



**To: Education and Children's Services Scrutiny Board (2)**

**Date: 3<sup>rd</sup> December 2020**

**Subject: Partnership Working in Children's Services Task and Finish Group**

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## **1 Purpose of the Note**

- 1.1 To inform the Education and Children's Services Scrutiny Board of the recommendations identified by the Partnership Working in Children Services Task and Finish Group (T&F) and to agree that the recommendations are made to the Cabinet Member for Children and Young People and Coventry Safeguarding Children's Partnership.

## **2 Recommendations**

- 2.1 The Education and Children's Services Scrutiny Board recommend to the Cabinet Member for Children and Young People that:
- 1) To enable better analysis and understanding of patterns of referrals (contacts), data collection categories are amended as follows:
    - a. That the different health partners, education partners, voluntary sector and charities that contact the Multi-Agency Safeguarding Hub (MASH) are categorised separately in the data analysis
    - b. That contacts that would currently be logged as NFA are re-allocated to record the valuable signposting, advice and record keeping that these contacts provide to the MASH and partners
  - 2) That partners are made aware that the MASH has access to schools' information during school holiday periods.
  - 3) The MASH makes every effort to improve the timeliness of responses to partners who make referrals, once the referral has been assessed
- 2.2 The Education and Children's Services Scrutiny Board recommend to the Coventry Safeguarding Children's Partnership that:
- 4) The Right Help Right Time guidance is updated to include Contextual Safeguarding.
  - 5) Right Help Right Time is amended to include a glossary of terms to ensure consistency of definition and use of terminology across partners.
  - 6) The Safeguarding Partnership provide further information on data sharing and GDPR to all partners

### **3 Background and Information**

- 3.1 At their first meeting of the municipal year 2019-20, on 20<sup>th</sup> June 2019, members of the Education and Children's Services had an introductory session covering both Education and Children's Services. The purpose of this was to introduce the board to the key priorities for the services and for the Board to identify areas for the work programme.
- 3.2 As part of this process, the MASH, Early Help and Partnership Working were identified as potential areas for scrutiny to focus on. Senior officers were concerned that MASH resources were diverted from work on referrals into the Neighbourhood Teams, by inappropriate referrals which required no further action (NFA)
- 3.3 Officers worked with Members to finesse the scope and areas of work to be covered. The scope can be found at Appendix 1.
- 3.4 The work of the T&F was suspended during the pre-election period November – December 2019 and the Covid-19 lockdown period of March – September 2020.

### **4 Aims and Objectives**

- 4.1 Members of the task and finish group were:
  - Cllr Kindy Sandhu (Chair)
  - Sybil Hanson (co-opted member for Education matters, Church of England representative)
  - Cllr Julia Lepoidevin
  - Cllr Gavin Lloyd
- 4.2 The T&F group was supported by Gennie Holmes, Scrutiny Co-ordinator, Law and Governance
- 4.3 The T&F group received a presentation from senior Children's Services officers which informed the T&F and enabled them to agree the scope, objectives and key lines of enquiry independent of Children's Services.
- 4.4 The agreed objectives of the T&F group were to review the current partnership referrals to the MASH, and identify current issues, what is not working well and areas of improvement through key lines of enquiry

### **5 Methodology**

- 5.1 Members of the T&F group identified a range of questions as their key lines of enquiry, which they used to identify and interview a range of partners. The key lines of enquiry can be found at Appendix 2. The partners who were interviewed by the T&F were:
  - Coventry Safeguarding Partnership
  - MASH
  - Police
  - Health,
    - Coventry and Warwickshire Partnership Trust,
    - UHCW (a submission from UHCW can be found in Appendix 4)
    - South Warwickshire Partnership Trust
  - Church of England Diocese (as a representative from the voluntary/charity sector)
  - Education

- 5.2 The strategic and operational leads responsible for the MASH in Children's Services presented a snapshot of data during their interview with the T+F group. This snapshot is included in Appendix 3.
- 5.3 Additional information was also submitted by UHCW which can be found at Appendix 4.
- Members of the T&F group met on seven occasions to progress the work, detailed below Scoping – 2 meetings
  - Interviewing – 3 meetings of 6 interviewing sessions
  - Analysing findings – 2 meetings
- 5.4 The Chair kept the Cabinet Member, Director of Children's Services and Continuous Improvement Board updated on progress throughout the of the T&F group.

