



■ Annual report 2020-2021





Board partners





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Introduction from the Chair

"It is my pleasure to introduce the 2020/21 Annual Report for the Coventry Safeguarding Children Partnership.

This has been a unique year with the challenges of the pandemic adding to what was already a very demanding safeguarding agenda. Partner agencies have seen an increase in need for their services and in many cases there has also been heightened levels of complexity.

The Safeguarding Partners; Police, Health and the Local Authority have worked well, liaising with other agencies to respond quickly and effectively to an evolving situation. I saw at first hand timely information sharing, co-ordinated responses and decisive leadership.

The Report provides updates on the work of the CSCP, our progress against priorities and where more still needs to be done. It also highlights where learning has been identified and implemented, whether that emerged from our audit programme or from reviews.

2021/22 will continue to present challenges as the effects of the pandemic are still very much with us but I am confident that the partnership in Coventry will work effectively together to help safeguard and protect the children and young people of the city."

Derek Benson

Independent Chair of Coventry Safeguarding Children Partnership

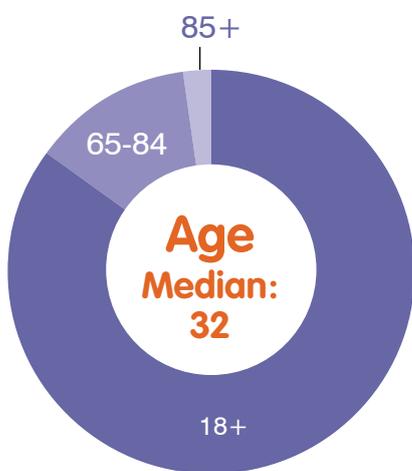
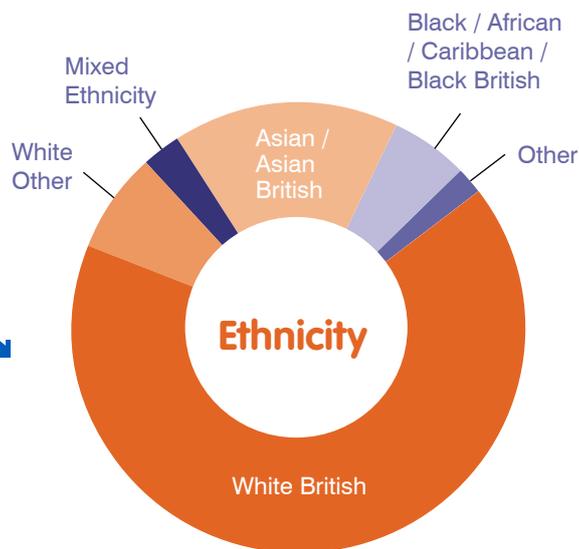
Local context

371,521

total population of Coventry



Dependent on way it is measured, Coventry ranks between 64th and 81st most deprived local authority area of 317 in England

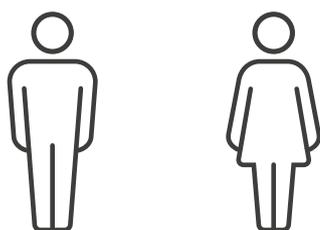


Children in Low Income Families



Households in fuel poverty

Healthy Life Expectancy / Life expectancy



Total male population
188,744

Total female population
182,777

5% Young people not in education, employment or training (NEET) or whose activity is not known (% of all 16-17s) (5.3% west mids, 5.5% nationally)

% of obese children aged 10-11



22.7%
Teenage (u18) conceptions (rate per 1,000 girls aged 15-17)

88
per 10,000 children looked after by the Local Authority (West mids average 82, National average 67)





About Coventry Safeguarding Children's Partnership

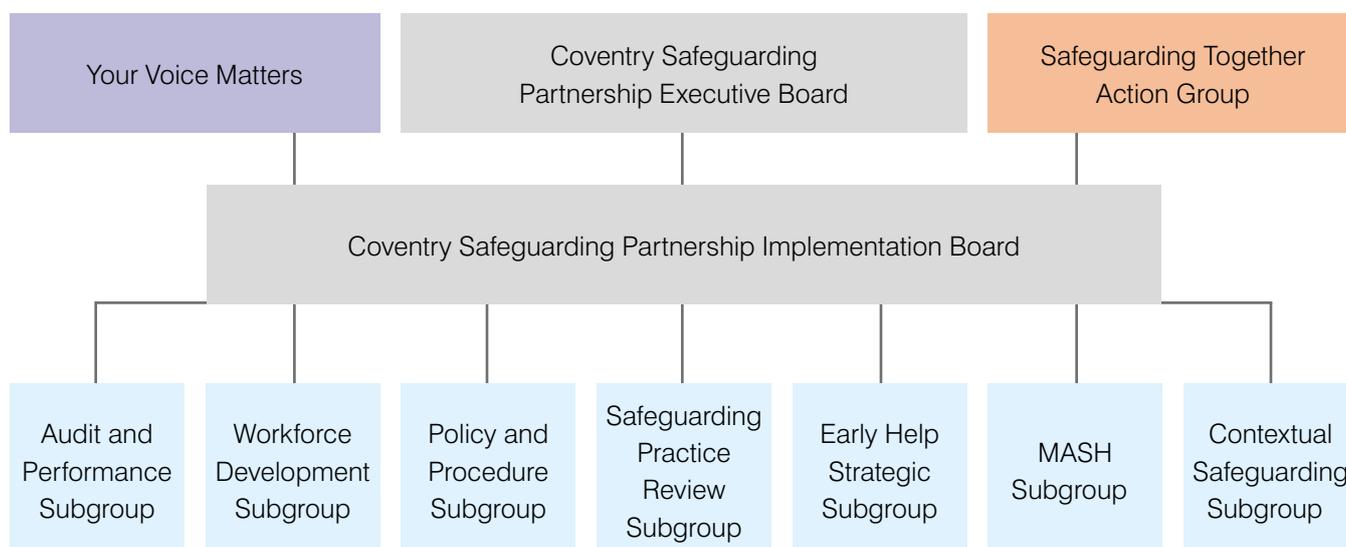
This document constitutes the Coventry Safeguarding Children's Partnership (CSCP) Annual Report 2020/21 and provides a summary of the effectiveness of services in the city to safeguard children and young people. The report is in line with the statutory requirement in Working Together 2018 for Safeguarding Partners to publish a report at least once in a 12 month period. The information contained within this document has been provided by partners.

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

The governance structure of CSCP





For 2020-2022 the priorities for Coventry Safeguarding Children's Partnership are:

Neglect

Extra familial harm including a contextual safeguarding approach

Making the system work

Progress against priorities: **Neglect**

What's working well?

The multi-agency **Neglect Strategy** has been reviewed and agreed by the Safeguarding Partners.

The Graded Care Profile 2 Training Programme has been established and is now in place. Two training events are scheduled per month and are delivered virtually using MS Teams. Trainer's meetings are being held monthly to review and evaluate training sessions and to identify learning to further strengthen delivery.

A **Neglect conference** took place in February 2021 including national and local speakers. The recordings of the sessions have been added to the website together with **key questions and discussion points** provided by the speakers to allow them to be used as training materials.

In February 2021, the Designated Doctor for Safeguarding Children delivered a training session to 450 Coventry Primary Care staff regarding neglect and perplexing presentations to aid their identification of neglectful care.

As part of the Family Hub Core Offer, help is delivered to families where neglect is a feature and will form part of the Early Help Plan.

At City College there is a centralised and dedicated point of contact within the College for students/staff safeguarding and wellbeing, is identified early recognition and response to neglect. Students are supported and allocated a member of the college team to support and minimise additional risks. This has been key for Children's Services and other external support agencies to have in terms of safeguarding.

During Covid-19 the Family Health and Lifestyles Service has delivered the majority of its service via virtual platforms and the service has seen a significant increase in contact via its Chat Health offer, a texting service with two numbers, one for parents and one for young people. The school nurses have supported a number of parents with behavioural and conduct advice, and children and young people with virtual health and wellbeing sessions e.g. mindfulness, relaxation, to help support their mental health wellbeing.

