



Coventry City Council

Agenda

Joint Meeting of Education and Children's Services Scrutiny Board (2) and Health and Social Care Scrutiny Board (5)

Time and Date

10.00 am on Thursday, 14th March, 2024

Place

Diamond Rooms 1 and 2 - Council House

Public Business

1. **Appointment of Chair**
2. **Apologies and Substitutions**
3. **Declarations of Interests**
4. **CAMHS System, Referral Pathways, Waiting Times and Support For Children and Young People** (Pages 3 - 18)
Briefing Note of the Coventry and Warwickshire Integrated Care Board
5. **Coventry Safeguarding Children's Partnership Annual Report** (Pages 19 - 70)
Briefing note of the Interim Director of Children's Services
6. **Any Other Business**
Any other items of business which the Chair decides to take as matters of urgency because of the special circumstances involved.

Julie Newman, Director of Law and Governance, Council House, Coventry

Wednesday, 6 March 2024

Note: The person to contact about the agenda and documents for this meeting is Tom Robinson, Governance Services, Email: tom.robinson@coventry.gov.uk

Membership:

Education and Children's Services Scrutiny Board (2): Councillors J Blundell, Mrs S Hanson (Co-Opted Member), Mr D Jackson (Co-Opted Member), S Keough, T

Khan, R Lancaster, A Masih, S Nazir, E M Reeves, CE Thomas, A Tucker and G Vohra (Co-Opted Member)

Health and Social Care Scrutiny Board (5): Councillors S Agboola, J Gardiner, S Gray, L Harvard, A Hopkins, C Miks, B Mosterman, and A Tucker

By invitation: Councillors K Caan (Cabinet Member for Public Health and Sport), G Hayre (Deputy Cabinet Member for Public Health and Sport), A Jobbar (Deputy Cabinet Member for Children and Young People), and P Seaman (Cabinet Member for Children and Young People)

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Tom Robinson

Governance Services, Email: tom.robinson@coventry.gov.uk



Briefing note

To: The Joint Education and Children's Services Scrutiny Board (2) and Health and Social Care Scrutiny Board (5)

Date: 14 March 2024

Subject: CAMHS system, referral pathways, waiting times and support for children and young people.

1. Purpose of the Note

- 1.1. The purpose of the briefing note is to provide an update to the Joint Education and Children's Services Scrutiny Board (2) and Health and Social Care Scrutiny Board (5) on the local Children Adolescent & Mental Health Services (CAMHS) offer, referral pathways, waiting times for support for the population of Coventry.

2. Recommendations

- 2.1. The Joint Education and Children's Services Scrutiny Board (2) and Health and Social Care Scrutiny Board (5) are recommended to:
 - 1) Note the children and young people's CAMHS offer in Coventry, what is working well, the current challenges, and the next steps.
 - 2) Identify any additional recommendations for Cabinet Members and/or health partners.

3. Context / Background

- 3.1. The mental health needs of children and young people have been increasing since 2020. In 2017, NHS Digital undertook a national survey of children and young people examining the mental health of children and young people living in England. Follow up surveys have been undertaken each year from 2020 to 2023. The most recent report has been published by NHS Digital, *Mental Health of Children and Young People in England (2023)*¹ in November 2023. This report evidences the rates of probable mental health disorders have significantly increased from 1 in 6 (2020 survey) children and young people aged 5 to 16 identified as having a probable mental disorder to 1 in 5 in the 2023 survey. In Coventry, as of 2023, this would equate to around 10,400 children and young people, which is a significant proportion of our population. The report also

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>

evidences the likelihood of a probable mental health disorder increases as children and young people age, which is likely to affect females more than males. Whilst the survey suggests increased need, national data supports this position seeing an increase of 35% (31,000) in referrals of children and young people into mental health services between April 2019 and December 2023. Locally, there has been an 18% (340) increase in referrals from April 2019 to December 2023

3.2. Since 2015, the government has increased NHS funding nationally to support mental health for children and young people through the Service Development Fund (SDF). This funding is used to support and develop the mental health system and has led to the establishment of a multi-agency CAMHS Transformation Board led by the Coventry and Warwickshire Integrated Care Board (CW ICB), and the development of a CAMHS Transformation plan. The plan is designed to drive improvements across the CAMHS system locally and is refreshed and signed off annually by NHS England.

3.3. In 2015, NHS England (NHSE) set out the process for Integrated Care Boards to develop a 5-year Children and Adolescent Mental Health Services (CAMHS) Local Transformation Plan (LTP). At the end of the 5 years, NHSE have continued this process requesting ICBs to review and refresh its plans on an annual basis. 14 children and young people and 28 professionals were engaged as part of the LTP refresh to help inform the future priorities, through a survey. This engagement highlighted that accessibility, awareness, and communication were key things that are working well and waiting times was an aspect that required further improvement. The feedback was incorporated into the priorities set out in the Coventry and Warwickshire LTP for 2023/2024, which are:

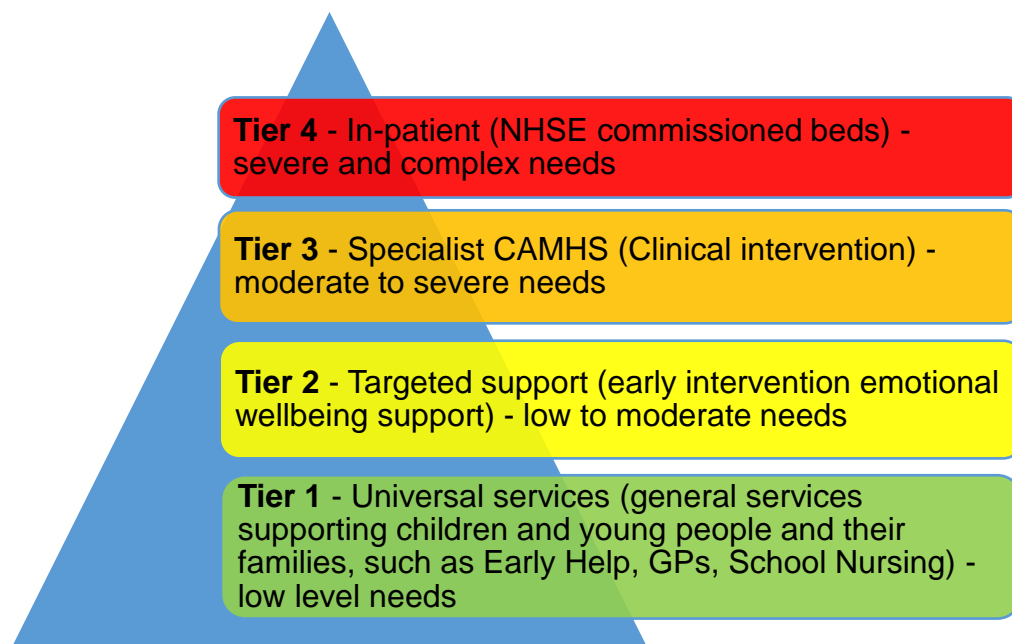
1. National priority – meet the constitutional target set by NHS England (children and young people access rate and eating disorders targets).
2. National priority – to develop a children and young people emotional wellbeing / mental health support offer up to the age of 25.
3. Local priority – implement a structured framework, such as i-Thrive into the system.
4. Local priority – improve the waiting times in accessing services.
5. Local priority – develop a system wide dashboard to further understand local needs and demands.
6. Local priority – focus on early intervention and prevention, building on the work under the Positive Directions pilot with young worker posts embedded into Children’s services teams. This is a trauma informed service supporting children and young people who have experienced trauma and adversity, supporting young people to connect back into activities in their community.
7. Local priority – develop the system offer for children and young people in crisis.

3.4. Locally, the CAMHS system operates at four levels:

- Tier 1 (Universal Services): these are services that support / identify emerging / low level emotional wellbeing and mental health needs of children and young people, which includes general practitioners (GPs), primary care services, health visitors, school nurses, schools, and early year’s provision. Their role is to promote mental wellbeing, identify developmental or mental health needs that universal services cannot meet, and know what to do when this is the case. Tier

1 services are commissioned / funded by various partners including Public Health, Education and the Coventry and Warwickshire Integrated Care Board (ICB)

- Tier 2 (Targeted Services): these are services that support a low to moderate level of emotional wellbeing needs, through local community services, usually delivered through voluntary and community sector enterprises (VCSE) that support children and young people in the heart of communities, school settings, and other community buildings, through therapeutic interventions. These services are usually there to help prevent escalating emotional wellbeing needs with a focus on preventative measures to help support children and young people and their families to live within their community. These services are usually commissioned and funded by Local Authority, Integrated Care Boards (ICBs) and Education.
- Tier 3 (Specialist Services): these are multi-disciplinary teams of mental health professionals providing a range of therapeutic interventions for children and young people who have complex, severe or persistent mental health needs. This can also include intensive home treatment team for children and young people at risk of admission to in-patient care. This service is usually delivered by an NHS Trust and funded through ICBs.
- Tier 4 (Highly Specialist Services): these include day and inpatient services, and highly specialist outpatient services for children and young people with the most serious problems. It can also include crisis or home treatment services which provide an alternative to hospital admission. These services are commissioned by the West Midlands Collaborative and funded by NHS England (NHSE).



3.5. A detailed breakdown of services and their offer within the tiers is detailed within Appendix 1.

4. Tiers – What’s working well?

Tier 1 – Universal

- 4.1. Education partners in Coventry have recognised that promoting good mental health and well-being in children from the earliest age, requires a whole system approach, of which specialist CAMHS is one of many components. The Department for Education (DfE) has provided an offer of support to schools in its guidance document *‘Promoting and supporting mental health and wellbeing in schools and colleges’* (June 2021), which sets out a range of initiatives to support education settings around emotional wellbeing and mental health. These initiatives include:
- A whole school or college approach to mental health and wellbeing
 - Senior mental health leads training
 - Relationships, health and sex education (RSHE): mental wellbeing training module
 - Psychological first aid training
 - Mental health and wellbeing resources
- 4.2. Early intervention and prevention support is a real focus to ensure the right support is available at the lowest level to help reduce the need for specialist intervention. To support this, a new website has been developed, within a multi-agency forum, to help people understand the emotional wellbeing and mental health services available in Coventry, alongside some self-help resources. The aim of the website is to enable stakeholders to find the right service offer available to them to support with their presenting need and improve navigation of the system. The website has recently launched and there are ongoing plans to publicise the pages and monitor its use. The website can be found here: <https://www.coventry.gov.uk/childrens-mental-health/childrens-mental-health-1>. Initial feedback has highlighted the simplicity of site and the ease of finding the most appropriate service.

Tier 2 – Targeted

- 4.3. Education services within the Local Authority provide specialist services to schools on a traded basis (schools buy the support in). These include:
- The Educational Psychology Service (EPs): provides assessment, consultation, training, and intervention for all areas of need. The service work closely with professionals in schools and families through a consultative model which empowers families and professionals to work together and jointly agree support plans. EPs use a range of tools to help a young person and their family to make sense of their situation, these include standardised assessment, structured interview and observation. Social, emotional, and mental health difficulties have a high prevalence in terms of referrals and EPs provide individual and whole-school interventions to help the underlying causes of these difficulties.

- The service does not operate a waiting list. EPs and SENCos discuss all children who may require support from an EP as part of a planning meeting at the beginning of each term. Presenting needs are considered on a whole school basis and all children are prioritised for either direct support from an EP, school-led intervention or referral to another service.

4.4. Coventry City Council in partnership with Coventry and Warwickshire Integrated Care Board (CW ICB) have commissioned Kooth, an online virtual support offer for emotional wellbeing and mental health, for children and young people aged 11 to 25. This online based support offer provides self-help resources and counselling support, which is accessible to those young people who require further support, via a chat or messaging function. With Kooth being an online support offer, no referral is required meaning children and young people will just need to register / log in to gain access to support and resources quickly. The waiting time to access counselling support is minimal with an average waiting time of around 10 to 20 minutes for instant chat counselling support (messaging support is not an instant response). Access to self-help resources and other aspects of Kooth are immediate. Since Kooth was commissioned in April 2021, a total of 4,375 children and young people have registered on Kooth, with an average recommendation rate of 93.1%. In the last quarter (October 2023 – December 2023) 90% of users found immediate access content to be helpful.

4.5. Coventry City Council in partnership with Coventry and Warwickshire ICB (CW ICB) have commissioned Compass, to support the emotional wellbeing needs of children and young people in the community, who commenced delivery of the service in December 2022. The service, Compass Shine, supports children and young people aged 5 to 18 (or up to 25 if they have a SEND need or a Care Leaver), offering a range of support including:

- 1:1 CBT-informed sessions with children and young people (face to face and remote)
- Group based intervention with children and young people.
- Face to face and virtual counselling support (virtual counselling is subcontracted to New Beginnings)
- Digital self-help resources / tools for parent/carers, children, and young people
- Family based support / consultations.
- Training offers for professionals.
- Emotional wellbeing workshops for children and young people

Referrals into Compass Shine can be made through the Council's Early Help service, self-referral, or through the Navigation Hub. The current average waiting time for intervention through Compass is around 18 weeks. In the last two quarters (Q2 July to September 2023 and Q3 October to December 2023) on average, the outcomes of children and young people have improved following intervention, which is measured by using outcome measure tool.

4.6. CWICB fund Mental Health Support Teams, which are an NHS England initiative to provide early support to children and young people within education settings, supporting schools to embed an emotional wellbeing ethos. As part of the MHST roll out, Coventry has been allocated five mental health support teams (MHSTs), of which one team will be implemented from September 2024. MHSTs are made up of Educational Mental

Health Practitioners (EMHPs) who have a new qualification developed by Health Education England. The teams are equipped to provide low level Cognitive Behavioural Therapy (CBT) approaches that can be accessed directly. Each MHST has a pupil coverage of around 8,000 so this support offer is limited. Currently, 42 schools are being supported by the MHST programme, which will be expanded further from September 2024.

Referrals into MHSTs are made directly by the school mental health lead. Should there be a higher level of need above MHSTs then this will be made into specialist CAMHS via the Navigation Hub.

- 4.7. Positive Directions (Trauma Vanguard Project) is a new and innovative pilot approach to tackling the physical, mental, and social challenges faced by children and young people who have experienced significant trauma. Positive Directions practitioners provide a trauma informed relationship and social prescribing approach for young people that have experienced trauma and adversity, acting as a test and learn site that evaluates and shares the impact of the approach. It provides support for local children and young people in some of the most complex situations, including some of the most vulnerable, who have been subjected to exploitation and other significant trauma. It is recognised trauma is experienced and expressed in many ways. The services need to be responsive at every level of support, using evidence to inform our offer.

The local trauma vanguard is a model of care which has been co-designed with young people. It is a non-medical model which recognises that behaviour is best understood in the context of trauma and connects young people to their communities.

There is a focus to build on the work of Positive Directions to develop local level services to support children before they are at risk of crisis. An initial evaluation of the offer has shown that it has been effective in reducing the number of children coming into care, reducing offending, and attendance at hospital in a crisis.