## **6 Key themes and findings**

### **6.1 Key findings**

- i. Partners interviewed had confidence that partnership work is effective. There were good levels of communication and overall processes were working for partners
- ii. Partners are supportive of RHRT, but all agree it should be updated to cover contextual safeguarding. Contextual safeguarding is becoming more of a concern for partners, with the increased recognition of the effects of criminal exploitation of young people.
- iii. Early Help is supported by the partners who took part in the T&F
- iv. NFA contacts within the MASH transpire to be actions that require further advice or signposting to other agencies and as such are not inappropriate or un-useful. Thus, consideration of another term, such as "advice and signposting" and "retained for information", may reflect better what actually happens with NFA contacts.
- v. The MASH's value is in advice and signposting, as well as recording low level concerns on children and families, and referrals to social care and early help. Low level concerns can be used to build a more detailed picture of a family with any later contacts into the MASH
- vi. Although there was no data on inappropriate contacts, anecdotal evidence from officers suggest the figure is low
- vii. More analysis needs to be undertaken on where referrals (contacts<sup>1</sup>) are originating. Sub-categories, would be more helpful, for example UHCW, Health Visitor, GP under the broad heading of "Health"
- viii. Partners highlighted delays in feedback on progression of MASH contacts. There are plans to address this by building administrative capacity within Children's Services
- ix. Partners need further clarification on what data can be shared back once a referral has been made.
- x. Consistency of terminology e.g. referrals and contacts
- xi. Generally, findings support those of the Ofsted focused visit to Coventry City Council children's services in February 2018  
<https://files.ofsted.gov.uk/v1/file/50004414>

## **7 Interviews with Partners**

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<sup>1</sup> The MASH use the term "contact" when concerns come in from partners, partners often use the term "referral"

- 7.1 A range of partners were interviewed as part of the task and finish group. Representatives from partners were asked the same groups of questions identified in the key lines of enquiry. The T&F group identified the following themes as a result of the interviews and responses to the questions.
- 7.1.1 Police
- i. The Police seem well embedded in the MASH with two allocated officers sitting within the MASH team.
  - ii. There is a recognition that resources need to be focused at lower levels of intervention i.e. Multi-agency Enquiry Team (MAET)
  - iii. Officers expressed confidence in raising concerns and to have those concerns addressed (i.e. quality of data coming from the police for use by social workers)
  - iv. It would be useful to hear from community-based officers about their experiences of RHRT, as they are often first point of contact, particularly with regard to domestic violence and abuse
- 7.1.2 Diocese
- i. The Diocese has a clear process, with senior internal and external oversight of the safeguarding process
  - ii. There are appropriately experienced professionals available to support front line staff in interpreting RHRT and to make appropriate referrals
  - iii. The Diocese is embedded in the Partnership process and has opportunity to raise concerns in terms of the processes with officers from the MASH
  - iv. Sometimes there are difficulties contacting social care once a case has been picked up and referred to social care. There are sometimes delays in getting information on the outcomes of referrals to the MASH.
- 7.1.3 Health (representatives from UHCW, SWFT, CWPT)
- i. Health partners have noted a significant improvement in the process of referral and assessment since RHRT has been implemented
  - ii. Work with Early Hubs is "seamless" and they have built strong relationships with partners at an Early Help stage
  - iii. Grouping "health" partners together as one organisation for data analysis is not helpful for health partners, as they need to know about their own individual organisations, rather than an umbrella category.
  - iv. There are issues interpreting terminology within the RHRT guidance - more support is needed to interpret to practitioners whose main job is not safeguarding i.e. GP's, nurses
  - v. Due to nature of emergency medicine and care A&E partners have limited time with families reducing their ability to build a picture of the family and thus sharing information can become an issue if there is only a partial picture of the family (Appendix 4)
- 7.1.4 Education
- i. Education officer is embedded into the MASH
  - ii. Schools are getting a better understanding of the MASH through visits and training
  - iii. Further interrogation of the data showing which schools have attended training and the schools were high or low numbers of contacts come from, will provide a better picture of which schools require additional training on the referral thresholds, to ensure that there is consistency across all schools
  - iv. CPOMS (a safeguarding software package for schools) is accessible during school holidays, through the MASH education rep. Through conversations with partners it would seem that this is not widely known.