The South Warwickshire Foundation Trust Safeguarding Team support Trust staff to understand and recognise the signs of neglect. This can help to give a voice to children and recognise that any child can suffer neglect, although some may be more vulnerable than others. Through safeguarding supervision, support and advice and safeguarding training the Trust supports all staff to understand the cumulative signs of neglect and more importantly be proactive to prevent ongoing neglect.

Family Hubs have continued to deliver parenting intervention to include children and families where neglect is a feature. The parenting offer has been adapted to include the virtual delivery of all parenting programmes.

Further Children's Services staff have been trained to deliver parenting interventions based on needs, such areas have been Teen groups and Stepping Stones programme (particular focus on children with additional needs).

Neglect associated with substance misuse and co-sleeping: The CCG received end of year funds from NHS England. A dedicated **Safer Sleeping Conference** has been delivered including messages from National and Local reviews. A suite of resources to support front line practitioners and information for parents has also been developed.

Guide for Practitioners
Quick Reference Card

A **one minute guide in relation to adolescent neglect** has been created.

Food vouchers/electricity vouchers were accessible via a link for students who were unable to get to college. Awareness was raised of support available locally eg food banks, homeless organisations etc to help/ direct learners to them. Laptops were also given out for students who required them.

The Head of Safeguarding at Coventry and Rugby Clinical Commissioning Group has worked in partnership with health providers to strengthen the sharing of information related to this priority. NHS Coventry and Warwickshire Partnership Trust (CWPT) are to share data related to Non-Accidental Injuries where neglect is a feature and South Warwickshire Foundation Trust (SWFT) have plans to share data related to enhanced contacts by Health Visitors and Family Nurse Partnership activity. This will give additional information to the partnership to understand neglect from a health perspective.

The Family Health and Lifestyles service (commissioned by Public Health) have further developed the health questionnaire they deliver to assess Children's health needs. The questionnaire is completed by parents at school entry and by children in Year 6 and 9. Through the collection of this data, the school nursing team can identify unmet health needs and develop health promotion programmes that the children and young people feel they require. This can contribute to identifying unmet needs for children and young people at an earlier stage.

Health Visitors and School Nurses continue to attend 'Family Matters' meetings across the city which is a multiagency meeting to identify and support families who have an unmet need and to avoid issues escalating this works to develop ways of supporting families to reduce the likelihood of children.

What are we worried about?

The implementation of the GCP2 training programme has needed to be amended during the pandemic which has impacted on the numbers of participants trained.

Primary Care Monthly Multi-Disciplinary Meeting: There is a lack of consistency in the process of identifying and recording at these meetings, as well as attendance by health professionals.

During Covid-19 the domestic abuse services have undertaken the majority of their service delivery via virtual methods including video and phone calls. Best practice guidance during this time has been that children and young people who live at home with the perpetrator do not have sessions in order to minimise risk to their safety. This has resulted in a small number of children and young people in Coventry not receiving a service from the provider. Advice and support has been provided to Social Workers to support them and the families affected during this period. With restrictions being relaxed the service is now commencing support in suitable locations (e.g. family hubs) to recommence face to face delivery for some children and young people where virtual delivery is not an option.

Neglect associated with substance misuse and co-sleeping: This has been a feature of a number of Safeguarding Practice Reviews.

It is recognised that cases are becoming more complex, which obviously has implications for families but also has impacts for staff.

It is likely that demand for services will increase as Covid-19 restrictions relax further and domestic abuse services have already seen a significant increase in demand over the last few weeks. The services have not been able to discharge people at the same rate due to delays within the wider system (e.g. courts, housing) and therefore are reaching capacity.

What needs to happen?

To increase the number of GCP2 trained trainers across the service to further enhance the core training delivery group.

The CCG is leading on a series of engagement sessions with GPs and Named Safeguarding Professionals to strengthen the organisational processes of MDT meetings. This will include ensuring attendance by appropriate health professionals; aligning actions; strengthening referral pathways and mapping the outcomes for children and families.

Police are reviewing the use of a new outcome code (OC22) that provides officers with the opportunity to offer diversionary, educational or intervention activity to ensure that we get the best outcomes for children. Coventry Local Authority have identified that family engagement is a continuing challenging element in regards to families involved in neglect cases engaging with assessment processes. With the new outcome code, the police have the ability to place a condition of engagement onto suspects when they are linked to offences. This provides the opportunity for police to enforce engagement for neglect cases. This measure will help promote early intervention and will encourage families to engage with social care in order for the investigation not to be pursued any further by the police if the agreed engagement is completed.

Further development is underway regarding the function within the Early help module on the indicators of neglect at the initial stage when a request is received.

Demand across all Public Health services will be monitored over the coming months as Covid-19 restrictions relax as we expect to see an increase in demand. The Family Health and Lifestyle Service will need to continue a blended offer of virtual and face to face to ensure ongoing support reaches families and children and young people as COVID19 restrictions lift.

Work is underway to develop a Multi-agency Neglect toolkit to support practitioners in identifying, assessing and responding to neglect.

The South Warwickshire Foundation Trust Safeguarding Team is in regular individual contact with all services via telephone and virtual meetings to offer advice and support. This has helped to further raise the profile of Safeguarding across the Trust and “frontline” practitioners have felt reassured by the confirmation that Safeguarding really is an ever-constant presence and resource for them to utilise.

Progress against priorities: **Extra familial harm including a contextual safeguarding approach**

What's working well?

Learning and Development Webinars have been delivered and a Multi Agency Conference has been held to support an understanding of contextual safeguarding.

An exploitation week took place in March which comprised of key messages being disseminated via social media and a number of webinars aimed at upskilling practitioners in a particular area.

The Horizon Team is ensuring that contextual safeguarding is considered more robustly within all Meetings (Strategy Meetings, MACE and Missing Triage).

Coventry is one of the three areas across the West Midlands area that is implementing an Exploitation Hub. This will help to support the current structure of the Horizon team by providing a greater police structure in regards to intelligence and investigation. Police will be adding further staffing to this function to provide a more aligned approach across the force area.

A mapping exercise took place with young people to identify spaces where children and young people feel safe and unsafe that includes personal safety planning. Schools involved were identified in partnership with Education colleagues in crime hotspot areas.

The Horizon team provides case consultations across all social work teams and Early Help to provide specialist advice and guidance around working with exploitation.

Child Exploitation Project Manager: The Clinical Commissioning Group and Local Authority Public Health have jointly commissioned a Child Exploitation Project manager to strengthen the pathways in health. The project manager has developed infographics in relation to cuckooing and plugging that have been shared across the system.

Violence Reduction Unit Pilot – focussed in Hillfields working in partnership with youth organisations to provide diversionary activities.

There is excellent collaborative working between the Horizon Team and key agencies aligned to the Horizon Team (LOCATE, Police Child Sexual Exploitation Team, The Gangs Team, Youth Offending Team, Education particularly the LINK Provision and CAMHS).

The South Warwickshire Foundation Trust Safeguarding Team works with all members of staff to increase the understanding of contextual safeguarding and ensure there is a consideration of risk outside of the home for children and Young People.

The Clinical Commissioning Group organised a Coventry Gangs awareness raising training session for Primary Care delivered by West Midlands Police, with over 300 participants dialling in. In February 2021, the Child Exploitation Project Manager delivered a training session to 450 Coventry Primary Care staff regarding extra familial harm to aid their identification of this issue.

Mandatory contextual safeguarding staff training developed by South Warwickshire Foundation Trust to ensure that staff have knowledge and skills to recognise how young people are influenced by a whole range of environments and people outside of their own family. To includes awareness of online environments, through safety training around grooming and tracking. A good knowledge and understanding of the local community – and challenges faced by the young people/learners living within the community.

The Child Exploitation Coordinator Role is a conduit for information and intelligence sharing and cohesion across/between partners. The role provides advice and guidance across the partnership.

