans for this to be rolled out into the Accommodation Service going forward. The participation champions act as a link between the young people within the individual services and the participation service with a view to promoting the

involvement of young people; whether that be supporting young people to attend Voices Making Choices (VMC) or the care leavers forum to promoting feedback from young people within the individual services. Those attending the Strategic Participation Group have been asked to begin the process of identifying their own participation champions that can promote the engagement of young people and ensure services are recording the voice of the child/young person and acting upon the information shared.

All quality improvement work is reported to a senior management performance and QA meeting to understand outcomes and monitor progress against further actions. This participation work will generate a range of further actions.

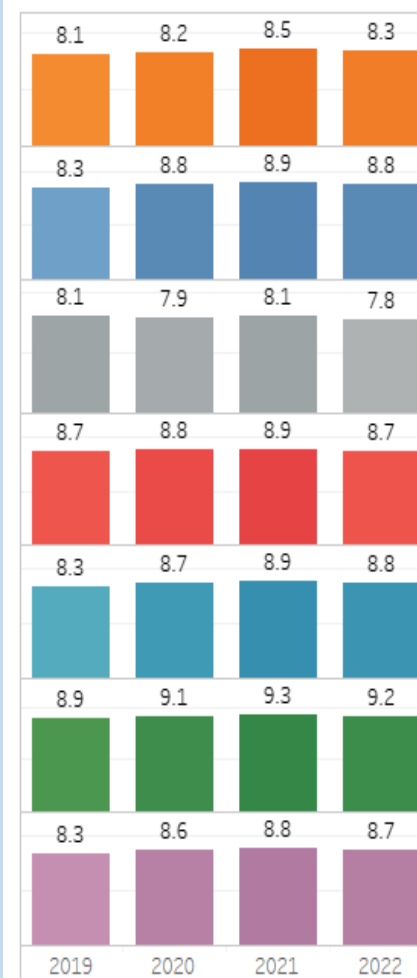
6.1.3 Participation of children and Young People in their reviews

Overall, 91% of children in care participated in their reviews this year compared to 94% last year.



6.1.4 The Promise

The average scores show, out of 10, how Northumberland is meeting its Promise to our looked after children.



1: Be honest with you and only promise things we know we can deliver.

2: Expect every professional to treat you with respect, to be reliable and consistent and be prepared to listen to your views.

3: Listen to you and build plans around you, not simply build you into our plans.

4: Make sure the right people are there to support you.

5: Help you to achieve your best, and support you to learn in and out of school and develop skills.

6: Recognise that your family and other people are important to you, and make arrangements for you to keep in touch with them safely.

7: Support you to be healthy, to follow your leisure interests and to keep in touch with your friends.

7. Workforce Development and Improvement

A range of multi-agency training has been delivered, virtually and face to face, during the past year.

C.A.R.E Northumberland⁶ was developed as a multi-agency strategic response, across both children and adult services, to reduce the experience of adversity and minimise the impact of ACEs on the health and wellbeing of both children and adults. This is a key focus for NCASP.

C.A.R.E Northumberland aspires to having a seamless and life course approach for residents from childhood to adulthood. We do this by working together, learning from one another and working with organisations in our communities that can support this important work.

Impact Evaluation

Following attendance at a multi-agency C.A.R.E. Learning event, we conducted a post course evaluation to capture the impact on practice from those who attended.

We asked:

Q: Give us an example from the C.A.R.E. Training that has made a difference in your practice

We were told;

“I have used the tools to identify resilience in young people and promoted it.”

“It has helped me to think about the impact of adversity within people’s lives and how this affects them and their own resilience levels”

“Supporting a parent with training and finding job opportunities”



“We ran a small group session in a secondary school – the aim of which was to empower two vulnerable pupils to understand their language difficulties and what they can do to help themselves and what others can do to support them”

Q: How do you know you have made a difference?

We were told:

“Children have told us they feel listened to”

“Feedback we have received from schools”

“Promoted the parents mental health – they felt more confident and the household became a more positive environment resulting in the family being able to have more opportunities for days out”

“Supporting people to make positive change and see positive outcomes”

Q: Give an example of a positive outcomes you were able to achieve

⁶ Caring About Resilience, Adversity and Empowerment

We were told:



"The family dynamics have changed for the positive. They have more routines and rules in place – they have a happier environment now"

"The difference in the pupils was amazing"
"Helped the family to navigate a difficult period

of care"

"At the NSSP Schools Engagement subgroup meeting, the Designated Safeguarding Leads discussed how the improved understanding of ACE's has helped them to respond to CCN's and support children in school"

The Signs of Safety® Approach.