- v. Schools should be part of the Early Help offer, as they are a universal service and have contact with and knowledge about all school aged children and their families.
- vi. There is inconsistency across schools in terms of implementing RHRT. Some schools have higher than expected referrals, others have lower than expected. Data at an individual school level would enable support to be offered that meets schools' own individual context and culture

## 7.2 Issues for Children's Services

- i. Feedback to referrers on progress with cases (from Diocese and Health Visitors)
- ii. Timeliness of feedback from social care to referrers on NFA and inappropriate referrals, so that learning can be made by the referring agency (Health reps and Diocese)
- iii. Issues about consistent messages on GDPR and sharing data
- iv. Contextual safeguarding needs to be included in the RHRT guidance (from Police and Health reps)
- v. Issues regarding consistency of processes between neighbouring Local Authorities that partners may work between - health and Warwickshire, police and the rest of the West Midlands. (specifically, with regard to FGM and 12-week pregnancy definition). This can create more work for partners having to manage different processes across boundaries.
- vi. Awareness raising that there is access to school's information during school holidays via the MASH and CPOMS.

## 7.3 Consideration of the key themes and findings identified the recommendations made at paragraph 2.

## 8 Response to recommendations from Children's Services

1) To enable better analysis and understanding of patterns of referrals (contacts), data collection categories are amended as follows:

a. That the different health partners, education partners, voluntary sector and charities that contact the Multi-Agency Safeguarding Hub (MASH) are categorised separately in the data analysis.

*- This is a piece of work which has been started and is on its way to being complete*

b. That contacts that would currently be logged as NFA are re-allocated to record the valuable signposting, advice and record keeping that these contacts provide to the MASH and partners

*- the service is reporting on this and reviewing how it could change*

2) That partners are made aware that the MASH has access to schools' information during school holiday periods.

*- this recommendation requires a more in depth look into the issues*

3) The MASH makes every effort to improve the timeliness of responses to partners who make referrals once the referral has been assessed

*- the service is looking at developing an automated system to enable this to happen. At the moment there is limited admin capacity to increase the timeliness of responses.*

4) The Right Help Right Time guidance is updated to include Contextual Safeguarding.

5) Right Help Right Time is amended to include a glossary of terms to ensure consistency of definition and use of terminology across partners.

*- The document is a Safeguarding Partnership document, so these recommendation will be forwarded to the Partnership*

6) The Safeguarding Partnership provide further information on data sharing and GDPR to all partners

*- this recommendation will be referred onto the Partnership. Safeguarding children is a priority over GDPR. The focus for professionals should be on consent to share. This will be a further piece of work*

Appendix 1 – Scoping Document

Appendix 2 – Key Lines of Enquiry

Appendix 3 – MASH data snapshot

Appendix 4 – Submission from UHCW

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Appendix 1 – Scoping Document