The School Nursing (SN) Service links in with the Vulnerable and Missing Persons Panel to provide information of young people known to them. This is an active movement from understanding and attributing risk solely to parents, to understanding that parents may have no influence on events outside the home. The SN Service has “Drop In” sessions in schools, focussed groups and offer a relaxation sessions that have been well received with over one thousand children accessing this service. These services encourages and supports children to feel safe to discuss aspects of their life outside the family environment. The voice of the child to shape service provision is paramount.

Prevent Coordinator and Prevent Education Advisers ensure the effective delivery of Prevent and Channel Panel across Coventry including engagement with community partners and representation from all partner agencies.

What are we worried about?

The ongoing impact of Covid-19 on children, families and agencies across the city.

Funding streams are often time limited and this does not lead to sustainable projects.

Bringing children into care if they cannot be protected in the community does not necessarily improve outcomes for children. Children going out of the city for a placement could promote opportunities for young people to be involved or co-ordinate county lines over more geographical/gang areas.

Success or outcomes are being monitored based only on a young person’s behavioural change but should include their feeling of safety in their wider community.

Contextual Safeguarding is not embedded consistently within assessments and intervention plans for young people. Practitioners need to triangulate information known about the child/young person providing more in-depth consideration of the young person's history and wider family functioning, including contributing factors for example mental health, learning difficulties that are undiagnosed, as well as literacy skills of the parent/carer.

The use of Osman warnings by the police impacts on placement choice.

Plugging - There is lack of awareness of the management of young people that are exploited to carry drugs inside their bodies, and there is a gap in regional or national policy or protocol to address this issue.

What needs to happen?

Increased consultation is needed prior to the issue of Osman warnings to mitigate against creating further vulnerabilities for children. Development of an agreed information sharing pathway/protocol.

Multi-agency mapping meeting for nominals of County Lines operating out of Coventry to fully understand the scale of this activity and to identify joint opportunities for disruption and safeguarding young people being exploited.

As part of the extra familial safeguarding approach there is a need to consider the development of resources and support for parents, carers and families of children and young people who are subjected to exploitation. There is a wide evidence base which highlights the fact that in many cases parents are protective factors and should be viewed as partners in processes undertaken to keep children and young people safe.

Child exploitation champion role to be fully embedded across MASH and Children's Services teams to increase awareness and response from all teams in respect of Contextual Safeguarding.

Locate officers to be situated within Children's Services to strengthen the response to Missing. This has been agreed for two days a week but delayed due to COVID-19.

Training sessions with Taxi Drivers, Hotel Staff, Housing Providers and the Community to improve lines of communication and strengthening safeguarding across the community and awareness of contextual safeguarding.

Greater joint working between Children Services and Adult Services, this will enable Children Services, including the Horizon team to respond to the needs of the young person to ensure the welfare and safeguarding needs of parents are assessed to especially in cases of mental health or domestic abuse.

Development of a parent network as has been successful in other LA areas at providing support for parents and facilitating the development of trust and confidence in professionals as partners not people working against them and their children.

The partnership has used civil orders and partnership working to disrupt exploitation and perpetrator activity in some cases but this needs to be developed as a consistent approach to extra familial harm.

Progress against priorities: **Making the system work**

What's working well?

Throughout the COVID-19 pandemic the CSCP team have produced a bi-monthly position statement to support a common understanding of strengths, weaknesses, threats and opportunities in the safeguarding system. These have been shared with all CSCP members.

Right help, right time threshold training continues to be rolled out across the partnership.

The Safeguarding Together Action Group (STAG) made up of frontline practitioners from across the statutory, voluntary and community sector continues to meet virtually on a quarterly basis meaning that national, regional and local learning is shared across the partnership.

A specific role has been established within West Midlands Police to embed the learning that arises from Safeguarding Practice Review to all of the geographical areas across the force. This roll provides accountability for the lesson derived from Safeguarding Practice Review's to be understood and for the learning to be shared or for relevant changes to be put in place to address the learning points identified.

Coventry Safeguarding Children's Partnership has joined the West Midlands Safeguarding Children's **procedure manual** meaning that there are consistent procedures for practitioners operating across the region.

Training has been delivered to a range of partners on the use of EHM when completing Early Help Assessments (EHAs) and establishing Early Help Plans. In the last year this has resulted in a 138% increase in the completion of Early Help Assessment by partner agencies.

Health representation at strategy meetings: The Clinical Commissioning Group Head of Safeguarding worked in partnership with Local Authority Public Health and Coventry Children's services to identify a flow chart to identify the most appropriate health professional to participate in strategy meetings outside of the MASH. This has ensured that the partnership arrangements for strategy meetings are compliant with Working Together 2018 and that the health contributions inform the decision-making process.

Dip samples of reports have identified that voice of the child is being utilised within West Midlands Police to a good level. West Midlands police Public Protection Unit officers have completed briefings to front-line officers in relation to completing voice of the child – this is working well and as a result of the inputs there has been a rise in the use of voice of the child.

Children's Named Safeguarding Professionals (CNSPs) and Named GPs for Safeguarding Children: The CCG continues to commission these professionals in Primary Care. This has ensured that vulnerable children are identified and highlighted on their systems, and that there is dedicated resources to support safeguarding duties. In addition, these staff produce case conference reports that share information and analyse risk for vulnerable children, as well as supporting with safeguarding activities including Rapid Reviews, Safeguarding Practice Reviews and Coventry Safeguarding Children's Partnership audits. These professionals also act as a conduit for sharing information to the Multi Agency Safeguarding Hub and other professionals across the system to inform safeguarding decision making. The Named Safeguarding Professionals also co-ordinate monthly Multi- Disciplinary Team meetings in the GP Practice.

The Children's Commissioning and Partnership Service has developed a quality assurance framework which covers all services but has a particular focus on placements. Feedback, research and intelligence are used to RAG rate all external providers to monitor and track the quality of the service provided and determine where to visit.

The Clinical Commissioning Group Head of Safeguarding and Children's Services Strategic Leads: Meetings have been held monthly to identify and support with any risks raised particularly focusing on looked after children's emotional and mental health needs, as well as strengthening health representation at strategy meetings.

The Early help directory, TRELLO, continues to be developed signposting professionals and families to sources of support across the city.

What are we worried about?

MASH function being reviewed as the new police systems are not allowing for MASH assessment.

Your Voice Matters, the young people's consultative group, has been put on hold across 2020-2021 as schools were hesitant to allow visitors into their schools or to conduct the sessions online. Three sessions are now planned for Summer Autumn 2021.

Referrals across the system are increasing and this is putting pressure on all agencies.

A Rapid Review Action Plan is monitored and tracked by the partnership to ensure that actions arising from rapid reviews are progressed in an appropriate and timely manner. Webinars have also been delivered across the partnership as part of Practice Week informing practitioners in relation to the learning from rapid reviews.

What needs to happen?

To continue to extend the range of partners trained and using EHM in order to complete Early Help Assessments and Plans in order to increase the number of partner agencies completing whole family assessments. An Early Help Module work flow has been designed to represent the new Early Help Assessment practice and process, this will be ready for deployment from April 2020.

Changes in Child Protection Medical requirements: The Designated Doctor for Safeguarding Children is reviewing arrangements in light of the revised guidance and will share the findings with health commissioners.

An end to end process review is being completed by West Midlands Police to understand the processes currently in place within the force. Part of the issue is in relation to a new computer system implemented within the Police and is currently being embedded. A schedule of meeting have been arranged to understand and resolve the identified issues and then meetings will be held with Children's Services to review the MASH function e.g agenda for meetings, thresholds etc.

Domestic Abuse Triage is also affected by the new police computer system. This process will also be reviewed to consider the right help right time principle to provide a greater understanding of the information that the police are passing to partner agencies by having an agreed risk matrix set in line with the Barnardos screening tool.

One minute guides are being created to share the learning from rapid reviews.



Child Exploitation Indicator Tool

A new Child Exploitation Indicator Tool was launched in March 2021 as part of the local activity for Child Exploitation Awareness Week. The new tool replaces several existing screening tools and brings screening for all forms of Child Exploitation into one form including sexual exploitation, criminal exploitation, modern slavery, human trafficking and the Prevent duty.