This is a relationship-grounded, safety-organised approach to child protection practice which continues to be rolled out across the partnership in Northumberland.

As a result of attending a Signs of Safety partner learning event, staff were asked 3 months later; **'how has the training impacted upon your social care practice and, how do we know we have made a difference to those children and families you support'**

75% of responders advised they were confident in linking information from training into practice and of those who scored that they were not yet confident, they said that team discussions and practicing different parts of Signs of Safety would increase their confidence.



Responses were sought regarding perceptions of impact upon practice. These included;

"The needs of the young person were identified and recorded clearly and that has been able to inform further work with the young person"

"I have been able to make more child centred and friendly timelines and plans"

"I now start with positives/strengths (within a family) rather than immediately considering concerns"

"Helped me to have difficult conversations in non-judgemental ways, as well as recording it accurately"

What was said about the impact upon outcomes for children and families. Including;

"The young person now works with the team"

"Now focus on young person's strengths, skills and goals for the future"

"This framework has provided a non-confrontational way to express concerns for parents leading to clarification of why they were not currently considered a safe carer for their child"

"Families are reporting that they feel listened to and that there is less jargon as it is a more focused approach on what is working and what the worries are".

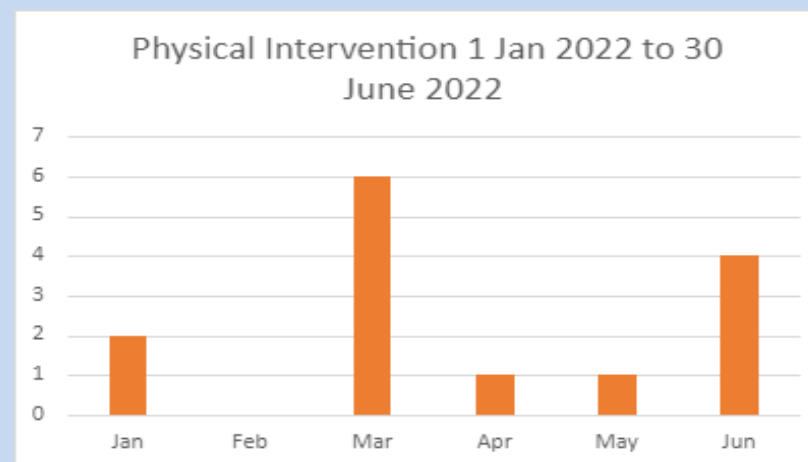
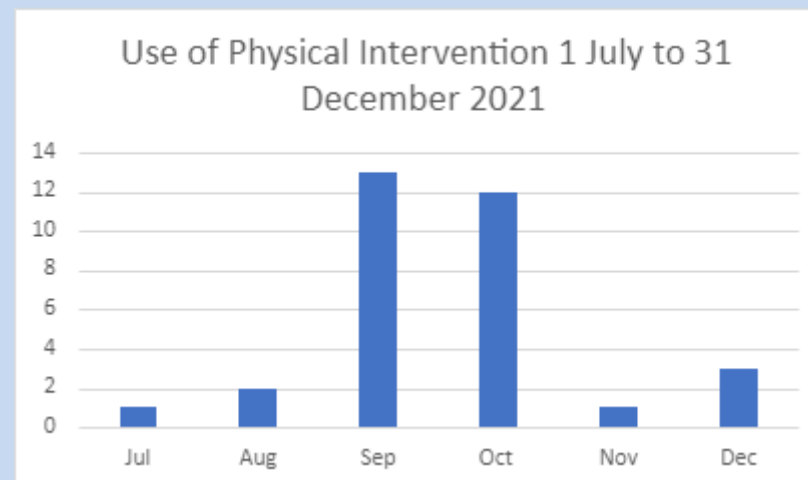
8. A review of the use of restraint in Kyloe House secure children's home.

This secure children's home is operated by the local authority and is approved by the Department for Education to restrict children's liberty. The home can accommodate up to 15 children aged between 10 and 17.

The home provides care for children accommodated under section 25 of the Children Act 1989 who are placed by local authorities.

The commissioning of health services is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Health and Education is provided on site in dedicated facilities.

During the first six-month reporting period, there were a total of 32 incidents of Physical Intervention (restraint) and a total of 14 during the second six-month reporting period.



The use of physical intervention and comparison across periods, is difficult to analyse due to several factors. Admission of young people with complex needs, young people who find relationship building difficult, violence and self-injurious behaviours can impact on numbers of restraint.