<b>Title of Review topic</b>	
How are partner agencies contributing to multi-agency work to effectively protect children?	
<b>Objectives</b>	
What does the Task and Finish Group hope to achieve by considering the topic?	To review the current partnership referrals to the MASH and identify what are the current issues, what's not working well and identify areas of improvement.
What will be the indicators of success?	1. Recommendations that are accepted by the partner agencies 2. Recommendations that are accepted by the Cabinet Member
When will the recommendations be evaluated?	The Board will receive a progress report on recommendations 12 months after they have been agreed
<b>Scope</b>	
What will be included in the scope of the review?	Review of partnership arrangements with respect to child protection and referrals Identifying and understanding risks in the system
What will be excluded from the scope?	Review of service delivery. Performance indicators and performance monitoring
Does the review link with any existing strategies or policies? Is this currently being reviewed/refreshed?	Children's Service Improvement Plan Ofsted Reports/DfE letters Data available
<b>Methodology</b>	
How will the review be carried out? e.g. surveys, site visits, select committees etc.	Identifying questions for key lines of enquiry. Briefings and interviews with Council Officers and partners. Existing external inspection reports from statutory agencies
<b>Barriers and Risks</b>	
What are the barriers and risks to the review?	Expectations of partner organisations Levels of involvement of partner organisations Resource limitations for all partnership to implement recommendations.
How can these be managed/overcome?	Clear agreed expectations – clear scope and clear KLOE
<b>Equality and Diversity</b>	
How have implications for Equality and Diversity <sup>2</sup> been considered?	There will be implications for Looked After Children, in terms of improvements to service delivery, however immediate impacts are likely to be on organisations rather than individuals.
<b>Timescales and reporting procedure</b>	
List any key dates/events which might impact on the timescales of the review	Meetings to start in September. Field work to be complete by January. Recommendations to SB2 by March 2020
Anticipated number of meetings	4
Scrutiny Board portfolio	SB2
Cabinet Member portfolio	Children and Young People
Anticipated reporting date to Scrutiny	19 March 2020
Anticipated reporting route – Cabinet Member/Cabinet	Cabinet, as well as partnership boards such as the Safeguarding Board
Report of.....	SB2
Comms involvement	

<sup>2</sup> race, gender (including transgender), disability, sexual orientation, age, religion or belief, poverty, looked after children

## Key Lines of Enquiry for Partnership Working T&F

### Risk Averse nature of working within the Partnership

1. Application of thresholds across the Partnership
  - a. Application of thresholds in Right Help, Right Time
  - b. Understanding of thresholds in relation to your organisation
  - c. What happens next after a MASH NFA? What monitoring is there in place? (information sharing). Who holds the risk?
2. Availability of resources and allocation of priorities within the Partnership
  - a. What are partners priorities in terms of end to end? What are contributions and role end to end
  - b. Allocation of resources end to end, prioritisation of resources end-to-end? How does the allocation of resources and priorities change within the year? Time, staffing, financing.
  - c. Do you pool resources across partners? Is there common budgeting? How is this monitored and outcomes measured?
  - d. How is data shared across organisations and is there anything that could be improved?