The new Indicator Tool was created by a multi-agency group of Coventry professionals to ensure it was suitable for all practitioners across the city and weeks of testing was carried out with multi-agency front line professionals to make sure the tool was easy to use, faster to complete than the previous screening tools and beneficial to practitioners and the young people and families they work with. The Indicator Tool was created for use with young people up to the age of 25 but can be expanded to work with adults at risk if required in the future.

The Indicator Tool encourages professionals to use their own judgement, it is a move away from forms where the number of ticks in the boxes provides the risk level. The Indicator Tool asks the professional to complete a set of sections including Health, Online Safety, Grooming, Child and Family and Behaviour then after the information has been gathered, to use the Signs of Safety framework to pinpoint the risk of harm and what the professional thinks needs to happen going forwards.

The feedback received from Coventry professionals is very positive and the original working group meets periodically to consider the feedback received. This ensures that the tool remains relevant in the changing landscape of exploitation and that it meets the needs of professionals and young people and their families in Coventry.

The Indicator Tool together with its accompanying Guidance Document can be found on the Coventry City Council website on the **Child Exploitation webpages**.



Neglect conference

Coventry Safeguarding Children's Partnership hosted a Neglect conference in February 2021. The Keynote speaker was Dez Holmes, Director of Research in Practice and local partners from Clinical Commissioning Group, Multi Agency Safeguarding Hub, West Midlands Police, Early Help and NSPCC also gave presentations. The Conference was held virtually via Microsoft Teams due to lockdown restrictions but was well attended, with a total 188 attendees from a range of organisations.

The presentations were recorded and are now held on the Coventry Safeguarding Children's Partnership website to support further learning. Each presenter also provided questions and discussion points to facilitate further conversation when these presentations are being watched in future training sessions. It is hoped this will encourage continued engagement and contextualisation of the content to individual organisations.

Feedback from attendees was wholly positive, with comments noting how informative the session was and positive feedback was echoed in other meetings and groups which provided a useful opportunity to signpost the recorded resources.

This conference and the continued use of the recorded presentations forms part of the continued drive to raise awareness of neglect throughout the city.

Neglect Conference February 2021

Questions and Discussion points from presenters



Exploitation Awareness Week for Annual Report

From 15 to 19 March 2021, a wider Exploitation Awareness Week was devised to coincide with Child Sexual Exploitation Awareness Day 2021 on 18 March. The week consisted of sharing resources through a social media strategy, signposting services and sharing posts from a wider regional campaign taking place over the same week.

A programme of webinars following a theme set out on each day was also held and promoted through email channels, the CSCP newsletter and a Microsoft Teams background.

The week was an opportunity to launch the new Child Exploitation Screening Tool, raise awareness on different forms of child exploitation and promote services such as Youth Offending and Catch 22.

Webinars were consistently well attended, averaging at 30 attendees per session from a range of organisations. Feedback across all sessions was extremely positive, with attendees asking for slides to disseminate or asking if professionals giving the session would provide the session to their own teams. With 962 visitors to the CSCP website over the week, the Child Exploitation page was the second most visited page after the homepage, followed by resources for professionals.



Local authority designated officer

In accordance with the statutory duties set out in Working Together to Safeguard Children 2018, Coventry City Council has a 'LADO,' who has responsibility for the management of allegations against professionals working in a voluntary or paid capacity with children.

Training

The LADO works collaboratively with partner agencies within and outside Coventry, to ensure that the management of allegations of professional abuse is robust and effectively safeguards children; one way the LADO has increased awareness of allegations management duties for partners and supported them to accomplish their obligations over the COVID impacted 2020/2021 reporting period, is through virtual training delivery.

The LADO successfully provided virtual LADO training to approximately 160 members of staff across Children's Services, statutory and third sector partners over the year. In addition, LADO training has formed an integral part of Designated Safeguarding Lead training for 0 -18 Education settings in the city, also delivered using virtual platforms given the working practice context as a result of the pandemic.

Feedback from partners who attended the training is positive in terms of their increased knowledge of LADO and their understanding of what is required of them as representatives of their agency when allegations are made by children, or where they have concerns about the behaviour of a colleague or other professional employed in a paid or voluntary capacity with children.

Whilst remote learning brings some issues relating to participation given some restrictions compared to the usual training format e.g. joint case study 'break out' activities, it has enabled professionals to attend training without having to manage the logistics of their business as usual, face to face work, e.g. teaching. Some participants have shared that they prefer the virtual delivery method and consideration will be given to flexible training opportunities moving forward that considers the feedback provided.

Quality assurance and management oversight of the work of the LADO Service supports the identification of themes/patterns relating to individuals, services and wider organisations. This information is used to identify any potential causes for concern and informs learning and development for partners through training delivery, advice and guidance.

Case example

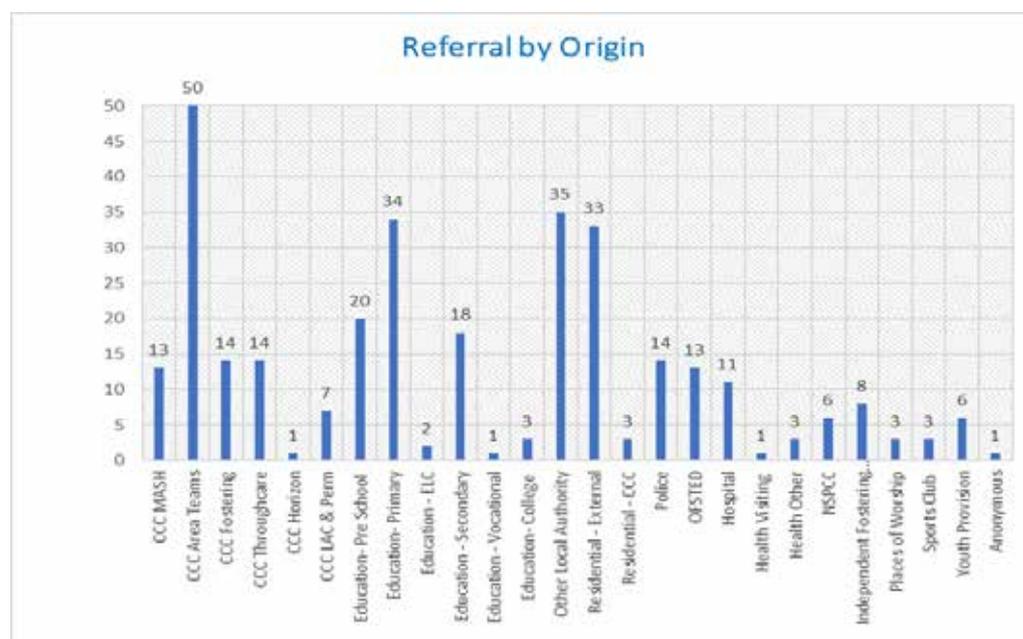
Repeat referrals from a residential children's home were identified as not meeting the threshold for LADO involvement; these related to situations where one child was making repeat allegations against different members of staff, none of which when investigated by the manager, could have occurred. Referrals were made to LADO based on there being an allegation rather than the manager considering the substance of the allegations which were disproved by CCTV footage, staff rotas, logs and by other children living in the home.

In the example above, the LADO met with all staff and the Manager of the home and provided a bespoke training session for them. Through this training, all who attended reported that they were better able to understand the thresholds for LADO involvement, had greater confidence regarding their approaches to the management of malicious or unfounded allegations and better understood the LADO advice and guidance function. The result was reduced referrals from this setting and support via the child's Social Worker to understand the reasons the child was making repeat allegations.

Contacts and Referrals

The LADO provided advice and guidance in response to 1085 contacts relating to professionals working in Positions of Trust in 2020/21; a marginal increase of 3.5% on the 1048 contacts in 2019/20.

The number of referrals has decreased by 21% from 400 in 2019/20 to 317 this year, in part, this is attributable to the training received by partners, which has given them confidence to respond to low level concerns without advice and guidance from the LADO; and in part as a result of more partners seeking advice and guidance before completing a referral.