- 4.8. There is an early indication that suggests the increased capacity within tier 2 services is having a positive impact on the system, supporting children and young people earlier to help prevent further escalation of need. Whilst this isn't an immediate impact, Compass and Kooth are supporting significant numbers of children and young people presenting with anxiety, self-harm, and suicidal ideation which correlates to the issues of those presenting in crisis. This suggests that children and young people are seeking support in the community which should reduce the future need for more specialist intervention / number presenting in crisis.

Tier 3 – Specialist

- 4.9. Tier 3 services are specialist clinical services for children and young people with moderate to severe mental health and fully funded by CW ICB. CWPT are the NHS Trust organisation who provide the specialist intervention to children and young people. There is a range of services available under 'Rise' umbrella, including:

- Specialist CAMHS
- Eating Disorder
- Crisis and Home Treatment

- CAMHS Children Looked After (in partnership with Compass and sits across both Tier 2 and Tier 3)

All referrals into CWPT will be made via the Navigation Hub, which is a front door to services, managed by CWPT. All referrals are screened and / or triaged based on the information provided and then signposted onto the most appropriate service. This may mean the referrals are passed to Compass for intervention or into specialist CAMHS for a more specialist service.

- 4.10. The demand on referrals coming into the Navigation Hub has increased by 17% (228) to 1,549 between April and July 2023 compared to 2022 due to the increased need and demand for services across the city. Whilst there has been an increase locally, this has also been seen nationally, with increasing demand for more complex presentation of children and young people. This has meant that the number of children and young people open for intervention within Coventry Specialist Team have increased from 122 in April 2023 to 160 in December 2023 (38% increase).
- 4.11. Graph 1 within Appendix 2 details the number of referrals requiring specialist intervention alongside the waiting times for support. Whilst majority of young people are currently waiting 0 to 12 weeks, there are a small number (7) waiting more than 49 weeks. These children tend to have the most complex needs.
- 4.12. The demand the Eating Disorder Service shows a slight upward trend of referrals with an increase of 3% (5) between July 2022 and January 2023 compared to July 2023 and January 2024. Despite the increase, the services response time has improved significantly from April 2023, with the service seeing children and young people within the response time targets set by NHS England. Graph 2 within Appendix 2 details the Eating Disorder referral and response data against the set targets.
- 4.13. The Crisis and Home Treatment Service has seen a slight reduction in referrals within Coventry. Between January and December 2022, there were 744 referrals into the service however between January and December 2023 there was a reduction of 12% (86) referrals. Whilst there has been a reduction there is increased complexity in presentation resulting in subsequent assessments. Graph 3 in Appendix 2 details the number of referrals per month.

5. Tiers – What are we concerned about?

- 5.1. Tier 1 – Whilst there are a range of services available for children and young people across the system there is a need for more clarity as to where people can access support or what each service provides. It is anticipated the new website will help mitigate this and will provide further support to communities on where to go for help, when needed.
- 5.2. Tier 2 – Compass Shine are a new service provider in Coventry and have successfully implemented a new service offer into the City, developing clear referrals pathways with system partners, establishing themselves as a provider. However, recruitment challenges have remained an issue which is having an impact on waiting times for support. Compass are putting measures in place to support those on the waiting list to

ensure children and young people such as signposting children and young people to Kooth.

- 5.3. Tier 3 and Tier 4 – Locally and nationally, there has been a surge in demand and complexity for support for children and young people who are in a state of crisis in both the community and presenting at acute hospitals. Locally, the services established to support these children and young people experienced demand beyond their capacity which resulted in the need to use capacity from elsewhere in the system. Nationally, with increased demand accompanied with a lack of capacity in the NHS England specialist commissioned beds (known as Tier 4 beds) this has resulted in children having to wait in hospital for longer periods of time before moving into a tier 4 bed, when available.

An established multi-agency system protocol has been utilised to escalate and co-ordinate a multi-agency response to this issue. This system protocol has followed a structure of oversight and decision making via accountable officers in a Gold command supported by a Silver command team, a Bronze command development meeting and a Bronze multi-disciplinary team to ensure that all agencies are engaged at all levels of problem solving. Alongside the Gold, Silver and Bronze command calls, there are also daily multi-disciplinary team meetings to review all the children and young people who are in hospital and to mobilise discharge plans in a co-ordinated way when children and young people are medically fit for discharge.

6. Tiers – What are the next steps?

- 6.1. Tier 1 – to continue the roll out of the website, continuing to ensure all schools, professionals, and local population are aware to help support children and young people accessing the right service at the right time, helping to prevent needs from further escalating, thus potentially reducing the draw on Tier 3 and Tier 4 provision.
- 6.2. Tier 2 – to continue the roll-out of the Kooth programme to ensure children and young people (aged 11 to 25), parent carers and professionals are aware of the offer, led by the Kooth engagement lead.
- 6.3. Tier 2 – Compass Shine have a robust action plan in place which will continue the focus on improving waiting times and the recruitment drive. This includes reviewing alternate ways to open, advertise their vacancies and the continued work to provide support to children and young people whilst on the waiting list e.g., inviting them to bespoke workshop session pertaining to the child’s reported needs, with the aim of preventing escalation. Compass will also be signposting those young people on the waiting list to Kooth, to ensure children have access to timely support.
- 6.4. Tier 2 – An external evaluation has been commissioned by NHSE on the Positive Directions service, during 2024/2025. It will also consider how to maximise the trauma informed approach across our full range of offer.
- 6.5. Tier 3 – work is underway to review those children and young people who are waiting for long periods of time within specialist services, which is a focus within Rise.

Appendices

Appendix 1 - Breakdown of services and their offer

Appendix 2 – Waiting times

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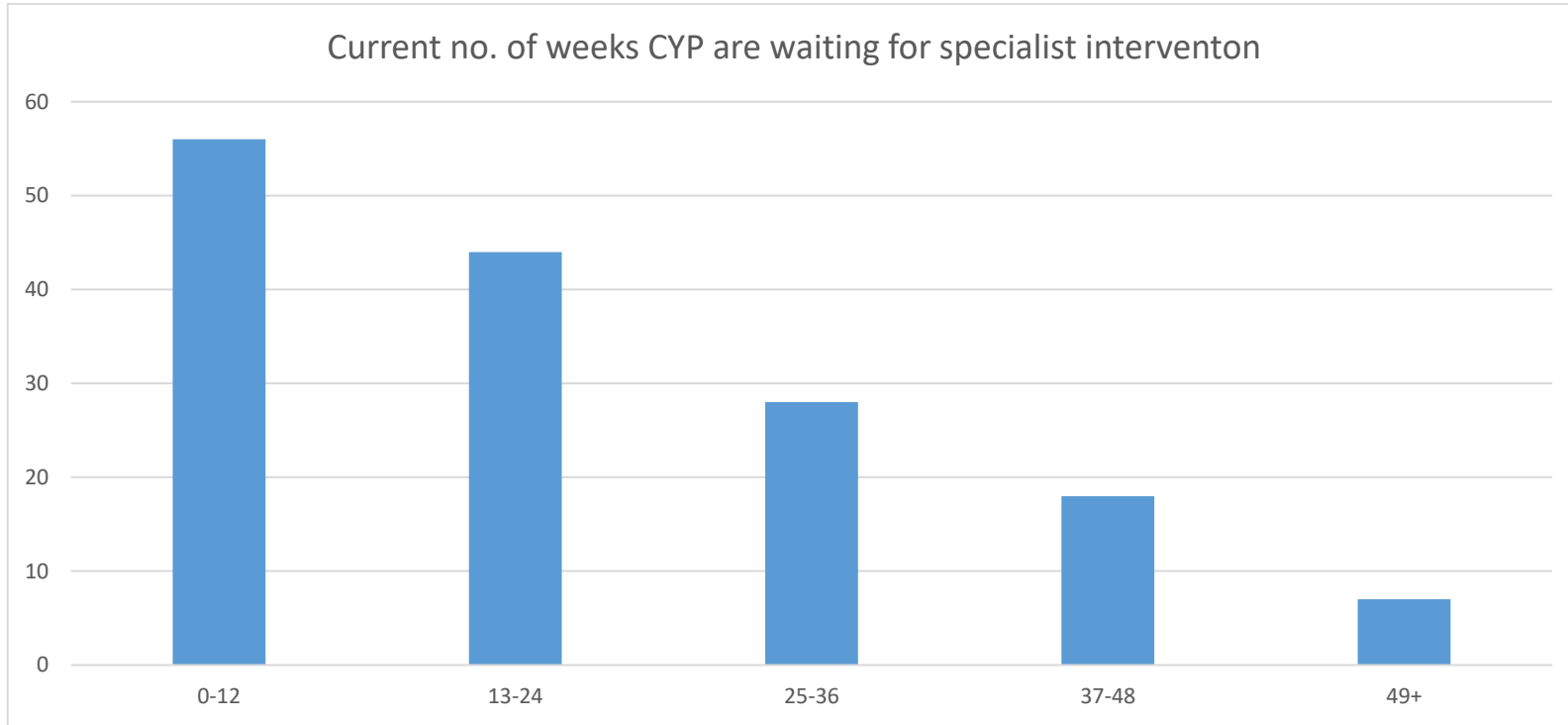
Appendix 1

Tier	Description	Service / Provision	Detail of Service offer
Tier 1 - Universal Services	Primary mental health support to address low level issues (mild).	Dimensions Tool	<ul style="list-style-type: none"> • Free online mental health self-assessment tool developed by CWPT for professionals / parents to complete with a child. • Involves several questions which are rated to indicate how the child or young person is feeling. • The tool analyses the responses and provides a report of the submitted answers for a professional / parent to use in supporting a child's mental health where necessary. • Depending on the young person's score, the tool may signpost on to local relevant services. • https://cwrise.com/dimensions-tool/
		GPs	<ul style="list-style-type: none"> • Support children and young people and their families to complete the Dimensions tool. • Signpost children and young people onto appropriate services such as Rise to support their wellbeing.
		Family Health and Lifestyles Service: School Nurses and health visitors	<ul style="list-style-type: none"> • Support children's young people's mental wellbeing within schools • Undertake survey for children in reception, years 6 and 9 (which include focus on emotional wellbeing) to support early identification of any health and wellbeing needs. • Delivering evidence-based approaches and programmes that contribute to improving children and young people's health and wellbeing including. For example, delivery of lessons to support children and young people with anxiety through exam periods. • https://www.swft.nhs.uk/our-services/children-and-young-peoples-services/coventry-family-health-and-lifestyle-service-0-19-years
		Coventry Young Person's Service (Positive Choices)	<ul style="list-style-type: none"> • A free confidential service for young people aged between 5 and 24 to talk about their own drug and alcohol use or if they are impacted by another's substance misuse, unhealthy partner relationships and sexual health. • Support is flexible to suit the need of the young person through face to face and online appointments and work one to one and in groups including at the Ecotherapy allotment project. • https://www.changegrowlive.org/positive-choices-coventry
Tier 2 - Targeted	Targeted early intervention services to prevent emerging issues from escalating (mild to moderate)	Compass Shine	<ul style="list-style-type: none"> • A service provided by Compass that provides: <ul style="list-style-type: none"> ○ 1:1 CBT-informed sessions with children and young people (face to face and remote) ○ Group based intervention with children and young people. ○ Face to face and virtual counselling support (virtual counselling is subcontracted to New Beginnings) ○ Digital self-help resources / tools for parent/carers, children, and young people ○ Family based support / consultations. ○ Training offers for professionals.

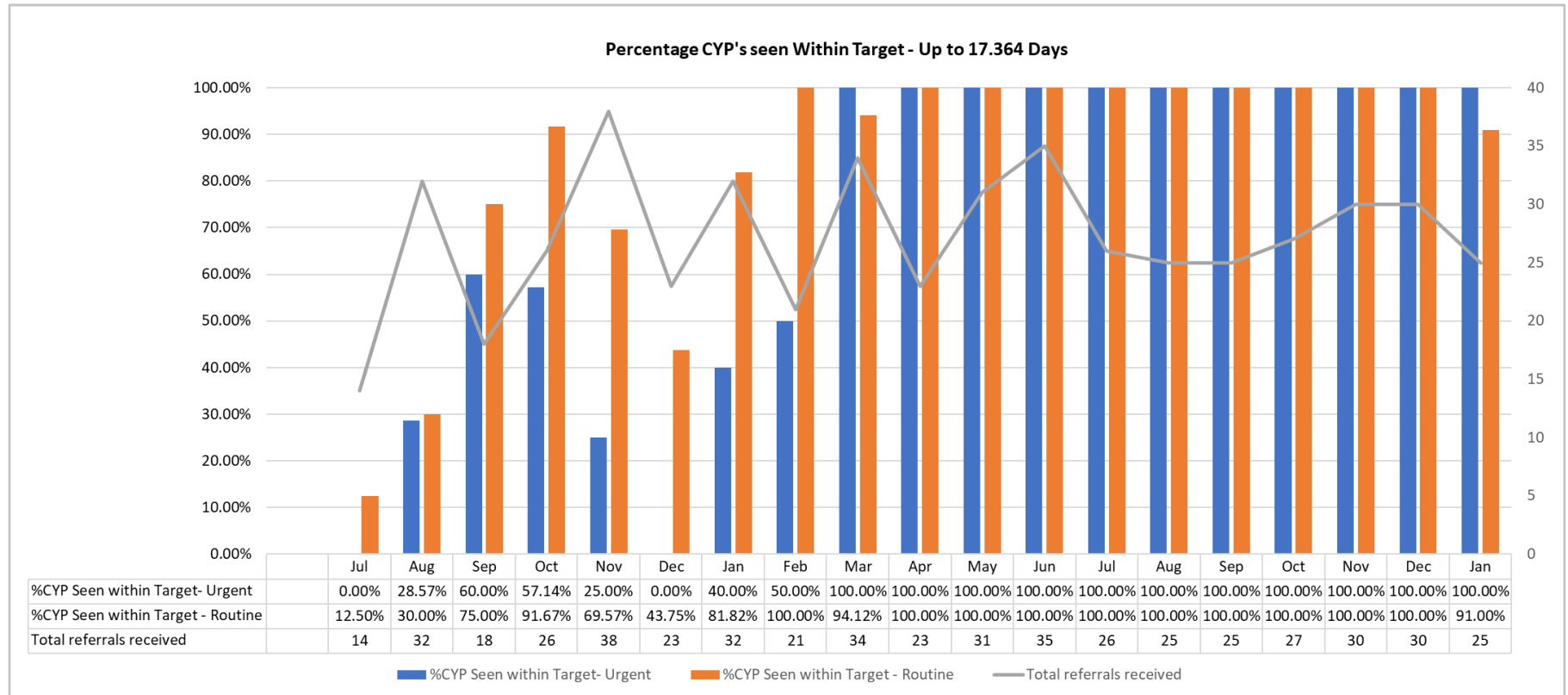
			<ul style="list-style-type: none"> ○ Emotional wellbeing workshops for children and young people ● https://www.compass-uk.org/services/compass-coventry-children-and-young-peoples-mental-health-service/
		Youth Offending	<ul style="list-style-type: none"> ● Two dedicated primary mental health workers from CAMHS integrated with Youth offending service that: <ul style="list-style-type: none"> ○ Support children and young people with their emotional wellbeing who have offended / going through criminal justice. ○ Support assessing and delivering interventions, to young people receiving out-of-court-disposals, to try and prevent further offending. ○ Offer parenting assessments and services and support and the management of parenting orders. ○ Support children and young people with substance misuse / mental health conditions
		Peer Mentoring Support Service	<ul style="list-style-type: none"> ● Delivered by CW Mind to provide support to: <ul style="list-style-type: none"> ○ Aged 17–18, transitioning through pathways from children and young people’s mental health services to adult mental health services. ○ Aged 17–25, who have never accessed mental health services but are at risk of needing a mental health intervention. ○ Leaving care aged 18-25 who are at risk of accessing mental health services.
		CAMHS Children Looked After (CLA)	<ul style="list-style-type: none"> ● A dedicated mental health service for CLA being delivered in partnership between CWPT and Compass, which includes: <ul style="list-style-type: none"> ○ Case consultations for CLA with social workers and foster carers ○ Therapeutic interventions for CLA, such as Art Therapy ○ Training for (foster carers / residential homes), to increase placement stability. ○ Mental health Assessments for CLA ○ Therapeutic intervention support such as Dyadic Developmental Psychotherapy (DDP) / Art Therapy ● This service sits across both Tier 2 and Tier 3
Tier 3 - Specialist	Specialist services to address moderate to severe mental health needs.	Specialist CAMHS	<ul style="list-style-type: none"> ● A range of specialist clinical support offers, provided by CWPT, including: <ul style="list-style-type: none"> ○ Specialist mental health diagnosis and treatment for moderate mental health needs. ○ Specialist Eating Disorder (ED) diagnosis and treatment. ○ Crisis and Home Treatment ● https://cwrise.com/our-services
Tier 4 - Inpatient	In-patient admissions for the most severe presenting needs	Inpatient hospitals	<ul style="list-style-type: none"> ● Acute hospital admission for children and young people with severe mental health needs (NHS England funded) and require medical intervention