Appendix 3 – MASH data snapshot

	Number of contacts			Contact timeliness			Contact to referral conversion			Early help conversion rate			Referrals to areas			DV Contacts			DV contact to conversion rate			DV Contact Timeliness			DV Contact to Early Help			Amber timescales			Red timescales			Consent sought on contacts			Consent sought on MASH assessments			Highest referrer			Most recorded issue in presenting factor		
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
JAN	1255	1164	1413	42.6%	72.4%	84.2%	30.0%	38.4%	33.9%	15.4%	13.9%	7.9%	376	447	479	318	243	356	12.9%	18.9%	15.4%	49.7%	18.9%	89.9%	28.0%	18.5%	8.1%	39.2%	74.0%	97.3%	73.5%	60.0%	91.5%	46.6%	54.5%	49.0%	47.8%	50.1%	49.9%	Charities and Other Public Bodies	Education	Charities and other public bodies	Domestic Violence	Domestic Violence	Domestic Violence
FEB	1204	1075	1380	44.2%	61.6%	74.9%	33.6%	37.7%	27.9%	15.5%	12.5%	11.4%	404	405	385	259	302	249	12.4%	18.9%	7.6%	38.2%	18.9%	78.3%	27.0%	17.2%	8.0%	7.5%	50.3%	98.0%	53.7%	72.6%	94.0%	47.0%	58.2%	55.6%	52.0%	63.9%	55.9%	Education	Charities and other public bodies	Education	Domestic Violence	Domestic Violence	Domestic Violence
MAR	1102	1266	1835	52.9%	54.8%	67.4%	40.6%	43.5%	26.1%	17.4%	11.2%	7.4%	447	551	479	273	269	265	30.8%	17.5%	12.5%	54.6%	17.5%	79.6%	24.9%	14.9%	2.3%	16.3%	66.3%	84.4%	29.9%	75.2%	84.2%	49.5%	59.9%	47.3%	44.6%	55.1%	38.2%	Education	Charities and other public bodies	Education	Domestic Violence	Domestic Violence	Domestic Violence
APR	699	1126	1711	49.5%	68.4%	78.1%	49.6%	34.7%	23.4%	16.6%	10.2%	5.4%	347	391	401	154	310	320	29.2%	15.5%	14.1%	53.2%	15.5%	81.3%	22.7%	14.5%	3.8%	7.3%	72.0%	95.5%	37.1%	77.9%	70.2%	54.2%	54.0%	48.8%	47.1%	51.0%	60.6%	Education	Police	Health	Domestic Violence	Domestic Violence	Domestic Violence
MAY	1233	1175	1853	41.6%	40.1%	76.0%	38.2%	39.1%	26.9%	17.9%	12.9%	7.6%	471	459	498	252	379	213	14.3%	13.5%	16.4%	31.3%	13.5%	80.3%	25.4%	11.6%	7.0%	10.1%	50.2%	84.5%	25.0%	15.6%	88.8%	49.6%	50.8%	47.6%	41.0%	54.7%	53.2%	Charities and Other Public Bodies	Police	Health	Domestic Violence	Domestic Violence	Domestic Violence
JUN	1301	986	1562	41.3%	41.4%	78.9%	39.0%	40.1%	25.5%	20.4%	17.4%	8.0%	508	395	399	250	324	235	16.0%	15.7%	15.7%	32.4%	15.7%	73.6%	31.6%	21.3%	11.5%	10.2%	45.8%	98.6%	22.6%	46.9%	85.1%	48.4%	60.8%	49.5%	35.5%	52.2%	56.3%	Education	Police	Health	Domestic Violence	Domestic Violence	Domestic Violence
JUL	1180	1284	1703	40.6%	34.8%	78.1%	34.4%	34.7%	21.9%	18.7%	13.4%	6.8%	406	445	373	249	450	329	18.1%	13.3%	7.6%	36.1%	13.3%	86.9%	26.9%	7.6%	10.3%	22.8%	42.4%	96.9%	37.5%	60.5%	81.4%	47.9%	58.4%	45.4%	39.4%	64.4%	54.3%	Charities and Other Public Bodies	Charities and other public bodies	Health	Domestic Violence	Domestic Violence	Domestic Violence
AUG	942	909	1467	53.6%	41.7%	85.6%	28.1%	36.1%	23.3%	21.5%	7.6%	4.9%	265	328	342	210	281	219	11.4%	16.4%	12.8%	42.4%	16.4%	85.8%	29.0%	12.5%	4.1%	51.4%	63.6%	94.5%	50.0%	53.5%	98.3%	51.6%	56.1%	44.0%	48.8%	55.3%	51.7%	Charities and Other Public Bodies	Police	Charities and other public bodies	Domestic Violence	Domestic Violence	Domestic Violence
SEP	1017	939	1715	34.7%	36.0%	88.7%	33.3%	38.2%	23.4%	22.9%	10.8%	5.2%	339	359	401	159	270	364	6.9%	11.5%	8.0%	35.8%	11.5%	96.2%	36.5%	9.3%	3.6%	33.5%	58.9%	97.6%	40.5%	58.8%	92.4%	52.6%	59.8%	46.5%	46.9%	57.8%	61.8%	Charities and Other Public Bodies	Other	Education	Domestic Violence	Domestic Violence	Domestic Violence
OCT	1074	1342	1747	36.5%	68.0%	88.8%	34.2%	35.2%	27.5%	18.2%	9.4%	6.4%	367	472	481	200	439	331	4.5%	12.1%	19.6%	27.5%	12.1%	88.5%	39.5%	8.0%	5.4%	28.1%	80.9%	94.3%	38.9%	66.1%	87.3%	54.2%	59.0%	45.0%	52.5%	46.3%	56.4%	Education	Charities and other public bodies	Charities and other public bodies	Domestic Violence	Domestic Violence	Domestic Violence
NOV	1299	1331	1693	53.9%	86.4%	77.8%	29.6%	33.7%	25.3%	20.2%	11.9%	10.9%	384	449	428	305	329	434	11.5%	15.2%	13.0%	56.4%	15.2%	88.7%	27.5%	11.9%	8.3%	36.2%	83.4%	98.6%	44.0%	82.9%	90.9%	54.9%	59.5%	47.1%	58.8%	45.9%	57.9%	Education	Charities and other public bodies	Education	Domestic Violence	Domestic Violence	Domestic Violence
DEC	941	919	1415	62.3%	88.4%	90.5%	36.5%	39.7%	22.6%	16.0%	10.9%	13.1%	343	374	320	208	253	362	19.4%	9.9%	14.1%	61.5%	9.9%	94.2%	27.4%	6.7%	9.1%	50.8%	94.6%	97.4%	71.4%	98.6%	100.0%	52.6%	52.3%	41.9%	43.6%	41.1%	40.3%	Education	Health	Education	Domestic Violence	Domestic Violence	Domestic Violence