In 2020/21, Coventry Children Services have continued to make the most referrals to the LADO service with 102 (32.1%) of referrals coming from Children's Services, this is a marginal decrease on 2019/20 where 107 (27.9%) of referrals originated from Children's Services. The majority, 50 (49%) of Children's Services' referrals originate from Area Teams, this is as expected because these teams come into contact with the largest number of children (Early Help, Child in Need, Child Protection) when compared to other areas of service delivery.

Of the Education referrals, those from pre-school settings account for 20 (26%) primary education account for 34 (44%), secondary account for 18 (23%) and Extended Learning Centres, colleges and vocational setting account for 6 (7%). This is a decrease in numbers 31 (7.79%) to 20 for preschool settings, reduction of 25% from primary settings, and 23.9% from Secondary settings compared to 19/20. In the context of COVID19 lockdowns where schools were closed, this is not a cause for concern but will be monitored across 2021/22.

As in 2019/20, none of the health referrals in 2020/21 relate to conduct that has occurred in the Nurse/Midwife/Doctor's place of work, but in their personal lives. There is a common theme of identifying stresses in the professional's life outside of work which the employer was previously unaware.

Case example

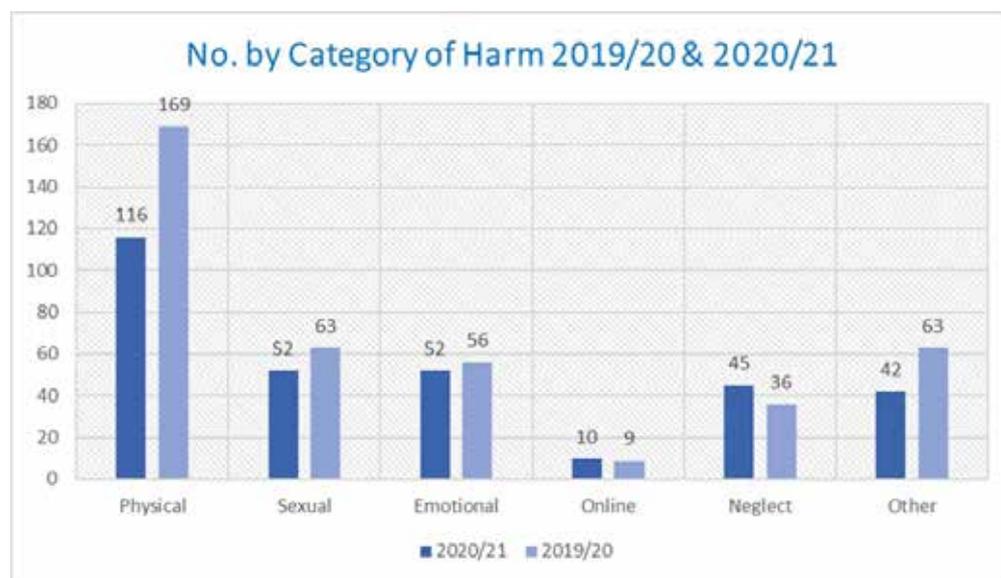
A complaint by the child of a person in a position of trust that they use inappropriate physical chastisement, the concern for LADO and the employer being how would they respond to a disclosure of a similar nature by a child in their professional sphere, and what is their understanding of the impact on their child and any child of being subjected to inappropriate physical chastisement. Employer had provided them with support and Children's Services, the police and the child's school were working collaboratively to support and safeguard the child and the professional/parent.

14 referrals were received from the police in 2020/21, this represents a 65% reduction in referrals compared to those made in 2019/2020. Of the 14, 5 referrals related to serving Police Officers, the remainder relate to reported crimes where the offender is a person in a position of trust. LADO cross partnership training is open to West Midlands Police and has been advertised by the CSCP. LADO is in the process of devising Police specific LADO training for those working in Public Protection to increase training take up.

Categories of Harm

Across 2020/21 as in the two previous years, the main category of harm is 'Physical'; Numerically this represents a decrease of 53 referrals categorised as Physical Harm however, when related to the percentage of referrals in each respective year, in 2020/21 this represents 36.6% of referrals which is a small percentage reduction on the 2019/20 where 42.7% of referrals related to Physical Harm. This reflects the regional and national picture informed by LADOs as fed back into the Regional and National LADO networks.

NB Where 'other' is recorded these are cases where threshold is not met for further LADO oversight and intervention meaning that in these there is often no identifiable harm.



LADO - Regionally and Nationally

Coventry LADO Service is a member of the National LADO Network as well as West Midlands Regional LADO Network. This ensures the opportunity to reflect on decision making, benchmark Coventry's throughput and thresholds against geographical and statistical neighbours and use the network to learn from peers in respect of potential areas of practice and service development.

For example, Coventry LADO Service has engaged in network discussions regarding allegations made against teachers/teaching related staff and those that meet the harms threshold as now contained in the updated statutory guidance Keeping Children Safe in Education September 2021; this includes the notion of transferable risk where behaviours of concern may have happened outside of the individual's place of work and this might make them unsuitable to work with children - Coventry LADO practice incorporates this threshold as part of the approach to safeguarding children in the city.

Coventry LADO Policies and Procedures are now aligned to the West Midlands Regional Child Protection Procedures. As a result of this, there is a consistent approach across the region which simplifies the overarching governance and approach to LADO for professional partners who work across more than one authority.

The LADO Service in Coventry will continue to engage in these forums and adapt processes where necessary to reflect current good practice and national guidance.

In Conclusion

The Annual Report of the Coventry City Council LADO Service shows the service to be accessible and that professionals and concerned members of the public receive consistent, dependable advice. LADO responses are carefully considered and are shown to be balanced and proportionate in ensuring that safeguarding of children is managed effectively and individuals who are the subject of referrals, are protected from further allegations during the Position of Trust process.

Professional feedback is positive about the advice and guidance they receive and about the impact an accessible LADO service has on supporting their decision making.

Signs of Safety

Coventry Safeguarding Children's Partnership continues to support Signs of Safety as the model in all agencies across the city.

The roll out of multi-agency training continues, albeit virtually, across the city and there are now a relatively low number of practitioners that require training. Audit work is evidencing that the methodology is being applied across the partnership giving practitioners across the city a common language and framework.

Right help, right time

The Right Help Right time guidance is aimed at assisting professionals to understand and assess risk appropriately so that children and families can receive the right help at the right time.

The aim is to provide early interventions for children, young people and families that require support in order to prevent them moving towards higher levels of need, and to reduce the levels of need once they have been identified. The guidance is contained within the **online procedures manual.**

Right help right time training sessions continues to be rolled out and now form part of Coventry Safeguarding Children's Partnership training brochure.

Quality assurance

Over the last year the rolling audit programme has included both statutory and thematic audits.

Babies at risk audit

The CSCP undertook an audit to review the current circumstances of children who have recently stepped down from Child Protection Plans, families who have had a new baby in the last 6 months and children currently subject to a Child Protection Plan to provide assurance around the decision making process for vulnerable babies. Partners of the Board were asked to review the audit cohort and identify whether they had worked with any of the children and families and then complete a case file audit using an agreed audit template which featured a Signs of Safety approach.

What's working well?	What are we worried about?
<ul style="list-style-type: none"> • Practitioners are trained and well-equipped to identify risks and vulnerabilities. • There was evidence of excellent multi-agency working between professionals. • Management oversight and case direction was clear, concise and decision making was timely. • The Early Help Partnership and Health Visiting Service discovered some good evidence of relationship-based practice and building trust with families • The quality of chronologies continues to improve in most agencies. 	<ul style="list-style-type: none"> • Information sharing within and across all key partner agencies. • It was apparent throughout the audit that the 'Think Family' approach is an area for development. • The audit identified some missed opportunities to engage with families at the earliest opportunity. • There was some variable practice noted in relation to professional curiosity. • The Covid-19 pandemic has had an impact on the way practitioners are able to view and assess children and their families, especially in their home environment • It was evident there is no risk-based, multi-agency tiered approach to safer sleep advice.