Appendix 2

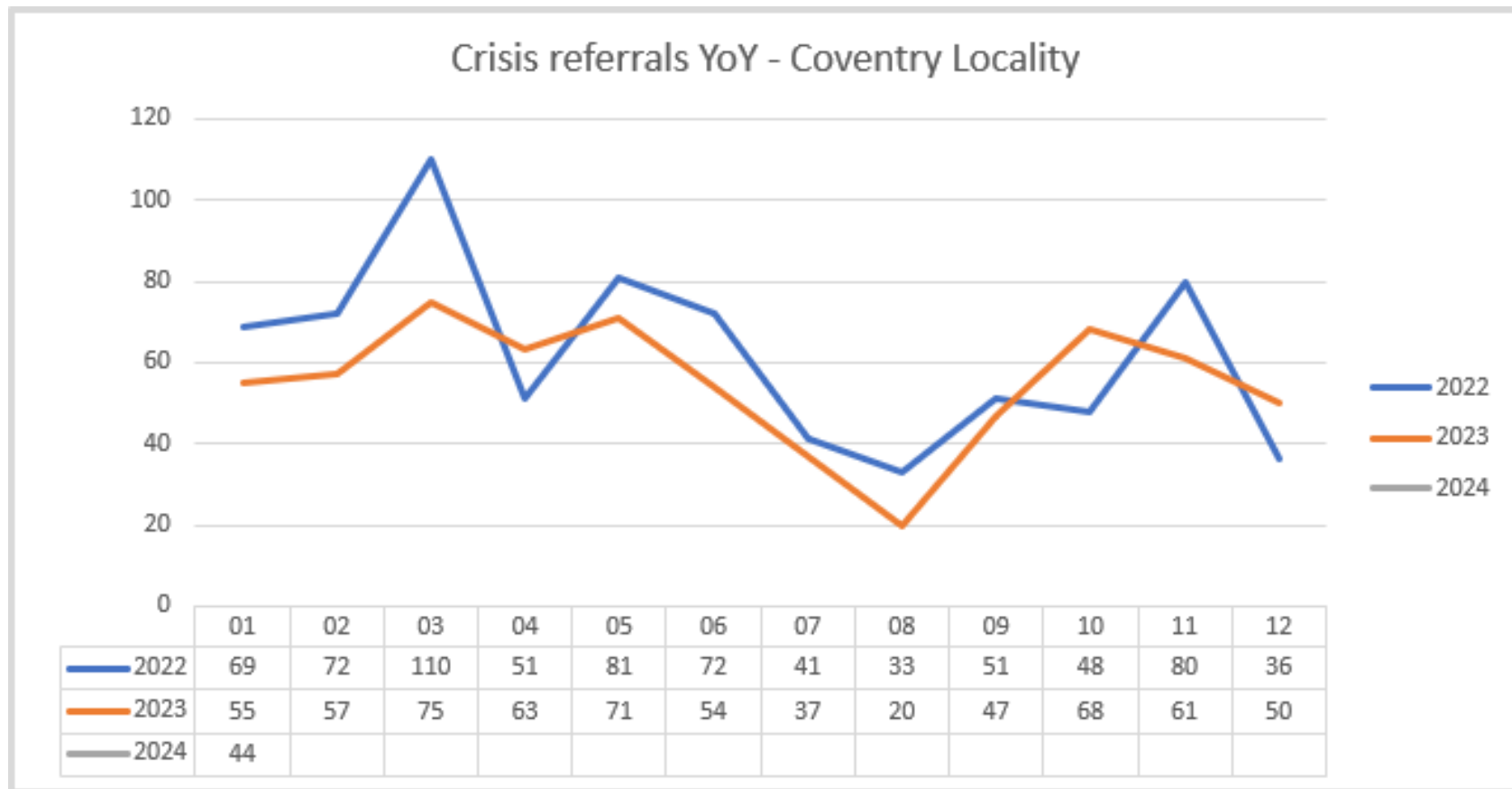
Graph 1 – waiting times (in weeks) of children and young people waiting for specialist intervention.



Graph 2 – No. of CYP being seen within the Eating Disorder service and the number of referrals. Targets set by NHSE are urgent referrals to be seen within 1 week and routing within 4 weeks.



Graph 3 – number of referrals into the Crisis and Home Treatment Service.



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Coventry City Council

Briefing Note

To: The Joint Education and Children's Services Scrutiny Board (2) and Health and Social Care Scrutiny Board (5)

Date: 5th March 2024

Title: Coventry Safeguarding Children's Partnership Annual report 2022-2023

1 Purpose

- 1.1 To brief the Joint Education and Children's Services Scrutiny Board (2) and Health and Social Care Scrutiny Board (5) on the Coventry Safeguarding Children's Partnership (CSCP) annual report in relation to activity of the CSCP September 2022- March 2023.

2 Recommendations

- 2.1 The Joint Education and Children's Services Scrutiny Board (2) and Health and Social Care Scrutiny Board (5) are recommended to:
- 1) Note the contents of the annual report at Appendix 1
 - 2) Identify any further recommendations for the Cabinet Member or other partners.

3 Information/Background

- 3.1 Working Together 2018 states that, *'In order to bring transparency for children, families and all practitioners about the activity undertaken, the safeguarding partners must publish a report at least once in every 12-month period. The report must set out what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.'*
- 3.2 Safeguarding partners should make sure the report is widely available, and the published safeguarding arrangements should set out where the reports will be published. A copy of all published reports should be sent to the Child Safeguarding Practice Review Panel and the What Works Centre for Children's Social Care within seven days of being published.
- 3.3 The CSCP had 3 priorities for 2022-2023 :
- Child Sexual Abuse
 - Exploitation
 - Making the system work

4 Priorities for 2023-2024

4.1 The following have been agreed as the priorities for 2023-2024:

- Child Sexual abuse
- Exploitation
- Making the system work

Appendices

Appendix 1: Coventry Safeguarding Children's Partnership Annual report 2021-2022

Report Author(s):

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Enquiries should be directed to the above person.



■ Annual report 2022 -2023





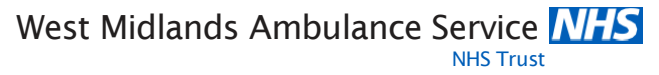
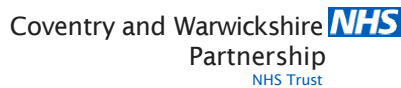
**Coventry
Safeguarding
Children**
PARTNERSHIP

Board partners



Our values

-  Aspirational
-  Inclusive
-  Open and honest
-  Welcoming





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Introduction from the Chair

Derek Benson

Independent Chair of Coventry Safeguarding Children Partnership

Welcome to the Annual Report for the Coventry Safeguarding Children Partnership for 2022/23.

The Annual Report provides an update on the work of the safeguarding partnership, and details the progress made against our priorities; Child Sexual Abuse, Exploitation and Making the System Work. The need for agencies to work effectively together to address these and other issues has never been more important, and the ongoing commitment of the lead-safeguarding partners as well as a wide range of other statutory and voluntary organisations remains a strength in Coventry.

The wellbeing of our children and young people is our primary concern, and as a partnership we will continue to listen to children and their families, so we are able to understand and respond to the safeguarding issues they face in their daily lives.

We would also welcome feedback from the wider public and our contact details can be found below:

Coventry Safeguarding Children Partnership (CSCP)

This team cannot take calls related to individual children or families. To discuss an individual or a case, please call Coventry Children's Social Care at the Multi Agency Safeguarding Hub (MASH) on 024 7678 8555.

Telephone: 024 7697 5477

Email: CoventryCSCP@coventry.gov.uk

X @covCSCPandCSAB

Sign up to the CSCP [newsletter](#)

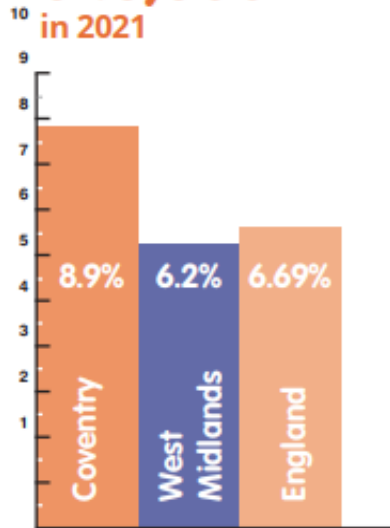


Coventry's population figures

Population growth

317,000
total population of
Coventry in 2011

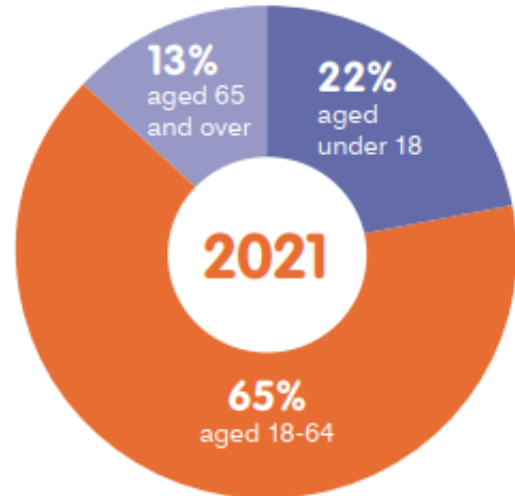
345,300
in 2021



Population increases since 2011

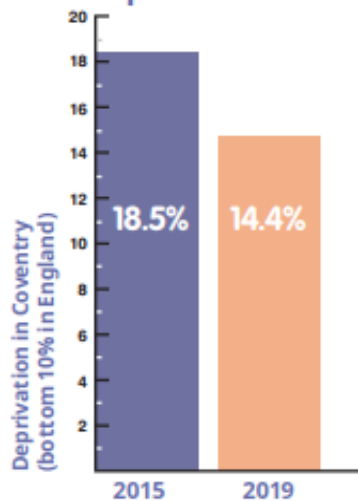


School aged children from an ethnic background in 2021



Coventry population by age group 2021

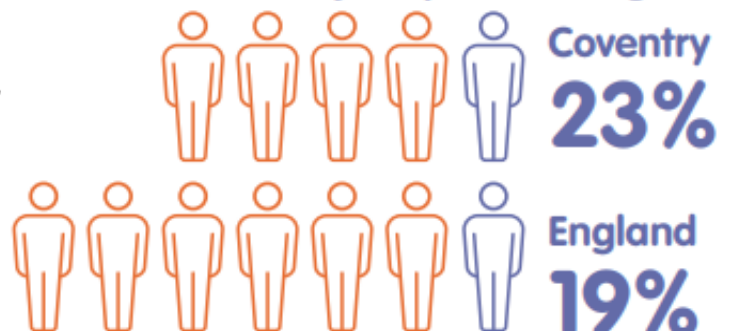
Changes to Coventry's deprivation levels



A young city.
Average age **32 and falling**

England average **40 and getting older** over time

Percentage of children living in low-income families.
How Coventry compares with England





Introduction

This document constitutes a position statement for Coventry Safeguarding Children’s Partnership covering activity from April 2022-March 2023

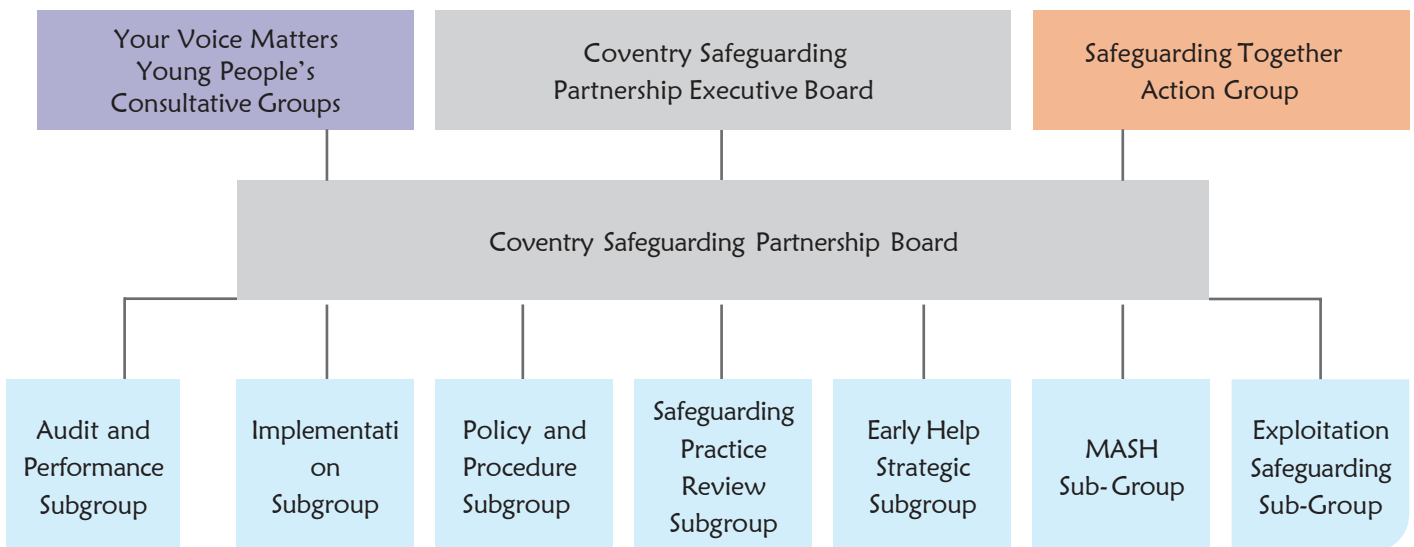
Our vision is to work in partnership to ensure that children and young people are protected from harm and neglect and that their welfare is promoted.