**Briefing for Childrens Services Task and Finish Group  
15<sup>th</sup> January 2020**

**Name and Function of Agency**

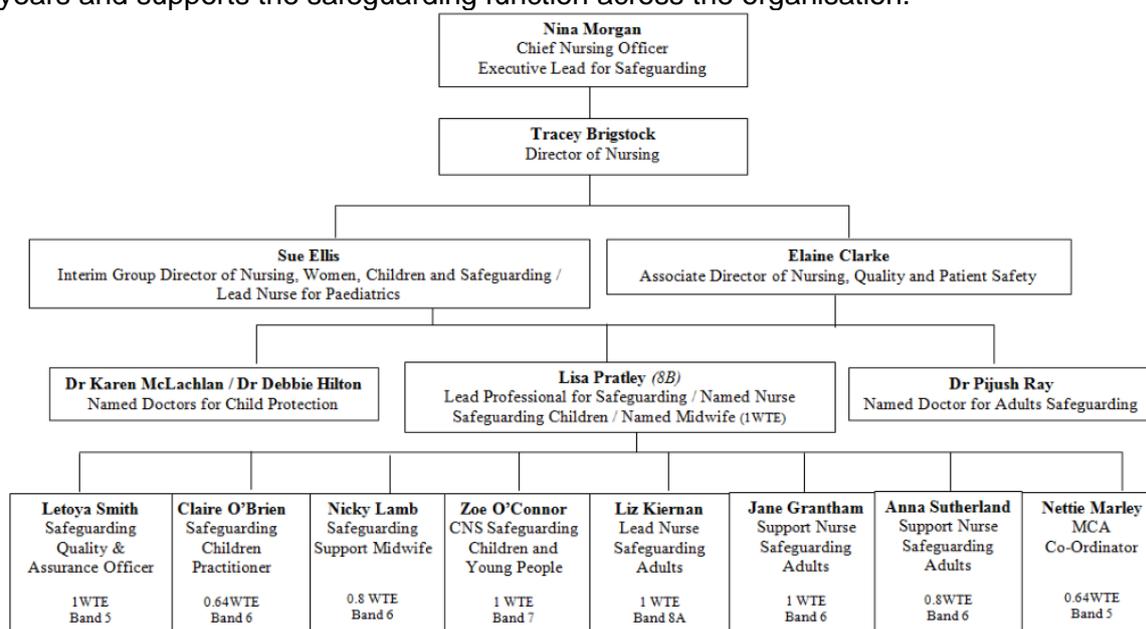
University Hospitals Coventry and Warwickshire NHS Trust is one of the UK’s largest Trusts and serves a population of about 1,000,000 across Coventry, Warwickshire and beyond. Inpatient and outpatient services are provided from two hospital sites, University Hospital at Coventry and the Hospital of St Cross, at Rugby. In total, the Trust has 1,250 beds and provides both elective and emergency care. The Trust is a Major Trauma Centre, and this means that people can be brought to UHCW NHS Trust from anywhere in the country if they have been a victim of major trauma. Given the geographical boundaries of the Trust’s location they are accountable to two Local Authority’s Coventry and Warwickshire but liaise with many others including, Leicester, Leicestershire, Stafford, Northampton and beyond.