What needs to happen? (Recommendations)

On receipt of the Child Protection plan information from Children's Services, the relevant GP will use read codes on their internal systems to log this and share it with the Named GP for Safeguarding at the Practice. A dip sample will be carried out in 6 months to check for improvements in this area.

Agencies provided the CSCP with assurance that they are promoting the Think Family/Whole Family Model across their agencies.

CSCP produced a One Minute Guide to raise awareness and promote best practice across partner agencies around the need to identify family networks at the earliest point in their involvement and the benefits of early participation in the Family Group Conference Service

CSCP developed guidance on professional curiosity; the guidance included a best practice awareness and approach regarding the effective use of family history and chronology and how this is key to inform current assessment and decision making with children and families.

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 2020 (KCSIE) and Working Together 2018. The 2020 audit took place at a time of unusual pressure on schools, as the Covid-19 pandemic and its associated lockdown restrictions were in place for its entirety. This was taken into account during the audit period itself, and schools were encouraged to reflect the impact of lockdown in their audit responses where applicable to ensure this was considered where relevant to safeguarding practice. All schools completed the audit except for three. There were many positive features in the 2020 audit and numerous examples of excellent work were shared, evidencing that schools in Coventry are performing well within a broad safeguarding spectrum. The key recommendations from this audit are summarised below:

- The CSCP Board should obtain assurance from the Local Authority Education team that the 3 schools who failed to complete the audit have appropriate safeguarding policies and procedures in place.
- The Safeguarding in Education Advisor should provide assurance to the CSCP, on behalf of the Local Authority, as to how all schools will be better supported and encouraged to complete this statutory audit in 2021.
- Schools should ensure that someone from their setting has attended the Prevent toolkit workshop (either via the flyer which will be emailed to them or by using the link in the monthly safeguarding newsletter)

- The Safeguarding in Education Advisor should set a clear expectation of frequency for the governor (or equivalent) responsible for safeguarding meeting with the DSL for supervision and checking the SCR. Written guidance confirming this standard should be sent to all schools.
- The Early Help team to write a One Minute Guide focussed on how schools can contribute to, and their role in the Early Help process. This will be disseminated to all schools in Coventry.
- The Safeguarding in Education Advisor should remind all schools about their responsibility to promote safer working practice and update governor (or equivalent) DBS checks as appropriate.

Section 11 Audit

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. The audit was completed by nominated members of the relevant agencies who have a duty to comply, using a self-assessment tool developed in a regional group with other Midlands Safeguarding Partnerships to ensure consistency, comparability and to reduce the administrative work of partners required to submit audits for a number of Boards (such as the West Midlands Fire Service).

This year's audit was positive, with the majority of partners reporting good adherence to requirements and able to give excellent evidential examples of good practice, or the changes they intend to make to improve the way they work. The recommendations were as follows:

- The Partnership Board and subgroup members will be provided with a copy of the new Signs of Safety One Minute Guide, which was written to support improvements in case recording after the Looked After Children audit in 2018. This should be cascaded to all staff within agencies and managers in agencies should use it to improve the content and quality of case recording.
- Agencies are to send their collated feedback from children and young people to the CSCP Development Officer twice yearly (on request). The Development Officer will produce, every 6 months, a summary of children and families' feedback to agencies which will be shared across the partnership to reduce silo working and ensure children's voices are heard and agencies are able to tailor the services they offer to meet children's needs. The CSCP annual report will include a section asking agencies for assurance that this feedback has been used to influence the services they offer to children.

Learning from Reviews

Coventry Safeguarding Children's Partnership have undertaken a Serious Case Review, that was commenced under Working Together 2015. The review is in relation to Matt who was 2 and half months old at the time of his death, in the care of his parents. An ambulance attended the home at the request of the parents but found Matt deceased. An investigation remains current and for this reason the review is yet to be published. There was evidence that both parents has used cannabis and /or alcohol on the night of Matt's death.

1	The Coventry Safeguarding Children Partnership should review the neglect strategy to ensure that the identification of neglect is identified and appropriately respond to.	The Neglect strategy has been reviewed and was signed off by the Execs in February 2021 and shared with the CSCP Board in March 2021. The updated strategy can be found here: <u>Neglect Strategy</u>
a)	The continued implementation and embedding of the Graded Care Profile 2 to all relevant staff.	Children's Services have 24 licensed trainers and 2 sessions per month have been delivered across 2021. A Neglect toolkit is being developed and a guide to GCP2 will form part of that toolkit.
b)	Recognition of the harm caused to children by the cumulative effect of all types of neglect.	The cumulative impact of neglect is included in both the strategy and the impending toolkit. The neglect conference featured a session on the cumulative impact of neglect and the recording can be found here :- Neglect Conference
c)	Using this and previous reviews which have focused on neglect as learning for professionals.	The Neglect Conference shared learning from both this review and other national reviews. A webinar has been delivered to professionals across the partnership sharing the learning from this review.

2	The Coventry Safeguarding Children Partnership should use this review and the findings of the National Children Safeguarding Practice Panel to review the approach to safe sleeping by:	
a)	Review commissioning to promote safe sleeping within a local strategy for improving child health outcomes.	Safe sleeping is covered as part of the health visiting offer. There is an insert in the red book about safe sleeping and there is a page within the red book that the Midwife and Health Visitor completes to see where the baby sleeps day and night. Both direct families to resources from The Lullaby Trust and NHS Choices. Safe sleeping is also covered in the spec for HV.
b)	Promoting the identification of pre-disposing risks of SUDI and delivering differentiated interventions according to risk, with particular focus to parents that are suspected or know to use substances and/or alcohol.	Co-sleeping risk assessment practice guidance has been developed across Coventry and Warwickshire and can be found here:- Practitioners Guidance A Safer Sleeping conference was hosted across Coventry and Warwickshire sharing messages from the National and local reviews as well as to promote safer sleeping materials for practitioners to us with families.
3	The Coventry Safeguarding Children Partnership should consider what support, training and advice is in place for professionals dealing with families demonstrating disguised compliance or who are avoidant and/or resistant and determine whether further support is required which could include: -	A One Minute Guide to be developed signposting offering top tips to professionals to encourage families to engage. This has been disseminated across the partnership. Dez Holmes, Research in Practice presented at the CSCP Neglect Conference in relation to the importance practitioners being skilled in encouraging families to engage. Signs of safety continues to be rolled out across the partnership is a strengths based way of working with families. Safe Sleeping

a)	A tiered and robust multi agency approach, utilising the skills and powers available from each agency providing consistency and clear boundaries.	RHRT continues to be rolled out virtually. 117 further practitioners have been trained since 2021.
b)	Undertaking coordinated but unannounced visits.	Family matters meeting continue to support a co-ordinated way to engaging families.
c)	Triangulating historic and family information with other agencies, extended family and community.	The promotion of the Early help module continues and the CSCP is starting to see evidence that this is being utilised by partners.
4	The Coventry Safeguarding Children Partnership should be assured that:-	
a)	Referrals to the MASH are appropriately triaged and where appropriate a strategy meeting takes place; this meeting should include where possible the agency making the referral.	All referrals into MASH are appropriately triaged and a strategy meeting takes place, attempts are always made to include the referrer but this is not always possible due to availability of professionals. A Strategy meeting log is kept and they are all WT 18 compliant.
b)	That assessments include all relevant agency information.	The CSCP Neglect Conference featured a session on making a good MASH referral. Guidance in relation to making a good MASH referral has also been produced and is on the CSCP website. Top Tips for a MASH Referral
c)	That pre-birth assessments are undertaken in relevant cases and the procedure is embedded.	A multi-agency webinar to be delivered in respect of pre-birth referrals and pre-birth assessments. This will be recorded and added to the CSCP website.
d)	That prior to closure of Child in Need plans, there is clear evidence that the desired outcomes have been.	A closure summary is to be completed on all cases. This evidences how the desired outcomes have been met but also provides a comprehensive update for the social worker should the case be 'stepped up' again.