Our values are:

- To put children, young people and families at the heart of everything we do.
- To ensure that partners work together achieving better outcomes for children, young people and their families.
- To recognise and share examples of good practice so that these can be replicated in other areas.
- To be innovative and to try new approaches to ensure continuous improvement.
- To be open and honest about barriers that may be preventing improvement so that we can collectively agree how these may be overcome.
- To ensure that poor practice is challenged appropriately to ensure that it leads to improvements in the system.
- To ensure that children, young people, and their families receive the right service, at the right time in the right way.

Coventry Safeguarding Children’s Partnership benefits from strong, maturing relationships with partners which allows a greater degree of not only collaboration but challenge. The governance structure of the partnership is shown below:

The governance structure of CSCP





An Executive Group, made up of Safeguarding Partners, who want continuous improvement of safeguarding services for children and young people is in place. It meets on a monthly basis. Meeting more regularly has been instrumental in ensuring that work is progressed in a timely manner.

The CSCP has a number of sub-groups. All sub-groups report to Board in relation to progress, areas for development and those that require the support of the Board to move forwards. This ensures that Safeguarding Partners have a good understanding of the progress of work and highlights areas where blockages need to be removed or issues resolving.

The CSCP considers planned work but also responds to emerging issues, an example of this being the Ward 14 audit (detailed later in this report).

Priorities

For 2022-2023 the CSCP had 3 priorities

Child Sexual Abuse
Exploitation
Making the system work

Progress against priorities: Child Sexual Abuse

What's working well?

Child Sexual Abuse Leads provide consultations to workers who are working with children and families experiencing child sexual abuse. The Child Sexual Abuse consultation process allows for a discussion with a specifically trained social worker who is able to identify areas of concern and safety and guide practitioners in their next steps. This means that children and their families benefit from well supported and skilled social workers.

The Probation Service delivers specialist accredited offending behaviour programmes for people with a sexual conviction, supporting the protection and safety of children.

Mountain View Medical Centre (Sexual Assault Referral Centre) are routinely invited to attend MASH and area team strategy meetings where sexual abuse is suspected. The participation of these SARC practitioners within the MASH strategy meetings provides opportunities for specialist advice and guidance to be provided, in turn responding to the needs and risks of children in a timely manner with a robust and co-ordinated approach.

A series of resources have been developed with the support of the CSA Leads and added to the CSCP website. These resources can be found here:

<https://www.coventry.gov.uk/coventry-local-safeguarding-children-board/child-sexual-abuse>

At South Warwickshire Partnership Trust the Safeguarding Team provides Level 3 training for all clinical staff who work with children and young people. The Safeguarding Team are currently developing a new Sexual Abuse level 3 training package, this will be face to face and rolling out Summer 2023. Following attending this staff will be able to recognize the signs of CSA, what actions to take, the vulnerabilities that might place a child at greater risk of Sexual abuse. Trauma informed practice will be discussed as well as aspects of the law that protect children from sexual abuse.

Individuals convicted of sexual offences and required to register have an assigned police offender manager who works closely with the assigned probation practitioner. The Probation Service has a mature and developed working relationship with police sex offender managers and operate the joint supervision of this cohort through the MAPPA (Multi agency Protection arrangements) a statutory process which mandates the vigorous oversight, monitoring and intervention with this (and other categories of sexual and violent offenders).

Within the last 12 months MASH and Coventry Probation have established a monthly interface meeting to review process, practice, barriers or challenges to continue to strengthen partnership working. The positive impact of the close liaison between Probation and MASH has afforded opportunities to strengthen the information MASH requires to make time and robust safeguarding decisions for children and families.

The Probation Service enforces Orders and Licences and where information of increased risky behaviour, evidence of new offending or failure to engage meaningfully in rehabilitative interventions, is present then individuals are recalled to serve further time (up to the remainder of their sentence) or returned to Court for re-sentence.

Awareness raising in relation to the role, referral pathway and opening hours of the Sexual Abuse Referral Centre (SARC) has taken place across the partnership. Materials have also been developed and can be found here :
<https://www.coventry.gov.uk/coventry-local-safeguarding-children-board/child-sexual-abuse/5>

Registered sex offenders who are on licence (released part way through the custodial element of a sentence) are subject to a suite of conditions. These include not to live with children, only to work as approved by the service, undertake polygraph testing, prohibited activities eg not to own internet enabled devices, to undertake Sex Offender Management Programmes, not to travel abroad and not to associate with any other convicted sex offenders.

The Vanguard Project in partnership with Coventry Rape and Sexual Assault Centre (CRASAC) have commissioned a 5-week pre-counselling course for over 100 11-18 year old children and young people who are on the waiting list who have experienced sexual abuse and violence, as well as a 12 monthly support group step down post counselling. This offer commenced January 2023.

Children's Services Strategic Leads presented the learning from Child T SPR at the Children's Services Conference and Manager briefings.

The CSCP has developed CSA training which is now being offered across the partnership.

At University Hospital Coventry and Warwickshire CSA is now embedded into all internal level 3 safeguarding training and features heavily in supervision sessions.

The Integrated Care Board Coventry and Warwickshire has ensured that General Practitioner training has focused on CSA. This included a speaker from the Centre of Expertise for CSA who delivered on indicators of CSA, having difficult conversations and gender bias with regards to perpetrators. A presentation on the Safeguarding Practice Review Child T was also delivered. Evidence of learning and implications for practice were captured. Out of 269 responses 234 stated they would change practice following the CSA / gender bias training.

Rise and Children's Services Coventry and Warwickshire Partnership has secured Child Sexual assault training from the Centre of expertise.

What are we worried about?

Coventry Rape and Sexual Assault Centre has a long waiting list for children/ young people requiring support.

Since the NSPCC have closed in Coventry- there is no service for young people that display harmful sexual behaviour. For children who display harmful sexual behaviour there is no clear approach or support. Often sexually harmful behaviours are responded to in relation to the behaviour rather than exploring the reason for the abuse.

The Probation Service continues to have a shortage of qualified Probation Officers. This can result in high workloads and turnover of staff managing cases.

The Safeguarding Together Action Group undertook an activity with practitioners to understand the barriers to identifying and responding to Child Sexual abuse. The number one reason that practitioners identified was concerns about disrupting an investigation. Further work is needed in this area.

National figures state that 1 in 20 children are likely to suffer child sexual abuse. The CSCP recognizes that there are potentially still a large number of children who are affected by this type of abuse who are not identified by partners.

The number of prosecutions in relation to Child sexual abuse is still low and means that many perpetrators of sexual abuse may continue to offend.

Parents still focus on stranger danger when raising awareness with children about sexual abuse. Local data shows that 91 per cent of perpetrators are known to the family. There needs to be a greater focus on this in awareness raising with children and families.

What needs to happen?

A review of interventions, support and therapy services specialising in working with children and families where child sexual abuse has been identified.

A framework needs to be developed to respond, assess and offer intervention to children who display harmfully sexual behaviour.

CSA Leads to be invited to strategy meetings where sexual abuse is the prevalent concern, advising the practitioner how to approach the concerns during the assessment period.

Consideration of a specialist team of CSA Leads, to allow co-working, support and guidance more consistently.

Exploitation

What's working well?

Horizon, the multi-agency Exploitation Team have supported up to 101 children across the Service within the last 12 months on a monthly basis. Risk is managed effectively within Horizon due to the strong multi-agency working relationships with a focus on parents being partners in the safeguarding plan. The impact of this approach has reduced families needing to move out of City, children becoming looked after and support being offered in the community.

Horizon has been identified as part of the pivotal change in the reduction of children entering custody. Youth Justice Service and Horizon collaboration is strong, with the development of one plan which feeds into the Youth Justice Service plan and the Child in Need plan. This compliments the overall approach to the child. There is effective communication and both teams work together to ensure that children are seen daily when required.

SOCEX (Serious Organised Child Exploitation) has been established for 12 months. Daily SOCEX briefings consisting of West Midlands Police, Horizon, Health, Education and Youth Justice representatives are held to review information linked to children. Within the last 12 months 2 reviews have been completed evidencing strong information sharing and early intervention offers to children and young people.

Horizon track themes and trends to develop earlier prevention and intervention opportunities within the community to tackle child exploitation and serious youth violence. Including the most recent trend in respect of hammer attacks and what disruption action can be considered by partners.

At a recent GP learning event hosted by the Integrated Care Board, training was given to GP's to inform them about the health risks and indicators to observe for during consultations that may indicate that a young person is being exploited.

St Giles continue to work within University Hospital Coventry and Warwickshire and liaise on a regular basis with the Safeguarding Team. They identify and offer support to victims aged up to 25 years of age who may have been victims of violent crimes or be engaged in practices which could lead to extra familial harm.

The multi-agency Daily Missing Triage meeting is well embedded across Coventry Children's Services, West Midlands Police LOCATE (missing persons team), Education and Health Partners. This forum discusses missing and found children that creates opportunities for prevention, intervention and disruption. The Daily Missing Triage meeting will also consider and discuss approaches for children missing from Education, ensuring timely responses to the identified needs or risks. All missing children from home, care or education are tracked robustly via the Daily Missing Triage meetings.

Coventry and Warwickshire Partnership Trust has Level 3 Exploitation training which is made available to all eligible CWPT staff. CWPT also share all information relating to Exploitation with the Champions groups through weekly bulletins and on the Trust intranet site.

Horizon has skilled Team Managers and Practitioners who provide case consultations for all new referrals and children open to social workers within the Area Teams and Through Care when Child Exploitation or Serious Youth Violence has been identified.

University Hospital Coventry and Warwickshire has completed a lot of awareness raising about 16/17 year olds being children as often they are treated on adult wards particularly if there were indicators of exploitation. This has helped to raise staff awareness and improved safeguarding practice.

Horizon continues to deliver multi agency training and awareness raising of Child Exploitation via Coventry Safeguarding Children's Partnership.

A Child Exploitation Health navigator supports the Horizon team to review and consider the health aspects that may impact on a young person affected by exploitation. The post is developing training which will be delivered to health professionals to understand the signs and impacts and how to support young people. The post is working closely with health teams, such as Family Nurse Partnership (FNP) to help identify parents who may be at risk and how they can be supported.

The Integrated care Board bid for and received funding for the Vanguard project. It is part of the NHS commitment to provide additional support for the vulnerable children and young people with complex needs across multiple domains between the ages of 0-18, including some of the most children locally who have been subject to child exploitation and significant trauma. To ensure that staff working with young people are trauma informed, a suite of bitesize trauma informed bitesize modules have been created.

A youth worker pilot in Children's Services and St Giles has been created with 14 new posts called Positive Directions workers who are Trauma Informed Youth Worker Practitioners that work directly with children and young people that

have experienced trauma and adversity and are using the Social Prescribing model to engage and empower young people and reconnect them to their community.

Following the success of the awareness raising sessions, Horizon have developed a targeted intervention programme that will be delivered in 2 secondary schools in Coventry in May 2023, focusing on educating pupils and the workforce around the risks associated with Child Exploitation. This will be a rolling programme across secondary schools throughout 2023 and early 2024

There are several workstreams taking place around awareness raising of exploitation that Horizon lead on, developing a training package for all hotels across Coventry, upskilling all staff in hotels to recognize and report child exploitation. There is also a development group putting together an E-learning package for people employed by business across the City to log onto to learn more about exploitation and how to support children.

Horizon practitioners are leading on developing a parenting information pack that will be co-designed by parents and carers (residents of Coventry). Horizon recognizes there are several resources created by professionals but not by Coventry parents. Horizon have identified this approach as an opportunity to increase community engagement with a small population of parents and carers who have been impacted by child exploitation or serious youth violence.

In the Probation Service briefing packs are available to deliver to their teams to raise awareness on spotting exploitation and taking action. In addition to this the Probation Service has dedicated Intelligence Teams and specialist teams managing serious organized crime where practitioners can report to and seek guidance in managing a response to suspicions and intelligence.

South Warwickshire Foundation Trust (SWFT) have developed an Exploitation Toolkit to aid the identification of Extra- familial Harm and Exploitation. The Safeguarding Team are continuing to offer practical advice and support to staff. Intensive support is offered to Acute Services to improve knowledge and skills particularly around Child Exploitation. The trust also have a named nurse for Exploitation, the trust expects that this practitioner is involved in all the relevant meetings that they are required to attend and share health information as appropriate to ensure children and young people are safeguarded.

At Coventry college the Safeguarding team have knowledge and understanding of the local community, as well as challenges faced by the young people/ learners living within their community. The wellbeing team meet with 'at risk' learners to discuss risk of exploitation and vulnerability. They also have an awareness of support/agencies available locally to refer and/ or direct learners and families to them. Strong links with statutory agencies in the area, ensure effective referrals to support learners and their families. Regular contact with Organised Crime and meetings with local community police officers ensure information sharing and a consistent service continues to meet the needs of our learners.

What are we worried about?

There has been a reduction in screening tools being completed across the partnership. A tedtalk is proposed around educating the partnership around how to complete a good quality screening tool.

Within the last 6 months Coventry has seen an increase in hammer attacks, in comparison to 18 months prior when gun and knife crime was more prevalent. Knife crime continues to be a feature with the children supported by Horizon and Youth Justice Service. Youth workers are taking the opportunity to educate children they come into contact with via the Return Home Interviews around the risks associated with hammer attacks.

There continues to be a lack of consistency in embedding contextualized safeguarding within assessments and intervention plans for young people. Practitioners need to consider the wider environmental factors which impact upon a child's health and well being and are correlated to safeguarding risks.

Recruitment to the Horizon team has been slow, which has impacted on the number of children able to be directly supported by the team. For these children, the Horizon Managers increased join supervision and case consultation offers.

Unaccompanied Asylum seekers are a concern at City college due to their journey and possible trafficking impacting on their mental health. This escalating their vulnerability to exploitation as they lack a sense of belonging.

University Hospital Coventry and Warwickshire report that there have been occasions when a child or young person has presented with significant injuries such as those from shooting and there has been a lack of professional curiosity. This can lead to a delay in sharing information with Children's Social Care or the police about these presentations.