Paediatric services include a Neonatal Unit, a Children’s Emergency Department, 3 paediatric inpatient wards including a High Dependency Unit and a Children’s Outpatient Service at both hospital sites. The Childrens Emergency Department is often used by families seeking a rapid review of their child’s health needs or injury but children also attend following referral from a GP. There are generally 100-120 attendances per day through the Childrens Emergency Department and a daily total of approximately 600 people attend across the unscheduled care settings.

UHCW NHS Trust support families pre-conceptually via the Centre for Reproductive Medicine and the Tommy’s Centre for Miscarriage, through the antenatal period via, Community Midwifery Service, Foetal Medicine, and Antenatal Obstetric Clinics. There is a low risk Midwifery Led Unit and a Labour Ward to support birth options as well as a home birthing service and families are then supported in the postnatal period by the Community Midwifery Service. There are approximately 6000 births per year.

UHCW NHS Trust works collaboratively with partner agencies in order to ensure statutory safeguarding arrangements are met. This includes representatives from the organisation attending the Local Safeguarding Children Partnerships as well as the associated sub-groups, operational groups and task and finish groups.

The Trust has a designated Safeguarding Team that has expanded significantly over the last 3 years and supports the safeguarding function across the organisation.



Support, advice and guidance is provided for all staff as required on a daily basis by the Safeguarding Team and a 'think family' approach is encouraged. Professional development is supported and encouraged, and placements are offered for students within the Safeguarding Team. Learning events are organised following Serious Case Reviews and safeguarding incidents and this is shared with the relevant teams and departments. Lessons learnt are disseminated to all relevant staff and appropriate changes to practice are introduced.

## **'Right Help Right Time' (RHRT) at UHCW NHS Trust**

### **What's working well?**

- Integrated Childrens and Adults Safeguarding Team, adopting a 'think Family' approach.
- Right Help Right Time / Levels of Need included in all levels of Safeguarding Children training.
- UHCW NHS Trust contributed to the development of the RHRT partnership training package.
- Practice Lead for Signs of Safety
- Improved identification of 'Hidden Harm' (33% of adult attendees with ill mental health, alcohol misuse or substance abuse were asked if they have contact with children in 2017 as opposed to 89% in 2019).

### **What are we worried about?**

- Lack of timely outcomes from Childrens Social Care following a referral (meaning a delay in potential learning).
- Data analysis from Childrens Social Care that is specific to an organisation rather than 'health' as a whole.
- Lack of guidance in relation to contextual safeguarding detailed within RHRT.
- Unscheduled care settings have limited access to information making it challenging to appropriately risk assess the level of need at times.
- Interpretation of terms used within Right Help Right Time e.g. significant substance misuse (level 4) verses substance misuse impacting on child's development or needs (level 3).

### **What needs to happen?**

- Continue to facilitate training sessions in relation to Right Help Right Time and applying levels of need to common safeguarding scenarios at UHCW NHS Trust.
- Continue engaging in partnership work.
- Improved understanding and use of Early Help across UHCW NHS Trust.

**Author:** Lisa Pratley – Lead Professional for Safeguarding