The staff team work closely with the young people to identify triggers and methods of support to deescalate and reduce the need for Physical Intervention. The young people also receive necessary support from the mental health and physical health team within Kyloe House to promote their health and wellbeing. This also has an impact on the use of Intervention.

8.1 Ofsted Inspection March 2022.

The inspection found that the secure children's home provides effective services that meet the requirements for 'Good'.

Inspectors found that members of the healthcare team were *"made aware of all significant incidents involving children, including occasions of physical restraint. During usual working hours, the nursing staff on duty assess the children without delay. This ensures that children's health needs, or any medical needs that become apparent as a result of a significant incident, are responded to"*

Furthermore;

"As a result of consistent care and positive relationships, there has been a reduction in the use of physical restraint, managing away and single separation. When these measures are used, records provide evidence that the criteria are met, and that debriefs for children and staff take place in a timely way. Reviews of physical interventions

include a review by a manager who is independent of the home. This provides an added layer of scrutiny and evaluation."

"Quality assurance and auditing processes are completed on a wide range of areas and incidents occurring in the home. The oversight of the home is thorough, and any deficits or shortfalls are addressed. Nevertheless, the management team does not always identify any lessons learned from incidents, to further inform best practice."

Consequently, it was recommended that;

"The registered person should ensure that from their monitoring and evaluation of the home and of staff practice, following any significant incident, that they proactively implement lessons learned in sustaining good practice."

Consequently, all incident forms now undergo a robust quality assurance process by the management team. The forms have been improved to reflect a lesson's learned section. At the same time, formal supervision includes lessons learned to include discussion with staff on a one-to-one basis. It is also a standard agenda item for team meetings and which is minuted.

Ofsted carried out an unannounced quality assurance visit on 27 July 2022 and were satisfied that the requirements were met.

9. Independent Scrutineer's Conclusions

The data and analysis presented throughout this report demonstrates that NCASP has met its statutory duties and agencies have delivered safe and effective frontline services that strive to safeguard children and young people. There is evidence of improvements and effective partnership working despite the context of increasing pressures and risks from the pandemic and the subsequent economic environment that may well negatively impact on children's health and well-being going forward.

9.1 Does NCASP add value to safeguarding in Northumberland?

Major challenges continued over the past year for NCASP. The context has further deteriorated for families, particularly those on low incomes experiencing financial insecurity and anxiety with what is still to come. We know there is an association between a family's socio-economic circumstances and the likelihood of a child experiencing abuse or neglect, however we also know that this is a gradient relationship and not a straightforward divide. The impact of hardship on parental capacity is complex and persistent, sometimes at an individual level through mental health or illness, but also through invisible barriers creating difficulty in asking for earlier support. The increasing cost of living crisis can only exacerbate pressures on families, therefore focusing agencies efforts on being both visible and accessible as points of information and support is key to keeping everyone safe and connected in the coming months. An intelligence led and collaborative approach to the deployment of

resources such as Household Support Funding and pop-up interventions is crucial.

Families experiencing poverty are often not resourced to invest in themselves, their home environment, things they need, or quality care and activity. Too often the social and physical environments are unchangeable by families themselves yet are stubborn barriers to living well and staying safe.

However, children experience neglect, and children experience happy and safe childhoods across the socio-economic spectrum, so it is vital partners understand this, recognising the role stigma and shame play in preventing families from accessing support must be central to the design of any activities or interventions agencies put in place to mitigate. Evidence shows that relieving the emotional and financial burden of the extended holidays, building support networks and establishing hobbies with peer groups is a key safety net for families and a fundamental aspect of social mobility. We need to make best use of partners relationships to work with families, understanding the challenges they face and the opportunities they would like to see and be part of.

The Council for Disabled Children (CDC) worked with three local areas, one of which was Northumberland, to explore approaches to providing an inclusive and supportive programme for children with SEND and their families⁷. Northumberland remains focussed on partnership, reach and quality. Examples of Northumberland's good practice are cited in the toolkit.

⁷ Cited in Holidays, Activities and Food Programme. A toolkit for engaging and supporting children with SEND.

The question of whether value is added by the MASA to that of individual agencies safeguarding systems, is crucial to evaluating the impact of NCASP. It is particularly important, going forward, to assess the impact of the new integrated children and adult partnership arrangements. To this end, a prospective evaluation framework has been designed to measure the outcomes and outputs the partnership hopes to achieve from the joint arrangements.