Children who have been issued with a threat to life warning continue to be a concern for Children's Services. There needs to be greater sharing of information between

What needs to happen?

The SOCEX process needs to embed to continuously improve the response to concerns for exploitation. It also needs to have a wider focus in terms of perpetrators, locations and disruption activity.

Further training is needed in health to support more professionals to complete exploitation screening tools and make appropriate referrals.

Work with parents is needed to help parents to spot the signs of exploitation and enable the family to support the protection of the young person.

The Horizon team structure needs to be reviewed alongside the development work scheduled for missing children to ensure the resources meet the increased demand

Horizon have been instrumental in supporting the partnership to manage risks posed to children within the city rather than requesting for children and their families to be moved, as Horizon recognise this approach can increase the risks to the child and family. When co-ordinated well the risk management plan is effective at targeting the perpetrators, increasing safety within the community and enabling the child/ren to

remain close to their family network. There are times, when it is not safe for a family to remain within the City, or professionals have identified a circuit breaker to support in stabilising the child/ren's situation away from harm. However, the current out of city provisions are often expensive, not specialized in supporting children who are being exploited or not available when needed and results in high costs placement that do not meet the needs of the child. Horizon have been creative when exploring alternative options to care and will continue to practice this approach.

The Horizon monthly report needs to be shared with the Partnership to increase shared learning, opportunities of joint targeted intervention and disruption.

Awareness raising is needed with children and young people across the City to highlight the impact of Serious Youth Violence.

Making the system work

What's working well?

Coventry Safeguarding Children's Partnership has responded to emerging issues swiftly an example being the audit in relation to Children with Disabilities and complex health needs placed in residential special school settings.

Most agencies maintained their compliance with child safeguarding awareness training and were at 90% or above.

The Partnership is seeing signs that Signs of Safety is embedding when undertaking multi agency audit activity.

Right help, right time is incorporated in single agency safeguarding training to ensure that children and families receive the right help at the right time.

In order to improve the quality and consistency of capturing Voice of the Child, West Midlands Police have adopted the AWARE principles which provide a structure for recognising and reporting on concerns for children. These principles have been developed into a mobile application providing frontline officers with a guide to understanding the Appearance, Words, Activity, Relationships and Environment of children they encounter at incidents such as Domestic Abuse. The training on these principles has been rolled out to all frontline officers and continues to be rolled out across the organisation, and aims to improve recognition of hidden vulnerability

University Hospital Coventry and Warwickshire Safeguarding Team continue to offer support and guidance to staff in relation to all aspects of safeguarding, through supervision as well as visibility in clinical areas.

The implementation of a standard pro form for Probation requests for information from MASH has been jointly developed and implemented resulting in timely responses of quality. Probation managers have monthly meetings with MASH managers to discuss the process and any improvements that are required. This is effective and ensures that any barriers to sharing information are addressed and resolved.

The Public Health approach to tackling under 25 violence is working well. Police data shows that the most serious incidents i.e homicides, concerning under 18's has reduced significantly.

At University Hospital Coventry and Warwickshire the Safeguarding Team continue to offer support and guidance to staff in relation to all aspects of safeguarding ,

through supervision as well as visibility in clinical areas.

21 GP practices in Coventry now have access to the Early Help Module allowing them to identify any key/ lead professionals working with the family.

Partners are committed to ten Early Help Outcome workstreams each led by a member of the partnership. This joined up approach to Early help allows key priorities to be progressed in the best possible way for children and families.

South Warwickshire Foundation Trust has two Nurses currently working within the MASH. This facilitates the safeguarding of children and young people through information sharing and partnership working. The Trust also contributes to regular audits of cases within the MASH. This allows for all partners to look to improve practice within the MASH.

Coventry College Safeguarding Policy and procedures set out a commitment to protecting children and young people from abuse. Guidelines are in place for support and guidance. Staff are aware of how to keep children safe and respond to concerns.

Health as a system have improved the requesting/ sharing of GP information to inform MASH analysis of risk. MASH health professionals have delivered training to Safeguarding Co-ordinators at the GP protected learning time event regarding the importance of sharing information in a timely way and the MASH process. As a result 158 practitioners stated that they would change their practice.

The Probation Service recently implemented a national mandate for Child Safeguarding checks to be completed at court at the point of sentence. In Coventry the Probation Service has worked closely with Coventry Children's Services to implement the new procedures. The intention is to expedite the risk assessments so that risks to children can be understood and mitigated quickly to manage the impact of a parent going to custody on a child.

South Warwickshire Foundation Partnership Trust (SWFT) have made changes to the way information is disseminated to staff within SWFT so they are now confident that lessons learnt are disseminated Trust wide. The Safeguarding Link Group meeting has now been set up, consisting of frontline practitioners. The aim of the group will be for short, sharp messages to be relayed that can be taken back to 'frontline' teams for sharing. The Link Group will be able to support the dissemination of messages and encourage their Teams to utilize the Safeguarding Information Library and share lessons learnt.

The Domestic Abuse Act 2021 and the Drug and Alcohol Strategy (from Hard to Hope) have both resulted in additional funding being made available to support the implementation of additional capacity to support children, young people and families. Both require partnership boards which have been established in Coventry and include a wide range of members across the health, social care, justice and voluntary sector to drive forward change and developments impacting the system.

Public Health commissions a number of services. All are required to have a named safeguarding lead. It is one of the contractual requirements for all commissioned providers to ensure that they deliver safeguarding training to their staff groups and work within local safeguarding arrangements. This is monitored through regular contract performance meetings and 'safeguarding' is a regularly timetabled feature of discussions and audits carried out by services.

At Coventry college the Safeguarding Team have knowledge and understanding of the local community – and challenges faced by the young people/learners living within their community. The wellbeing team meet with 'at risk' learners to discuss risk of exploitation. They also have an awareness of support/agencies available

locally to refer and / or direct learners and families to them. Regular contact with Organised Crime and meetings with local community police officers ensure information sharing and a consistent service continues to meet the needs of our learners.

The IRIS programme is commissioned within GP surgeries to support victims and domestic abuse and their families. All families referred to IRIS are now signposted to the Early Help Hubs.

What are we worried about?

The complexity of cases that require a multi-agency response have continued to increase. This is reflected in the number of rising cases being referred into the Multi Agency Safeguarding Hub (MASH).

The cost-of-living crisis is having a significant impact on children and families across the City including members of our workforces.

Partners are committed to ten Early Help Outcome workstreams each led by a member of the partnership. This joined up approach to Early help allows key priorities to be progressed in a truly partnership manner

Recruitment and retention is a key concern for a number of agencies across the partnership.

At University Hospital Coventry and Warwickshire (UHCW) the system continues to be challenged by the number of young people presenting with mental health needs. This prevents timely discharge from UHCW NHS Trust either following mental health reviews or the need for alternative accommodation.

What needs to happen?

Workforce development activity needs to be undertaken to support practitioners to ask families for consent where there are concerns.

A review of timely escalation when there are delays in discharging young people with mental health needs.

Consideration of males in the family is variable and needs to be developed across all agencies.

Local Authority Designated Officer

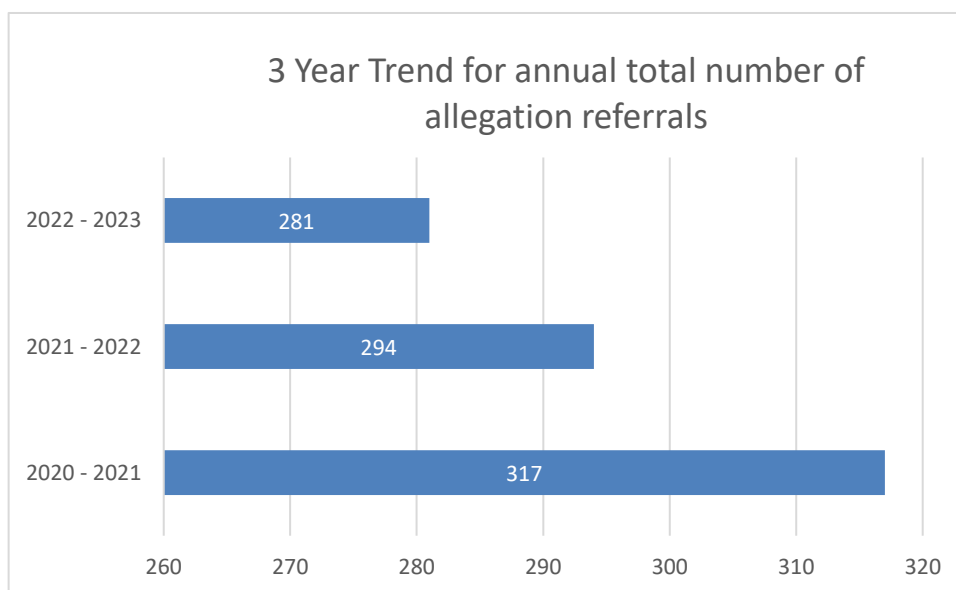
The statutory guidance Working Together to Safeguard Children 2018 sets out the requirements for all agencies providing services for children to have procedures in place for reporting and managing allegations against staff and volunteers. This is mirrored in Keeping Children Safe in Education 2022. This statutory guidance highlights the need for a LADO to oversee the process, by giving independent advice on thresholds and the other aspects of safeguarding when an allegation is made. This includes a range of measures, in consultation with the employer, including risk assessment, the use of suspension for more serious conduct matters and/or criminal investigations, alongside other issues including managing duty of care to the employee and proportionality to ensure the process is concluded fairly and as soon as possible.

The procedures for the management of such allegations Coventry LADO follows are set out in the West Midlands procedures accessible via the following link: <https://westmidlands.procedures.org.uk/ykpyz/statutory-child-protection-procedures/allegations-against-staff-or-volunteers/>

Training to increase awareness of the LADO and managing allegations process with partners and internally within Coventry City Council (CCC) continued to be delivered across the year with an increase year on year in the number of training events and in line with this the number of organisations and participants accessing this.

Volume of Allegations

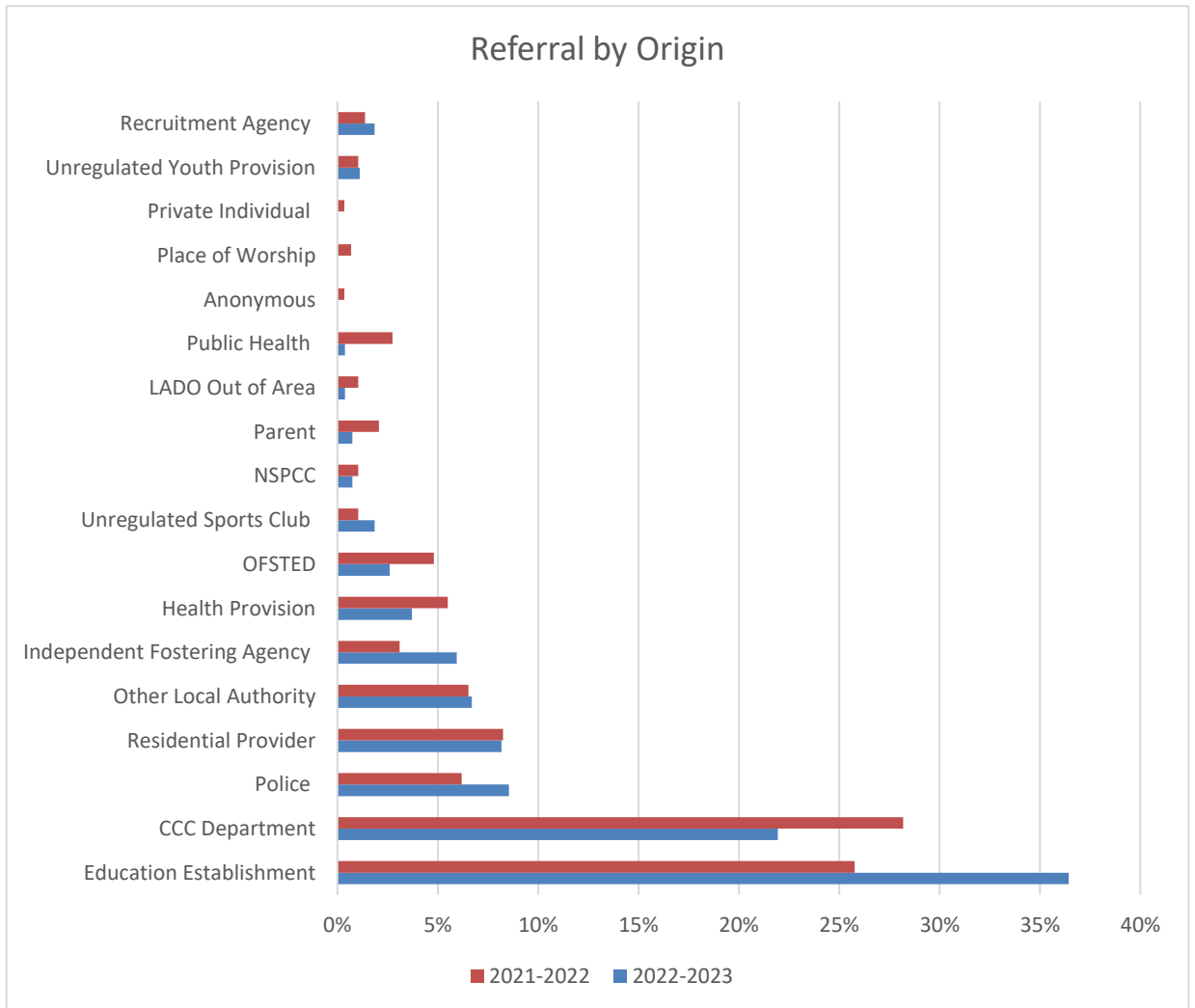
The total number of LADO allegation referrals (excluding advice and guidance) for 22/23 and for the preceding two years for comparison are shown on the chart below.



The difference between 21/22 and 22/23 referrals was a marginal decline of 4.4% equating to 13 less referrals year on year which is not viewed to be significant indicating the volume of referrals made to LADO in Coventry is largely stable.

Source of Allegations

The chart below shows the percentage of referrals made by the referring organisation/individual including a year-on-year comparison. This information indicates that LADO referrals are being received from a breadth of organisations indicative that awareness of the duty to report to the LADO where an individual in a POT has harmed a child or may not be suitable to hold a POT working with children is well established in Coventry.



There are some notable variations year on year as detailed in the narrative below including the largest source of allegation referrals made to LADO in 22/23 being made by educational providers which increased significantly year on year from 26% to 36% of all allegations overtaking those received from the social work teams across the LA, which for the last two years had previously made the highest number of referrals. The referrals from educational establishments are distributed across all key stages encompassing all age groups of children.

A further significant year on year increase building on an increase seen in 21/22 in the source of referrals were those emulating from the police with this moving from 6% to 9% year on year.

However, the previous increase in referrals seen in 21/22 made by health was not repeated with referrals declining in 22/23.