5	Coventry Children Social Care should ensure that the pathway to allow families to access Early Help provision is clear and robust, in particular where cases are stepped down. This should include a notification to the social worker that the case has been accepted by Early Help, where consent is given, before the case is closed.	The step up step down procedures has now been developed and this has been shared across the partnership.
6	The Coventry Safeguarding Children Partnership should ensure that the Coventry and Warwickshire Resolution and Escalation of Professionals Disagreement Procedure is understood by professionals and there are no barriers to it being used.	Right help, right time threshold training has been amended to reference the escalation procedure.
7	Coventry Safeguarding Partnership should review what provisions are available to support and understand the needs young people leaving care in anticipation of impending parenthood.	Dudley Lodge and Hurdle provide support to young people who are leaving care and about to become parents and this information has been shared with partners.

Training

The CSCP delivers a programme of specialist multi-agency training and development.

Course Title	Attendee total
Self Harm Workshop	72 (2 Sessions)
Emotional Abuse Workshop	39
Contextual Safeguarding Workshop	49
Domestic Abuse Webinar	36
Hidden Harm & SG Children Webinar	46
Nitrous Oxide Webinar	32
INTEL Webinar	86
Fabricated & Induced Illness	52

Fire Safety Webinar	26
Culturally based Practices & SG Children	45
Right Help – Right Time Workshop	83 (6 Sessions)
Making A Good MASH Referral Webinar	15
Safeguarding Awareness Webinar	18 (2 Sessions)
How Together We Can End Modern Slavery In The UK Webinar	26
Exploring Child Criminal Exploitation / County Lines Webinar	42
Unresolved Emotional Trauma Webinar	49
Psychology Of Coercion & Control Webinar	23
National Review Of SUDI Where Children Are Considered To be At Risk Of Significant Harm Webinar	15
Professional Guide To Understanding What Child Exploitation is & top 5 Intervention Strategies Webinar	28
Messages From A Serious Case Review Webinar	19
Level 1 - Intro To SG Children	45 (3 Sessions)
Level 3 – Effective Supervision	11
Learning From A SCR/Complex intrafamilial Sex Abuse Webinar	55
Level 3 – Understanding Sexual Abusers In Order To SG Children	15
FGM & Adults With Care & Support Needs Webinar	25
Harms Associated With Gaming & Gambling Webinar	34
Level 3 – SG Children In Whom Illness Is Fabricated Or Induced	29
Level 2 – Working Together To safeguard Children	27
Level 3 – Domestic violence & Abuse & SG Children	20
Contextual Safeguarding Webinar	89
Level 3 – Emotional Abuse & Neglect	25
Child Sexual Exploitation webinar	18
Level 3 – Parental Substance Misuse	15

1 Day Signs Of Safety	132 (13 Sessions)
Level 3 – 2 Day Signs Of Safety	173 (13 Sessions)
1/2 Day Signs Of Safety	62 (5 Sessions)
Signs Of Safety Overview	11
Management Of Allegations	138 (4 Sessions)
Mental Capacity Act Learning Event	84
Neglect Conference	191
Making SG Personnel Learning Event	160



Evaluating impact

Our multi-agency 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.

Two courses were evaluated to review impact:-

Course	Level 1	Female Genital Mutilation
General comments	<p>'The training was a really helpful guide in what to look for with concerns on abuse and neglect and where to go for helpful advice.'</p> <p>'The case studies and discussions were also very useful to get us thinking and critically analysing situations.'</p>	<p>This is such a sensitive topic and still very taboo across many cultures and lifestyles. I felt the way the training was delivered was factual, respectful and relevant.'</p>
Evidence of impact	<p>'I have come back to work informing all staff about the signs to look out for and who to call to report.'</p> <p>'Since the training I have identified a concern and made a referral.'</p>	<p>'I am a new starter in Early Help so I will most definitely be implementing the learning into my work.'</p> <p>'Really useful so much so that I have discussed it with my team and shared the slides.'</p>



Safeguarding Together Action Group

The Coventry Safeguarding Children's Partnership have continued to hold the Safeguarding Together Action Group (STAG) in a virtual format during Covid-19 restrictions.

The STAG's purpose is to bring people together in a new way to safeguard children across the partnership. There are currently 155 members across 68 organisations, some of which have never worked directly with the Safeguarding Children's 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.

Two forums were held in November and March, with sessions focusing on: Right Help, Right Time; Signs of Safety; Early Help; Extra Familial Harm and Child Exploitation in line with the current priorities.

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.

The feedback received from members remain 100% positive and we continue to grow our membership.





Voice of the child

Following last year's S11 Audit, it was highlighted that there was a weakness in relation to using the Voice of the Child to inform service provision.

Following the finding, the recommendation to the CSCP Board was that for 2021-2022 agencies are asked to consider this on 2 occasions throughout the year. The feedback received from agencies show an increased effort to incorporate the Voice of the Child in service provision, whilst adapting the collection and use of the Voice of the Child to face the challenges posed by Covid-19 and an increased use of virtual service delivery methods.

The Voice of the Child underpins practice across agencies, such as:

- A Think Family model of Safeguarding adopted within the South Warwickshire Foundation Trust and University Hospital College and Warwickshire Trust.
- Voice of the Child features in West Midlands Police Case Survey Dip Sample to identify issues or themes that can then be targeted with CPD
- Voice of the Child is used in weekly supervision paperwork in the Family Nurse Partnership.

Online and virtual platforms have been developed and improved to better capture and respond to the Voice of the Child:

- Apps like the Mind of My Own app enables young people to express themselves and communicate with professionals and the Leaving Well app used within Through Care enables care leavers to play an active role within their pathway plan.
- The Chat Health service is available for young people at secondary school to text the School Nursing service for confidential advice and support.
- Young people are being consulted as to whether they have sessions in a virtual setting.

Participation groups remain a key means of gathering and engaging with the Voice of the Child.

- There are 4 key young people led groups within Children Services (Coventry Youth Council; Voices of Care; Little Voices; The Care Leavers Voice) and others across the Partnership such as Coventry Warwickshire Partnership Trust's Youth Group.
- Young People are also part of the Coventry Corporate Parenting Board and given the opportunity to meet peers from across the West Midlands to discuss concerns from a regional and national perspective.

Feedback is gathered to ensure the Voice of the Child remains at the centre of services and necessary improvements are made.

- This is recorded in a child friendly way and direct feedback from the child is encouraged. For example University Hospital Coventry and Warwickshire now directly request children to leave feedback using a Trust iPad or through child friendly questionnaires.
- Children & young people should always be offered the opportunity to speak to staff alone as part of routine practice and some services also include a 'child only' assessment component.
- School Nurses currently utilise the Lancaster Model sending questionnaires to children in years 6 and 9 where they can ask for help or advice.
- The Clinical Commissioning Group has placed focus on engaging the Voice of the Child when recommissioning of Tier 2 mental health services. Child friendly surveys, discussions via the Voices of Care panel and 1:1 zoom calls have all been utilised.

The Voice of the Child has been at the heart of informing service provision:

- The Young inspectors project allows young people to inspect various aspects of children's services and share finding and recommendations with senior leadership.
- Within Coventry and Warwickshire Partnership Trust Services children, where age and cognition appropriate, have the ability to contribute to their continuing care assessments and advance care plans should they wish, and the documentation has been designed to support this.
- The Voice of the Child was encouraged during the Express Yourself theme of Childrens Mental Health Week and in Coventry this was shared through the #ThanksKids initiative, involving young people in making choices about wards, contributing ideas and images for the social media campaign and also helping to design the new Rise logo.
- In infants and very young children South Warwickshire Foundation Trust services utilise assessment tools and play as means for them to hear the Voice of the Child. The Family Nurse Partnership also ask questions to help carers see the world through their baby's eyes and recognise the baby as an individual being.
- The Clinical Commissioning Group has used people with lived experience of autism and their families as experts in their own lives, commissioning Grapevine to oversee co-production of a Keyworking Pilot to ensure experts were clear about the ask and were able to contribute in a meaningful way with support.
- Within Coventry, NSPCC participation work involves participating in service development, events at the centre, fundraising events and staff recruitment.
- Coventry College encourages learners to attend Child in Need meetings when they are at college as feedback previously shows they feel more comfortable and confident to express their own views within the college setting.