NCASP continues to drive joined-up working on the frontline through, for example, an integrated Children and Adult MASH which works well; this model has been welcomed by partners. Joint adult/children Learning Reviews and action plans with joint 7-minute guides have been developed as appropriate. Progress has been made with the collation and analysis of multi-agency data, with a specific focus on NCASP priorities. This has enabled the partnership to understand their current position, measure progress and outcomes, and plan practice improvements.

There is a culture of positive relationships and effective multi-agency working in Northumberland; partners are sufficiently confident to constructively challenge each other at a senior level. The new arrangements, led by the executive group, are beginning to promote change, for example in joint funding commitments and joined-up senior decision-making. Over the coming year, Northumberland's vision is to develop ever closer strategic alignment between NCASP and other local partnerships.

The actions, following the Joint Targeted Area Inspection (JTAI) of criminal and sexual exploitation undertaken in 2019, are now complete and signed off by NCASP. Multi-agency responses to children and young people at risk of sexual and criminal exploitation,

and all aspects of Modern Slavery continue, led by the joint Criminal & Sexual Exploitation group.

NCASP has scanned and responded to emerging risks, such as extra-familial sexual abuse and harmful sexual behaviours in schools and the wider community. The work continues.

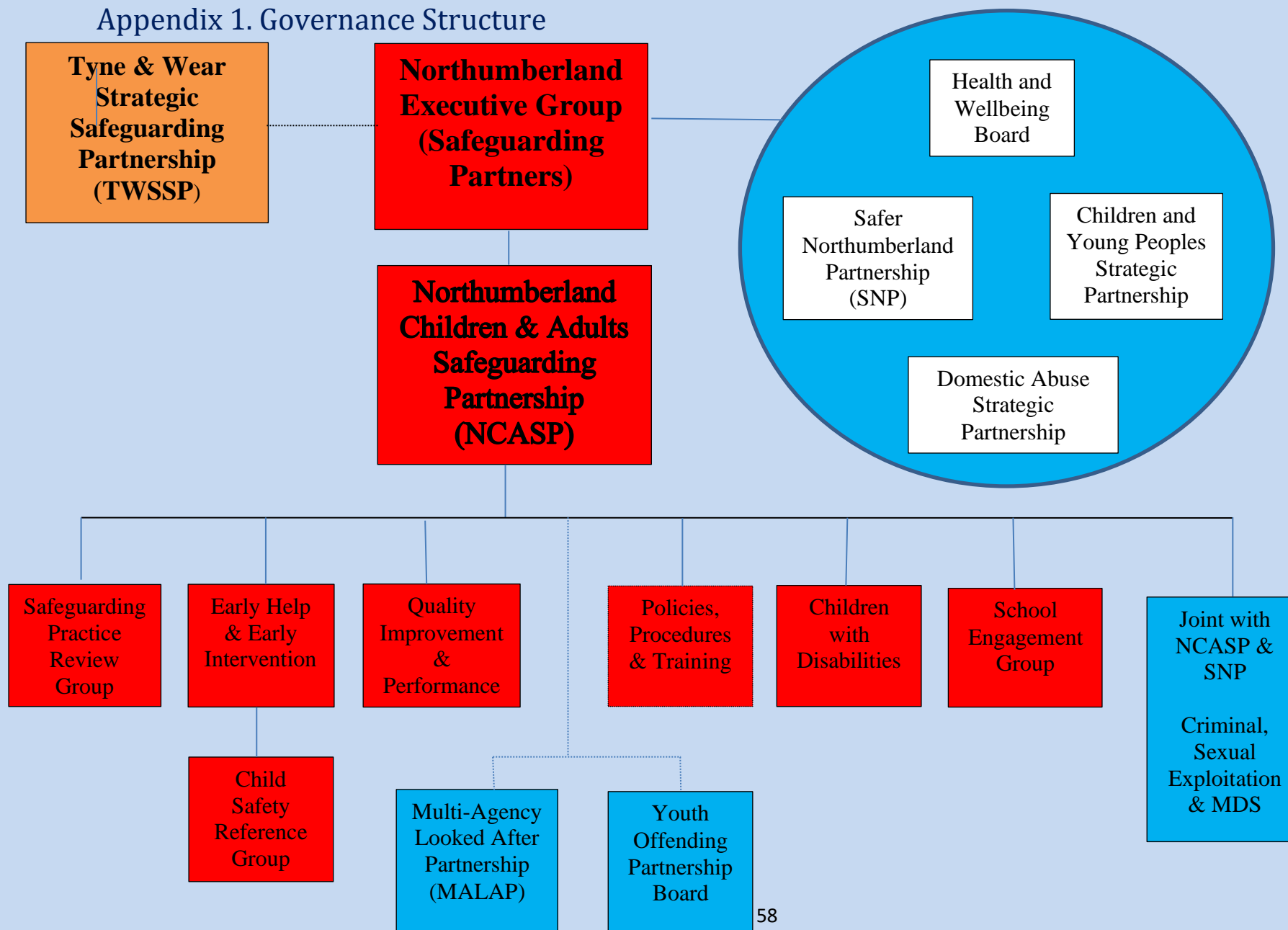
The analysis within this report supports the proposition that NCASP is a learning partnership underpinned by a positive culture of agencies working effectively together. However, work is ongoing to strengthen the governance of the strategic safeguarding arrangements going forward. Priorities have been agreed, and risks identified, nonetheless the strategic vision, long term objectives and goals need further development by the three safeguarding partners.