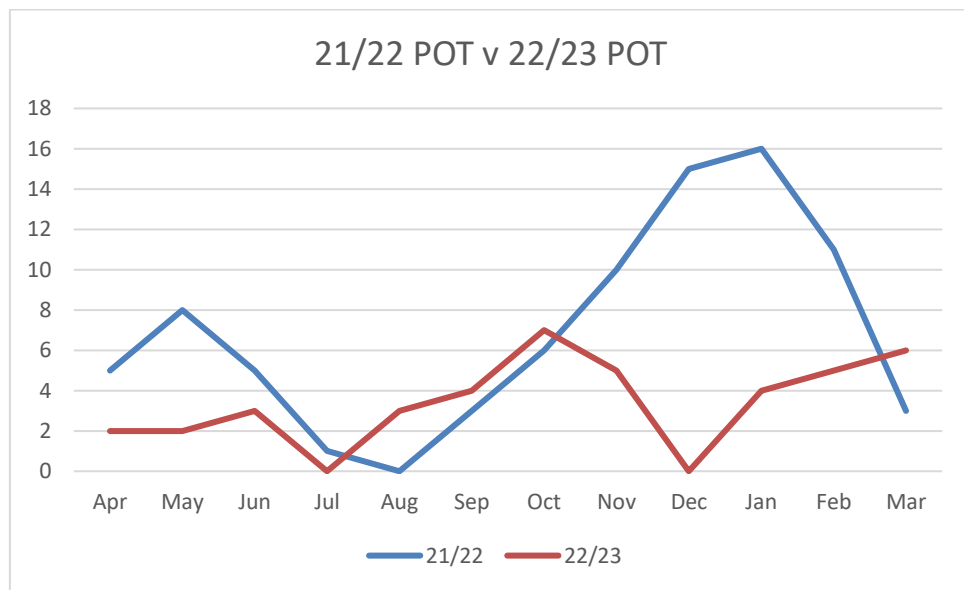
Other notable increases were seen from Independent Fostering Agencies making referrals which doubled in proportion year on year from 3% to 6%.

However, the above data refers to the sector/area by whom the referral is made, which is not always congruent with where the POT of concern being referred is held. However, this is still of relevance as an indicator of awareness of the LADO's role and the duty to refer being recognised and acted on across all partners, professionals, individuals, and agencies when a person in a POT is believed to have caused or acted in a way to indicate they have or may cause harm and/ or not be suitable to work with children.

Performance and Analysis

POT meeting analysis

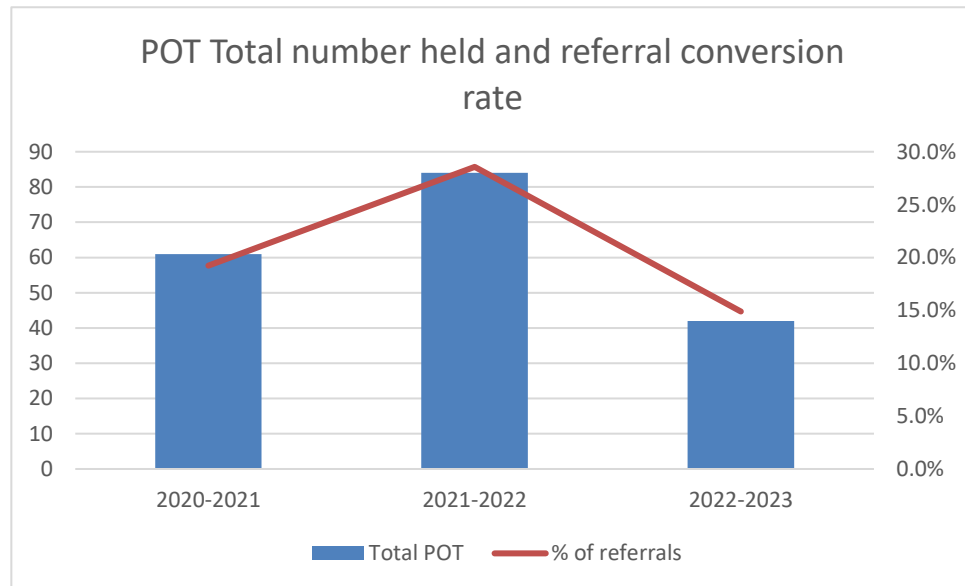
With respect to the number of allegation referrals where an Initial Position of Trust meeting (IPOT) was convened in 22/23, as anticipated this decreased significantly (see narrative below) from 84 IPOT meetings in 21/22 to 42 in 22/23. The distribution of these across the year versus 21/22 is depicted on the graph below mirroring the National pattern of referrals made with dips seen in the key holiday months July, August and December.



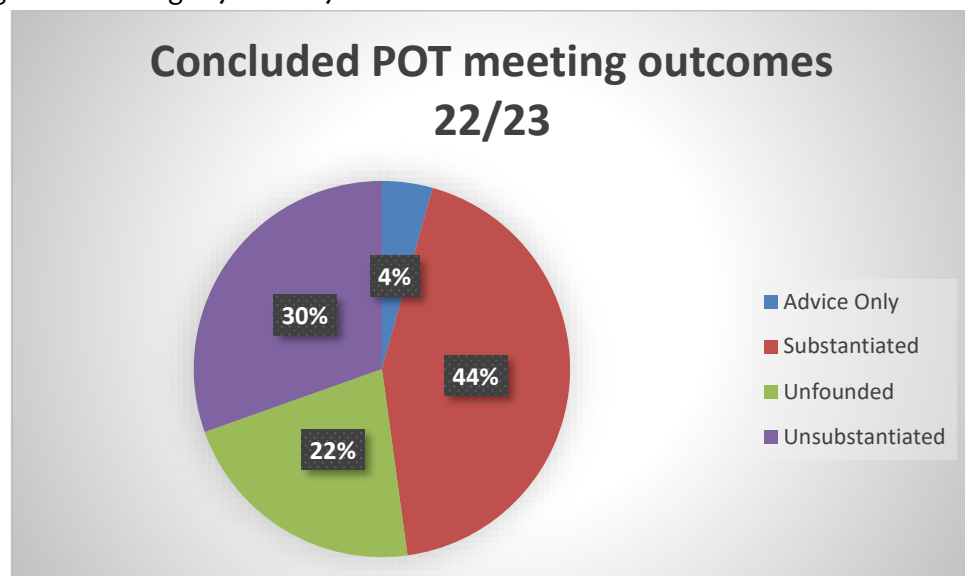
It is positive that as anticipated the predicted referral to IPOT conversion rate has reverted to previous levels of between 10-20% as shown on the graph below which is also in line with Regional and National benchmarks. This indicates along with other quality assurance dip sampling undertaken the application of threshold was more consistently applied in 22/23 whereas this was not the case as noted in the 21/22 Annual Report where there were a disproportionately high number of POT meetings due to the inconsistent application of threshold (being too low) in Q3/Q4 in 21/22.

This is represented on the graph below with the conversion rate across 22/23 being

14.9% of all referrals returning to within the range previously seen prior to that reported on and accounted for in the last LADO Annual Report for 21-22 which was identified as an outlier both locally, regionally and nationally amounting to 28.5% of all referrals due to the disproportionately high level held in Q3/Q4 in 21/22 as opposed to in 22/23 as depicted on the graph below which shows a return to anticipated conversion rates in line with the national and regional picture across 22/23.



For those referrals that progressed through the POT process with one or more POT meetings being convened, the chart below summarises the final outcomes for those concluded to date (May 23). Of these for 44% (42% in 21/22) the outcome was substantiated with 30% having an unsubstantiated outcome as occurred in 21/22 and 22% in 22/23 for unfounded close to the 19% seen in 21/22. Thus there are no significant changes year on year.



Across 22/23 of the 42 allegations where an IPOT was convened the chart below shows the number and % of these that required additional review POT meetings to be convened before an outcome was reached. The number of allegations requiring 3-4 POT meetings increased year on year from 10% to 15% reflecting the increasing complexity of allegations. However, the majority at 64% of those requiring a POT meeting necessitated only one meeting being convened with the effective sharing of information to reach an outcome to the POT process.



Safeguarding Practice Reviews and Rapid Reviews

Coventry Safeguarding Children’s Partnership has published one Safeguarding Practice Review in 2022-2023.

Coventry Safeguarding Children’s Partnership published the Safeguarding Practice Review in relation to Child T. The full report can be found here:

<https://www.coventry.gov.uk/downloads/file/39573/child-t-safeguarding-practice-review>

The review focuses on Child T. Child T was 2 years old when he presented to hospital by his mother in July 2020. The mother was raising concerns about bruising and soreness to his testicles, penis and bottom. A referral was made to Children’s Social Care and a Strategy meeting was convened. Whilst consideration was given to the injuries being non accidental in nature there was no consideration by any of the parties at the strategy discussion of the potential for sexual abuse.

Recommendation	Implementation
<p>The Coventry Safeguarding Children Partnership should consider how the partners can build on the Child Abuse Strategy to understand what the barriers are in professionals considering the potential of sexual abuse in the family environment.</p>	<p>Child Sexual Abuse Champions have been trained across the partnership to act as experts in their organisations and advise the wider workforce.</p> <p>The CSCP has developed CSA training. This is delivered twice a year and attendance by agency is monitored through the Audit and Performance subgroup.</p> <p>A Child Sexual abuse conference took place in May attended by 167 delegates. The recording is on the website and has been shared across the partnership https://www.coventry.gov.uk/coventry-local-safeguarding-children-board/child-sexual-abuse/7</p> <p>Consultation was undertaken with the STAG-frontline practitioner group to understand the barriers that exist to identifying and responding to child sexual abuse. The most common reason was disrupting an investigation. West Midlands Police delivered a session at the conference highlighting how to work with CSA without disrupting an investigation.</p> <p>The CSCP website has been developed and now contains a host of resources to support practitioners in their knowledge. https://www.coventry.gov.uk/coventry-local-safeguarding-children-board/child-sexual-abuse</p>

<p>The University Hospital Coventry & Warwickshire Trust should:- Review what training on child sexual abuse is delivered to clinicians who examine children. Ensure that staff are aware of the need to access specialist safeguarding advice and how this can be achieved.</p>	<p>UHCW have reviewed the training on child sexual abuse that is delivered to clinicians who examine children. UHCW have ensured Child Sexual Abuse is included in all level-3 Safeguarding Children Training.</p> <p>UHCW have ensured that staff are aware of the need to access specialist safeguarding advice and how this can be achieved. The Safeguarding Team poster has been circulated to all clinical teams and displayed in clinical areas as well as via the internal intranet.</p> <p>UHCW's response to CSA practice and response has improved. This is demonstrated in referral data as the number of referrals for suspected sexual abuse have increased significantly. January 2021- December 2021 4 cases were referred, whereas January 2022 – December 2022 14 cases were referred.</p>
<p>All agencies involved in this review should use the circumstances of this case, family court fact finding and the associated case audit to ensure that staff who are likely to be involved in strategy discussions and meetings consider the potential of sexual abuse.</p>	<p>The findings from this review were shared at the STAG, Children's Services Performance Development Forum and Children's Services conference.</p> <p>A webinar has also been created and disseminated across the partnership https://www.youtube.com/watch?v=8dgLqWsfjeQ</p>
<p>Where agencies are undertaking training on Child Sexual Abuse there should be consideration of involving Mountain Healthcare to enhance the understanding of the referral pathway and further develop inter-agency relationships.</p>	<p>Coventry Safeguarding Children's Partnership Child Sexual Abuse training contains content agreed with Mountain Healthcare, the provider of the Sexual Assault and Referral Centre.</p> <p>MHC attended the STAG in January 2022 and gave a presentation on their service and how to refer.</p> <p>Information is also on the CSCP website: https://www.coventry.gov.uk/downloads/download/7080/sexual-abuse-referral-centre-sarc-resources</p>
<p>The Coventry Safeguarding Children Partnership should ensure that strategy discussions are being undertaken in relevant cases. This should include – Ensuring that the right professionals attend discussions/meetings, in child sexual abuse cases including the SARC.</p>	<p>The MASH undertake regular dip sampling activities focussing on the attendees and quality of strategy meetings held within the MASH.</p> <p>MASH continue to function as business as usual with the appropriate agencies invited and attending all MASH strategy meeting.</p> <p>Regular discussions are held between the MASH & SARC to review and evaluate the existing</p>

<p>That where there is new information that requires sharing and discussion a further strategy meeting is convened.</p>	<p>pathway to continue to identify opportunities to improve practice. In September, the head of service for SARC and MASH met to update the pathway to reduce some areas of duplication that was identified via the review. This approach of engagement is useful and an effective opportunity to discuss any themes or areas to strengthen practice.</p>
<p>The Coventry Safeguarding Children Partnership should consider working with regional partners to include in the regional guidance on SARCS being invited to all sexual abuse strategy meetings.</p>	<p>West Midlands Child Safeguarding Procedures CSA procedure has been updated and includes information on how to refer to the SARC. The updated policy can be found here:- https://westmidlands.procedures.org.uk/pkyzzq/regional-safeguarding-guidance/sexual-abuse</p>
<p>Agencies involved in referring children to the SARC for examination should ensure that full relevant records of previous examinations (including body maps) are made available to the SARC to fully inform the examination and that they are available for retention with the SARC records.</p>	<p>Mountain Health Care have undertaken awareness raising across the partnership and report that they are now receiving details of previous examinations.</p>
<p>Where a child is examined at the SARC, including follow up visits, on each occasion consideration should be given to examine the child for any signs or indications of sexual abuse where clinically and evidentially appropriate and with appropriate consent.</p>	<p>This now forms part of the contract specification for Mountain Health Care and is monitored.</p>
<p>NHS England, the commissioners of the SARC service should seek to re-establish the SARC Partnership Group. This group should include key stakeholders and undertake a role to raise the awareness of the operation of the SARC and monitor the embedding of awareness.</p>	<p>SARC Partnership Boards are now re-established.</p>
<p>The partners of the Coventry Safeguarding Partnership should agree a policy on undertaking child sexual abuse medicals in the SARC. This should be</p>	<p>This has been agreed and is now on the CSCP website: https://www.coventry.gov.uk/downloads/file/37736/access-to-west-midlands-children-and-young-people-s-service</p>

<p>accompanied by easy to follow guidance for staff.</p>	
<p>The Coventry Safeguarding Children Partnership should work with constituent members to understand how the turnover of key staff may be impacting on key local information being lost and how this can be addressed in relevant staff induction.</p>	<p>Annual newsletter ‘ In case you missed it’ to be produced covering key information. This will be highlighted through the STAG.</p>
<p>The Coventry Safeguarding Children Partnership should consider what information is available to practitioners to effectively seek and record the voice of the child and lived experience, in particular in young pre-verbal children. The partnership should consider what good practice there is available to draw on.</p>	<p>Voice of the Child Practice Standards have been created.</p>
<p>The Coventry Safeguarding Children Partnership should ensure that there are robust mechanisms in place to identify cases which will present learning and development opportunities</p>	<p>A process is now in place for partners to discuss possible cases with a SPOC in Children’s Services.</p>



Sharing the learning from National Reviews

The CSCP shares learning from National Reviews and ensure that measures are put in place to implement any learning locally. An example of this that following the 'Myth of Invisible Men' the engagement of men is a key line of enquiry in all CSCP multi agency audits and a standard element of all CSCP multi agency training.