A recently published review of Independent Scrutiny and Local Safeguarding Children Partnership Arrangements reported that only 29% of 95 safeguarding partnerships involve children and young people in a formal scrutiny role.

<https://www.vkpp.org.uk/publications/publications-and-reports/reports/independent-scrutiny-and-local-safeguarding-children-partnership-arrangements-august-2022/>

Further work is needed to involve young people in the role of effective, independent scrutiny in Northumberland. Meaningfully involving children and young people and gaining their views about the quality of multi-agency practice is a challenge but with some evidence of progress, particularly in frontline practice. This continues to represent a significant test for the safeguarding partners.

Appendix 1. Governance Structure



Appendix 2. NCASP Membership

Members

Independent Scrutiny and Assurance Chair

Northumberland County Council

Interim Executive Director of Children's Services
Executive Director of Adult Social Care
Service Director, Education and Skills
Head of Housing and Public Protection
Director of Public Health

Integrated Care Board/CCG

Service Director Transformation and Integrated Care

Northumbria Police

CAFCASS

Service Manager

Advisors to the NCASP

Strategic Safeguarding Manager
Designated Doctor
Designated Nurse
Senior Manager Performance and Systems Support.
Sub-Committee chairs as required

Detective Chief Superintendent Safeguarding

Northumbria Healthcare NHS Foundation Trust

Executive Director of Nursing, Midwifery and Allied Healthcare Professionals.

Head of Safeguarding Children & Adults and Acute Liaison Learning Disability and Autism

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

Group Nurse Director

Probation Services

Head of North of Tyne

Senior Operational Support Manager North of Tyne

Appendix 3 – NCASP Staffing and Budget

Staffing

The NCASP is supported by the following officers:

NCASP Business Manager
Business Support

NCASP Budget

The financial contributions from partner agencies are as follows:

Partner	2021-2022
Northumbria Police	£12,167
ICB/CCG	£70,000
Northumberland County Council	£75,159
Probation	£861
Training Course Fees (NHCFT)	£1100
Total Contributions	£159,287

Expenditure	2020-2021
NCASP Manager	£ 44,980
Admin Assistant to Senior Manager	£25,754
Overtime	£1,273
Holiday pay	£184
Training (% salary)	£36,781
Performance (% salaries)	£13,217
Total staffing costs	£122,189
Staff training	£550
Professional Services, Tri.x procedures, Independent Chair and SCR Authors	£35,201
Other	£1,347
Total Expenditure	£159,287

Appendix 4. Northumberland Context (March 2022)

- Population: 323,820
- Child Population: 58,801
- Clinical Commissioning Group: 1
- Police Force: 1
- CRC/NPS: 1
- GP Practices: 37
- Foundation Trust (Acute and Community): 2 plus inpatient children go to Newcastle
- Mental Health Trust: 1
- Ambulance Trust: 1

- Schools
- 167 (59 Academies including 1 Free School Academy)
 - First and Primary: 127 (38 Academies)
 - Incl. 1 Free School Academy)
 - Middle: 14 (7 Academies)
 - High School: 16 (12 Academies, incl. 1 all age)
 - Special School: 9 (2 Academies)
 - PRU: 1

- 45,550 pupils attending schools – 19.6% FSM, 98.0% have English as first language
- 3.9% of pupils with an EHCP, 11.5% with SEN support
- 52% of under 2s in targeted areas regularly visit a Children's Centre
- 619 Early Help Plans
- 823 Child in Need Plans
- 396 CP Plans
- 415 Looked After Children