Quality Assurance and Audits

Audits

Exploitation Audit

Child exploitation is a key priority for the Partnership and so they decided to undertake a thematic audit evaluating the effectiveness of safeguarding practice in this area, which provided them with valuable qualitative information on which to base future decisions about the partnership approach to working with children who are being exploited or a risk of exploitation across the city:

What worked well?

- Evidence that practitioners had understood and responded to thresholds of need and made referrals where appropriate. Early indicators of exploitation and grooming were identified and responded to appropriately e.g. offers of Early Help, referrals into the MASH, mapping was completed, complex strategy meetings were held, and child protection plans.
- Joint working between partner agencies who were engaged in the multi-agency response and planning. There was evidence of coherent information sharing and co-ordination between key partners and the identification and sharing of concerns around links to gangs were managed through the appropriate forums.
- The case file audit submissions from all partner agencies drew attention to the many system improvements that have been made in relation to youth violence in the city.

What were the concerns?

- Interventions following disclosures of abuse and other key events needed to be strengthened. The impact of interventions was unclear, and they did not appear to lead to any safety plans, improved outcomes or impact the trajectory of the young people involved.
- Viewing children through a trauma-informed lens and understanding the ways trauma can affect behaviour, and how to respond appropriately, is an area for development.
- Evidence of assessments and interventions involving direct parental work, but this was often focused on mother's role as primary carer and involved limited engagement with father or any other significant males within the family.



- It is important that all partners are responding appropriately to critical moments in a child or young person's file in order to make a difference to their long-term outcomes
- Parental imprisonment can have a negative impact on children and young people and supporting children when this happens is an area for development.
- Building trusted relationships is a fundamental challenge for all partners working with children and young people who are criminally exploited or involved in gangs.
- Communication and handover between educational settings needed to be better in order to support transitions between schools

What needed to happen?

- All partner agencies need to ensure that early detection of exploitation indicators and critical 'reachable' moments/key events are responded to appropriately with robust multi-agency assessment, planning, interventions and support that leads to improved outcomes for children and families.
- Clear rationale for ending a Child Protection Plan needs to be evidenced within the Case Conference minutes to include how or why the risk has lessened and what changes have been made.
- Consistent trauma informed practice to be embedded across the Partnership.
- If a parent is imprisoned (particularly if they are the main caregiver) this should trigger a multi-agency response and referral to Early Help as a minimum
- All partners should consider ways to meaningfully engage and build relationships with children, young people and their family's experiencing or at risk exploitation.
- Transitions from primary school to secondary school for children who are deemed vulnerable needs to be strengthened
- The Coventry Safeguarding Children's Partnership Exploitation Strategy 2022-2024 to be fully implemented

Quality Assurance Visit to the MASH

The Executive Group of the CSCP, the Children's Services Senior Leadership Team and Lead Member undertook a quality assurance visit to the MASH on 20th May 2022 which afforded them the opportunity to liaise with practitioners from across the partnership, explore their key lines of enquiry to gain further assurance in relation to the functioning of the MASH, and ultimately create a clearer line of sight between senior leaders and frontline practitioners. Each member of the visit team had their own role and focus within the visit which involved a range of bespoke activity including structured interviews with staff, observations of practice, informal discussions with staff and dip sampling. A de-brief session was held at the end of the visit which took a Signs of Safety approach, and an overview of their findings is outlined below.

The quality assurance visit provided the CSCP Executives with an interesting and positive insight into the complexities of the work carried out within the MASH:



What worked well?

- Most referrals into the MASH are appropriate and this continues to improve, although there is still work to be done around improving the understanding of how to refer into Early Help/Family hubs
- Staff are passionate, experienced and knowledgeable. They feel well supported by managers and all those who participated in the discussions stated that although the MASH is fast paced, they enjoyed working in Coventry MASH and were proud to work for Coventry Children's Services.
- The triage and RAG-rating of contacts and referrals works well. The timeliness and completion of the MASH process is also working well with good analysis of risk and management oversight.
- Good relationships between partners which leads to timely and effective information sharing, interventions and decision making.
- Timely decision-making, management oversight and appropriate application of thresholds in the MASH inbox.
- The use of Signs of Safety was identified as working well and being consistently applied by partners.
- Positive feedback was received about the RHRT guidance, and it was recognised that there had been an improvement in the application of thresholds.
- Professional curiosity and thinking about the wider family context and the child's lived experience was evident.

However, the visit did identify some areas that would benefit from further development to help support practitioners working within the MASH, and the wider partnership, to ensure there is high quality information sharing, analysis and decision-making in order to provide families in Coventry with the right response at the right time.



What were the concerns?

- Practitioners are not always gaining consent from parents, and it would appear there is a reluctance from some professionals to have difficult conversations with families.
- The lack of engagement in the MASH and information sharing pathways with the Probation Service was an area of concern.
- Poor quality referrals received from WMAS results in MASH staff spending a lot of time trying to establish basic demographic details and understand the concerns
- There needs to be a better understanding of diversity and cultural issues.
- Wider understanding of the work that is undertaken in in the MARAC forum is needed.
- The way in which referrals and contacts that are received into the MASH inbox and how they are transferred and logged as referrals on LCS was identified as area for development.
- Observations of the advice calls found that decision making appeared incident focused without consideration of the child's/family history and how this information is captured was also identified as area for development
- Police identified there is a limited understanding around the CSCP structure and governance arrangements amongst their staff
- Complex commissioning arrangements within Health were noted; there can be delays in getting permission to access certain IT systems.
- MASH health staff were not routinely liaising with the GP; and when liaison had been initiated there was often a delay in receiving the relevant information from the GP practice.
- Police referrals regarding domestic abuse into the MASH is high.
- The child's voice was not always evident during observations and dip sampling.
- Understanding amongst third sector organisations around the safeguarding/MARF/MASH process.



The following recommendations were made:

What needed to happen?

RHRT workshops to be enhanced with a focus on the application of RHRT in practice, EHACs, EHM and how to complete a quality MARF.

Representation and contribution from the Probation Service within the MASH is required.

The Chief Superintendent from West Midlands Police to invite a number of local police officers to an CSCP Executive meeting to give them an opportunity to gain a better understanding of the governance arrangements and roles within the Partnership.

All partners need to be better equipped to capture, record and use the voice of the child.

Review the operational boundaries of the MASH advice line.

The current process for contacts and MARFs received into the MASH Inbox needs to be reviewed and streamlined.

Partners need a better understanding of consent and develop skills to have difficult conversations and discuss concerns with families.

All relevant agencies need to be invited and contribute to strategy meetings, and minutes from strategy meetings need to be routinely distributed to the relevant partners within a reasonable timeframe

Review of MASH Health standard operating procedure

Awareness raising with third sector agencies in the city to ensure they have a better understanding of the safeguarding/referral/MASH process.

Engagement with the Ambulance Service to ensure the quality of their referrals is improved.



The Child Safeguarding Practice Review Panel undertook a national review into safeguarding children with disabilities and complex health needs in residential settings. Their review considered the experiences of children placed in three specialist independent residential settings located in the Doncaster area, and allegations of widespread abuse. Findings from Phase One of their review identified there was a need for additional assurance that other children living in similar types of residential placements were safe and receiving the most appropriate, quality care and so the purpose of this review was to provide assurance that all Coventry looked after children with complex needs and disabilities, currently living within residential specialist school settings are in safe, good quality placements and well cared for.

The cohort consisted of six children and young people who were identified as looked after children with an Education, Health and Care Plan (EHCP) currently placed in residential specialist educational provisions. A group of senior professionals from relevant services examined the cohort against the review criteria; elements of the review were undertaken via virtual methods whilst others were carried out during a site visit to both the residential home and school.

Based on the evidence obtained during the course of this review, all of the children in the cohort were progressing well and appeared to be safe, happy and thriving in their placements:

- All children in the cohort had an up to date communication and behaviour plans in place that were being used within both the residential home and school setting.
- In all six residential homes, medication was stored in a locked cabinet or safe in a locked cupboard and there was a clear process for administering medication.
- There were no physical or mental unmet health needs identified for any of the children, other than one but the social worker was confident that the residential home and school responded appropriately and are working in partnership with other professionals to ensure the child's health and wellbeing needs are met as a priority.
- All six children had between 96% - 100% attendance at school and they all had well-defined, individualised targets and outcomes in relation to their education and wellbeing, aligned to their needs, that they were working towards, and their progress was apparent.
- All children received regular contact with family members and other significant people in their lives. The contact arrangements were flexible and reviewed as and when required.
- The allocated social worker for each child visited their placement with the aim of directly obtaining their views and thoughts about their experience in the residential home and school. They were able to observe the home environment, the child's bedroom, and their routine to try and understand what day to day life is like for



them. They were also able to observe them in school and in the classroom and their interactions with staff. Five out of the six children did not express any concerns or worries about their placements. The social workers found that the children appeared responsive, positive, happy, settled and safe. They were happy to see their social workers and show them around the home and the school. Natural relationships between staff and children were witnessed during the visits through laughter, hugs, smiles and communication seen within both the home and school environments.

- Appropriate family members were identified and contacted via telephone by the Children’s Disability Team managers and all families said they were generally happy with the school and residential aspects of the placements and shared several positive stories about their experiences. It was felt that the needs of the children were being met, staff in the placements were supportive and, for some, offered more than expected by the family. Staff had built good relationships with the children and have a good understanding of their individual needs in terms of their care and their education.
- Professionals working with the children in the cohort also provided some encouraging and reassuring feedback about their experience of the placements.
- Physical intervention records were reviewed during the site visits and there were some issues discovered in respect of missing signatures and a lack of management oversight.
- The panel were assured that, where needed, liberty protection safeguards were in place.
- Interim annual reviews were completed virtually for all children in the cohort as part of this review and the panel were assured that there were no outstanding actions from Annual Reviews.

What worked well?

- Generally there was effective coordination and liaison between local agencies, including third sector organisations and family members. The panel were assured that the right agencies were involved in the process with strong joined up working throughout the Coventry Partnership.
- Multiple examples of capturing the voice of the young people in the cohort were identified during the audit; there was evidence of consistent, relationship-based practice.

However, there was one child who raised concerns about the staff in his residential home. These concerns were investigated, the LADO was involved, and Coventry Children’s Services took the appropriate action to ensure this young person was kept safe. The overview report was shared with the Local Corporate Parenting Board and the relevant DfE regional improvement support lead for their consideration and to provide assurance that the actions set by the National Panel have been undertaken.

Ward 14

The presentations of young people to UHCW in mental health crisis is increasing in its complexity and the CSCP wanted to gain assurance that the local multi-agency response is effective in its management of complex cases such as these.

What were the concerns?

- A consistent theme for all young people in the cohort was their lack of access to education and/or alternative provision. Two of the young people had both been permanently excluded from school/college and it was clear this had been a pivotal moment for them in terms of the impact on their mental health and emotional wellbeing. Permanent exclusion led to a lack of routine, structure, boundaries and stability, impacting sleeping patterns and behavioural difficulties. Schools need to be informed as soon as possible if there are other agencies involved/working with young people due to concerns about their mental health so the right support can be put in place.
- When children and young people who are evidently and known to be struggling with their mental health, emotional dysregulation and behaviours that challenge, there needs to be more robust, proactive interagency working and information sharing amongst the professional network.
- Cross border working was identified as a challenge; the panel were that it is crucial that information is shared between local authorities when children are placed in another area, particularly for out of hours practitioners. Where this doesn't happen, it is imperative that the local partnership in Coventry evokes escalation to facilitate the join up between areas.
- Discharge planning needs to begin at the point of admission to avoid any delays in placing a child in the appropriate provision and any further risk to the child or young person.
- Placement sufficiency is a significant national issue and was certainly a feature for two of the young people in the cohort; there are not enough local placements to meet the individual needs of these vulnerable children.
- There needs to be more consideration for how the partnership raises awareness and addresses concerns about mental capacity and depriving a child or young person of their liberty.
- The audit identified that there was no advocate appointed to represent any of the young people in the cohort during their admissions to hospital and the panel felt strongly that advocates should be considered for children in complex situations at the earliest opportunity to ensure their voice is being heard.
- All practitioners who work with children and young people with complex mental health needs should have training specific to their role however there is no training offer of this kind currently available to practitioners in Coventry and is an area for development for the partnership.
- All special schools in the city to consider having specialist clinical services linked to the school that provides support to children and young people in relation to mental, social and emotional wellbeing.
- Partner agencies to consider a mechanism/s for sharing information, particularly with schools and acute services, about children and young people who are known to be struggling with their mental health and emotional dysregulation prior to the child or young person ending up in crisis and/or requiring admission to hospital.
- The CSCP to highlight the placement sufficiency issue identified in this audit, and the Tier 4 inpatient bed crisis to the National Child Safeguarding Practice Review Panel for their consideration.



- The CSCP to raise awareness and understanding amongst professionals across all agencies around mental capacity for 16 and 17-year-olds, depriving a child or young person of their liberty and the importance of child advocates.
- Practitioners need to be trained and better equipped to support children who are in a mental health crisis and displaying high levels of behaviours that challenge.



Section 175/157 Schools Safeguarding Audit

The CSCP undertakes an annual assessment of all schools in Coventry. This self-assessment reviews the effectiveness of the arrangements for safeguarding children in relation to their duties under S157 and S175 Education Act 2002, Keeping Children Safe in Education 2022 (KCSIE) and Working Together 2018. This year's audit questions were updated to reflect the changes in KSCIE and learning from local and national reviews to ensure schools are compliant with the latest legislation and guidance.

97.5% of Coventry schools (121 out of 124) completed the audit this year and 100% of schools self-assessed as either Grade 1 (Outstanding) or Grade 2 (Good) in relation to their safeguarding arrangements. There were some clear areas of outstanding performance in areas such as safeguarding policies and procedures, Designated Safeguarding Leads and safer recruitment. Primary schools and special schools generally performed better in comparison to other school types, with 95% of primary schools and 100% of special schools achieving a mean Grade 1 (Outstanding). The average grade for all schools combined was Grade 1 (Outstanding) indicating that any areas for development identified in the report must be viewed within the context of overall high levels of performance by schools which offers a good level of assurance to the Partnership.

However, there were some areas for development identified during this year's audit and the key recommendations are summarised below:

- The Safeguarding in Education Advisor to ensure a clear expectation, in relation to the statutory duty to complete this audit in 2023, is laid out during the next DSL Briefing and also provide assurance to the A&P subgroup that the 3 schools who failed to complete the audit have appropriate safeguarding policies and procedures.
- The Safeguarding in Education Advisor and HR 360 to ensure that employment contracts for all school staff now include a requirement that they must sign up to the DBS Update Service OR the school HR Team will ensure their DBS check is reviewed every 3 - 5 years.
- The Safeguarding in Education Advisor will work directly with the school who is yet to develop a safeguarding supervision model and ensure this fully implemented.
- There is a need to reinforce the message of the importance of including fathers or significant males in their work with children and families. The CSCP Quality Assurance Manager to ensure all schools receive the link to the 'Myth of Invisible Men' webinar.
- All schools should ensure they book a place on Managing Allegations Against Staff training. Attendance at will be monitored by the Safeguarding in Education Advisor and feedback given to the A&P subgroup.
- The Safeguarding in Education Advisor and CSCP Quality Assurance Manager to complete a dip sampling exercise as a form of triangulation for this year's audit results.

Section 11

An annual assessment is undertaken by the Board of all CSCP member agencies and organisations in relation to their duties under Section 11 Children Act 2004. This self-assessment reviews the effectiveness of the arrangements for safeguarding children at a strategic level and assesses each organisation against eight standards based on the requirements set down in the 'Statutory Guidance on Making Arrangements to Safeguard & Promote the Welfare of Children' under Section 11 Children Act 2004. Throughout the process, consideration must be given to evidencing improved outcomes for children young people and their families as a result of their organisational safeguarding arrangements. The audit was undertaken by using a self-assessment tool (Appendix 1),

completed by nominated representatives from each organisation, via the Partnership's online audit platform, Enable which allows all agencies to take part and submit their returns in a secure, electronic way.

This year's audit was, once again, very positive, with the majority of partners reporting good or outstanding adherence to requirements and providing evidence to support their responses and examples of good practice. Areas of strength included leadership and accountability, policies/procedures and managing allegations against staff. Even the lowest scoring areas such as feedback from children, safeguarding supervision and internal auditing scored well, with a number of partners able to identify good practice or the changes they intended to make to improve the way they work in this area. There were minimal 'requires improvement' responses across the audit as a whole, evidencing generally high levels of performance and work with children and families in Coventry.

However, there were two organisations who did not complete the audit this year and a recommendation was made for the Board to consider how they wish to seek direct assurance from those two individual organisations. Ongoing action will be monitored via data incorporated into the quarterly CSCP Performance Scorecard, thematic audits and any ongoing concerns escalated to Board.

Recommendations from audits and other quality assurance activity are formulated into a SMART Action Plan and the progress of this is tracked and monitored by the Audit & Performance subgroup to ensure all recommendations are fully implemented.

Training

The CSCP deliver a programme of specialist multi-agency training and development opportunities. This has been developed utilising support and co-facilitation from partner agencies and specialist organisations. The CSCP regularly assess where there are training gaps and implement methods to ensure key messages are shared, for example: the CSCP have recently launched a level 1 safeguarding e-learning module which is available to all professionals, community members and small businesses in Coventry.

Right Help, Right Time Workshop	204
Level 1 Safeguarding E-Learning	130
Level 2 Working Together to Safeguard Children	112
Child Sexual Abuse Awareness	61
Understanding Sexual Abusers	16
Technology Assisted Sexually Harmful Behaviours	46
Non-Accidental Injuries	60
Cultural Harms & Spiritual Abuse	23
Having Difficult Conversations	39
Effective Supervision	24
Female Genital Mutilation Awareness	15
Fabricated Illness	28
Emotional Abuse & Neglect	50
Domestic Abuse, Violence & Safeguarding	70
Financial & Economic Abuse from a BME Perspective	14
Contextual Safeguarding	24
SoS 1 Day	121
SoS 2 Day	201
SoS ½ Day	14
SoS Safety Planning	16
LADO	115
Reducing Parental Conflict	165
Reducing Parental Conflict Toolkit	48
Reducing Parental Conflict Managers & Leaders Training	24
Lunch & Learn Trauma Informed Practice Sessions	214
Father Inclusive Approach	64
Relationship Leader Train the Trainer	8
Learning Events	208

Evaluating Impact

One of this year's priorities within the CSCP is Child Sexual Abuse, the CSCP developed a new multi-agency CSA awareness session and have evaluated the overall impact of this training. Our multiagency training programme is regularly evaluated to ensure that the impact on practice is understood. The evaluation includes an analysis of three-month post course feedback, specifically linked to impact on practice and evidence of how training has resulted in better outcomes for children. Three courses in total were evaluated to review impact.

Course	Child Sexual Abuse Awareness	Level 2 Working Together to Safeguard Children	Level 3 Non-Accidental Injuries in Children
General Comments	<p>"The training was fantastic and very engaging"</p> <p>"This gave you a great insight to the subject, made you more aware, supported you in what to do as a professional"</p> <p>"It was very engaging and thought provoking!"</p>	<p>"Lots of new and useful information around MASH"</p> <p>"I enjoyed the wide breadth of knowledge from all the leaders of the course. Also the Accessibility means I only needed the morning off and not the entire school day"</p>	<p>"Very clear explanations and good key messages"</p> <p>"As I do daily assessments of the under-fives, I will utilise this information, as needed"</p> <p>"The scenarios I felt were an eye opener, bruising coming out 2-3 days later when doing a medical and being mindful of this... as things can be missed"</p>

<p>Evidence of Impact</p>	<p>“My confidence is extremely high since completing the course”</p> <p>“I always consider CSA and ask the questions”</p> <p>“It’s been helpful having knowledge of the SARC and what services they offer”</p> <p>“This has helped me identify behaviours that could indicate sexual abuse in young and teenage children”</p>	<p>“I now have a more in-depth knowledge of how to action any safeguarding concerns I might have through the correct channels”</p> <p>“I am now confident in approaching a crisis needing safeguarding with confidence and much more knowledge”</p> <p>“I am better able to support staff in reporting safeguarding concerns and how to support when they report concerns to me”</p>	<p>“When thinking about a situation – I ensure that I focus on the effect on the child not the intended motive by the perpetrator”</p> <p>“I have been more direct about asking about any marks I have seen on children on my caseload and made sure the story matches the mark”</p> <p>“The course has increased my confidence in recognising and identifying concerns”</p>
<p>Overall Training Rating (out of 5)</p>	<p>★★★★★ 4.72</p>	<p>★★★★★ 4.55</p>	<p>★★★★★ 5.0</p>



The Coventry Safeguarding Children Partnership holds a Your Voice Matters (YVM) Session once a quarter to gauge the opinions and ideas of young people, asking them where they feel safe, unsafe and questioning them on certain themes.

Your Voice Matters 2023

Over the last five months, the Coventry Safeguarding Children's Partnership have been out to three schools in order to run a Your Voice Matters session with the children of Coventry. These sessions have been done within both primary and secondary schools in order to get a range of age perspectives. The true aim of these sessions is to understand where the children feel both safe and unsafe, and what can be done about this: what they would like to see change in Coventry. The sessions also are used to gauge the children's understanding of safeguarding and tests if they are able to identify abuse/neglect and challenges them on who they would feel comfortable speaking to, should they encounter it. All of the children within each school had an understanding of what safeguarding was, with the older students able to give a very detailed description and example. When identifying neglect or abuse within scenarios all of the children were generally able to depict what is abuse and situations of neglect. This has demonstrated that the children do have a good awareness of abuse and neglect. All children were able to identify several groups of people that they would be able to talk to if they were experiencing or believed someone else, they knew to be experiencing abuse/neglect. The identified safe people to talk to were:

- Parents
- Family members
- Teachers
- Afterschool club leaders
- A friend's parents

The sessions also questioned the use of social media platforms, in which all three of the schools' results showed a wide usage of multiple platforms. The platforms included (but were not limited to) YouTube, WhatsApp, Facebook, TikTok and Snapchat. Despite the age restrictions associated with the platforms, the vast majority of children either used, accessed, or had their own accounts. When asked what they would do if they were to receive negative messages or bullying on social media platforms, children from all three of the schools answered that they knew how to use the blocking system, report the comments, as well as provide a list of the people they would feel confident talking to if they were to feel bullied or uncomfortable with what they had seen online.

The results from the questions on safety within both the primary and secondary schools ranged from feeling safest at home, at school, with family/friends or in their room. The areas in which they felt least safe were more diverse, but a common theme were alleyways and dark places, buses, and the town centre. When asked what these groups of children would like to see added/changed within Coventry the answers varied from:

- Adding lights to alleyways
- Adding security on buses
- More parks/public spaces
- Young girls swimming sessions/leisure sessions
- More cameras (including hidden cameras) within the town

A copy of the report is provided to each school to summarise the findings from each

session and a You Said, We Did will be completed once the findings have been taken to the board's subgroups.

Where do you feel the safest?

When asked where the young people feel the safest within Coventry, the most common responses were as follows:





Engagement with frontline practitioners

Engagement with frontline practitioners is a priority for CSCP as it is recognised that it is vital for learning to reach the frontline in order for there to be a positive impact for children, young people and their families. The CSCP utilises a number of methods to engage frontline practitioners in the work of the CSCP.

Engagement with Schools

The CSCP has strong relationships with Schools. Designated Safeguarding Lead (DSL) briefing sessions are held quarterly with meetings regularly having 150 plus attendees from across nurseries, primary, secondary education as well as colleges. The main purpose of the briefings is to deliver updated safeguarding legislation and guidance updates, whilst also raising awareness of support that is available not only in Coventry but nationally. Speakers who have attended during this academic year include Coventry Local Authority (Coventry Safeguarding Children's Partnership, Violence Reduction Team, Social Care Operational Leads, Early Help and the MASH) and charity sectors (NSPCC, Coventry Haven and Youth work).

STAG

The Coventry Safeguarding Children Partnership hold a frontline practitioner forum called the Safeguarding Together Action Group (STAG).

The STAG's purpose is to bring people together in a new way to safeguard children across the partnership. There are currently 181 members across over 100 agencies, some of which have never worked directly with the Safeguarding Children Partnership before.

The discussion topics in the STAG fall mainly into the below categories:

- To share information from Safeguarding Practice Reviews, audits and national learning so that information can reach front line professionals more effectively.
- To ensure that professionals are kept up to date with emerging safeguarding issues across the City.
- To help cross-agency working
- To look at the effects of action on front line practice
- To increase awareness of new policy and procedures
- To identify emerging safeguarding issues

Organisations are invited to put forwards speakers, presentations and items that are of interest to the forum members. Partnership updates are also shared via the Forums mailing list.

Meetings have taken place once a quarter over the past year, covering actions recommended in rapid reviews and topics recommended by members. This included: Child Sexual Abuse and Having difficult conversations.

The forum has adapted in innovative ways to maintain communication and discussions with partners, utilising chat functions and virtual polling software to obtain feedback on the forum, current safeguarding concerns and what members would like to see in future meetings. Meetings continue to be recorded and shared with members so they can be used in training sessions and by members unable to attend.

Newsletter

The newsletter is sent out on a quarterly basis and contains a breath of useful and timely information, ranging from the most recent One Minute Guides, highlighting local services, promoting practice tools and referral pathways and signposting to upcoming training and events. The newsletter has 2,932 subscribers who are able to access further information through web links through the newsletter.

<https://www.coventry.gov.uk/coventry-local-safeguarding-children-board/newsletters>

Resources

The CSCP recognises that frontline practitioners have a range of learning styles and often have busy daily roles which necessitates resources being developed that are informative and concise and suit a variety of learning styles. The CSCP has developed one-minute guides

<https://www.coventry.gov.uk/downloads/file/34711/difficult-conversations-with-children> ,podcasts https://www.coventry.gov.uk/downloads/file/33979/messages_from_a_sudi_review

and webinars <https://www.youtube.com/watch?v=obnWzwNFAs>

Business Plan 2023-2024

The Coventry Safeguarding Children's Partnership Business Plan is based upon 3 priority areas as determined by the Coventry Safeguarding Children's Partnership Executive Group:

- Child Sexual Abuse
- Exploitation
- Making the system work

Action	Target Date	Lead	RAG Rating	Progress
Priority 1 - Child Sexual Abuse				
Develop an awareness campaign for parents and communities highlighting the risks of CSA, the importance of healthy relationships, the signs and indicators of concerning sexual behaviour and the signs that a child or young person may be at risk.	December 2023	Chair of Implementation Sub Group		
Maintain the Child Sexual Abuse profile to understand the scale and nature of Child Sexual abuse in the City.	March 2024	Chair of Audit and Performance Sub group		
Host a Child Sexual abuse conference to highlight key messages from SPR's, research and practice.	May 2023	CSCP Business Manager		
Socialise the newly created CSA Policy and CSA resources across the partnership	September 2023	CSCP Business Manager		
CSCP to promote the role of Mountain Healthcare	June 2023	CSCP Business Manager		
To monitor local referrals the SARC and the number or Strategy meetings that MHC are invited to attend.	September 2023	Audit and Performance Sub- Group		
Undertake awareness raising activity so that children and young people understand safe ways to disclose and what will happen when they do disclose.	September 2023	Chair of Implementation Sub Group		

Promote the network of CSA Champions to provide support to the wider network.	September 2023	LA Principal Social Worker		
Promote the CSCP CSA training and monitor attendance by agency.	September 2023	Chair of Implementation Sub-Group		

Action	Target Date	Lead	RAG Rating	Progress
Priority 1 - Exploitation				
Maintain a comprehensive Child Exploitation and Child Sexual Exploitation dataset to include data on victims, offenders and locations. This will include age, gender, disability and ethnicity.	March 2024	Chair of Audit and Performance Sub-group		
An awareness raising campaign to be developed including children and young people, parents, communities and businesses.	December 2023	Chair of Exploitation Sub-group		
Increase understanding of networks and to be assured that processes are in place to identify networks.	September 2023	Chair of Exploitation Sub-group		
CSCP to monitor the completion rate of return home interviews.	March 2024	Chair of Audit and Performance Sub-group		
Promote the importance of return home interviews being timely and effective and the information gleaned from them being used in safety planning.	September 2023	Chair of Exploitation Sub-group		

Action	Target Date	Lead	RAG Rating	Progress
Priority 1 - Making the System Work				
CSCP to ensure that learning from National, Regional and Local reviews is disseminated to frontline practitioners.	March 2024	Business Manager/ Workforce Sub-group		
To deliver RHRT, monitor attendance and develop targeted interventions for agencies where the need is identified.	June 2023	Implementation Sub-group		
Monitor multi-agency Signs of Safety training to ensure all partners are identified and attend.	June 2023	Implementation Sub-group		
To continue to develop YVM to seek children's views as to whether safeguarding work is child centred.	March 2024	Business Manager		
CSCP to develop an Equality, Diversion and Inclusion strategy	September 2023	Implementation Sub - group		
CSCP to develop and promote Voice of the Child practice standards	September 2023	Implementation Sub - group		
CSCP to deliver a multi agency safeguarding training programme	March 2024	Workforce Development Sub-group		



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