- It is recognised that some young people 'bed hop' between Warwick and Coventry and through working together the best outcomes can be more successfully achieved. South Warwickshire Foundation Trust has appointed a Lead Nurse for Children and Young People in Crisis based on the Paediatric Ward at Warwick Hospital giving the opportunity for young people to have their voice heard and acted upon.
- University Hospital Coventry and Warwickshire Trust works with St Giles to help capture and promote the Voice of the Child, offering timely and tailored support to admitted young people under the age of 25, who have been victims of, or are likely to become victims of a violent attack (youth, gang and domestic violence).



 Appendices

Appendix 1 - Performance Scorecard 2020/21 – Outcomes for Children

The Audit and Performance subgroup prepare a performance scorecard for the year which aligns to the Board priorities and business plan. The performance scorecard is a dynamic document to which partners can contribute, to help our understanding of the stories of children and young people in Coventry. The subgroup analyses the data that is received at each quarter with a recognition that the data will continue to develop.

Priority 1: Neglect

Abuse category as referred into Children's Services (% of cases featuring neglect as the primary or co-morbid referral reason)

Open Cases at Quarter End with Neglect as Primary Need (% of all cases)	Last Q4	Q1	Q2	Q3	Q4
Early Help (Neglect) <i>Primary needs are not currently reportable for more recent Early Help episodes, therefore this figures is expected to be understated</i>	32 (2.7%)	19 (1.9%)	18 (1.7%)	15 (1.2%)	9 (0.8%)
CIN (Abuse or Neglect) *	1345 (88.2%)	1277 (88.5%)	1696 (90.7)	1673 (91.3%)	1532 (90.8%)
Child Protection Plans (Neglect)	129 (33.2%)	161 (38.7%)	164 (38.8%)	154 (33.3%)	168 (36.1%)
Looked After Children (Abuse or Neglect)	631 (89.4%)	634 (90.2%)	690 (91.8%)	696 (91.7%)	695 (91.9%)

*Abuse and neglect cannot be reported separately as the data download 'groups' them as a category

Number of children subject to a child protection plan which features neglect as a primary risk

New Plans	Last Q4	Q1	Q2	Q3	Q4
Number of children subject to a child protection plan which features neglect as a primary risk	39	56	46	56	56
% of all child protection plans	32.0%	46.7%	36.5 %	29.6%	35.2%

All Current Plans at Quarter End	Last Q4	Q1	Q2	Q3	Q4
Number of children subject to a child protection plan which features neglect as a primary risk	129	161	164	154	168
% of all child protection plans	33.2%	38.7%	38.8%	33.3%	36.1%

Number of child removals which feature neglect as a co-morbid risk

	Last Q4	Q1	Q2	Q3	Q4
Number of Care Orders (C1, C2) with CIN Code of Abuse/Neglect	37	24	37	29	27
% of all Care Orders (C1, C2)	100.0%	100.0%	97.4%	100.0%	100.0%

Number of open cases which feature neglect as a primary or co-morbid risk broken down by age

	Last Q4	Q1	Q2	Q3	Q4
Children In Need (Abuse or Neglect)					
Aged 0-4	424	425	484	474	403
Aged 5-10	448	407	583	553	516
Aged 11-14	269	278	352	343	306
Aged 15+	204	167	230	243	242
Child Protection Plan (Neglect)					
Aged 0-4	47	64	52	47	48
Aged 5-10	45	51	48	44	50
Aged 11-14	23	29	33	38	36
Aged 15+	14	17	20	20	24
Looked After Children (Abuse or Neglect)					
Aged 0-4	149	154	166	165	181
Aged 5-10	154	152	172	172	164
Aged 11-14	151	148	162	169	174
Aged 15+	177	180	190	190	176

Number of children or young people subject to a rapid review this quarter where neglect was in any way a factor

	Last Q4	Q1	Q2	Q3	Q4
Number of children or young people subject to a rapid review this quarter where neglect was in any way a factor	0	0	1	0	1

Across the year the subgroup noted the increase in children subject to Child Protection Plans and Child in Need plans where neglect is a primary feature. There was also a reduced number of children coming off plans, meaning more children in total held in the system. The subgroup understood that there was understandable reluctance to remove children from CPPs during Covid without professionals having accessed them and their homes in a thorough way to ensure risk is sufficiently reduced. There has been an increase in the number of contact and referrals coming into the MASH throughout the pandemic and demand remains high. The increase in Child Protection Plans, therefore, must be seen in the context of an increase in cases overall. During the year, there were 2 rapid reviews where neglect was a factor. The subgroup is currently exploring whether other datasets, such as health data around child protection medicals, can help to inform our city-wide picture of neglect.

Priority 2 – Contextual

Police total number of Crime or Non-Crime records with a CSE “Special Interest Marker”

	Q1	Q2	Q3	Q4
Regional CSE reports (Force-wide)	281	190	Not received	224
Coventry specific CSE reports	39	34	Not received	27
Coventry % of total CSE reports	13%	18%	Not received	12%

Number of young people at risk of CSE (cumulative) from the Horizon team

	Last Q4	Q1	Q2	Q3	Q4
Low risk	10	5	17	22	32
Medium risk	10	9	6	19	26
High risk	1	1	3	5	6

Number of children who experienced a reduction in their CSE risk level

Last Q4	Q1	Q2	Q3	Q4
3	2	1	1	4

Missing children and young people

	Last Q4	Q1	Q2	Q3	Q4
Number of Missing Episodes started (number of children involved)	353 (134)	358 (148)	327 (148)	385 (192)	344 (161)

% of Return Home Interviews (YTD) being completed within timescale

Last Q4	Q1	Q2	Q3	Q4
63.4	70	72.1	59	75.6

Police arrests and convictions in respect of CE and CSE

	Q1	Q2	Q3	Q4
Number of arrests/convictions in respect of CSE	5/2	4/0	Not received	1/1
Number of arrests/convictions in respect of wider CE				

Number of children missing from education for more than 10 consecutive days, by school category (year to date):

	Primary	Secondary	PRU	Other	Total	% of school age population
Last Q4	181	111	3	49	335	0.7%
Q1	174	126	1	11	312	0.7%
Q2	253	114	0	6	373	0.7%
Q3	123	69	0	6	198	0.4%
Q4	128	63	0	17	208	0.4%

The Horizon team has seen a significant increase in young people at risk of CSE across all levels in the last year; they are currently working on a new, improved dataset which should present a more accurate picture of CE and CSE. The subgroup is developing the data measures around this priority which will be helpful to understand wider exploitation in Coventry as the scorecard evolves.

Priority 3 – Making the System Work

% of staff currently trained in child safeguarding awareness

STATUTORY AGENCY	COMPLIANCE AT Q1	COMPLIANCE AT Q2	COMPLIANCE AT Q3	COMPLIANCE AT Q4	CAVEAT
COVENTRY CC	72	64	86	88	Calculated at 3 years (employer requirement)
UHCW	96.54	95.48	96.39	94.9	Calculated at 3 year (employer requirement)
CCG	88		91.4	91.8	Calculated at 3 year (employer requirement)
CWPT	92.3		94.4	94.9	Calculated annually (employer requirement)
SWFT	90	92	92	93	Calculated at 3 year (employer requirement)
West Midlands Police	Not received	Not received	Not received	Not received	Not Known
CRC	Not received	Not received	Not received	Not received	Calculated at 3 year (employer requirement)
NPS	Not received	Not received	Not received	Not received	Calculated at 3 year (employer requirement)

% of MASH referrals which resulted in No Further Action

	Last Q4	Q1	Q2	Q3	Q4
% of referrals (YTD)	5.1	5.8	5.4	5.3	5.9

% of re-referrals back into MASH by month for this quarter

	Last Q4	Q1	Q2	Q3	Q4	Regional	National
% of re-referrals (YTD)	24.9	24.5	25.7	24.7	25.1	*23.0	*22.6

*2019/20 average

Partner attendance at Right Help, Right Time

Agency	2018/19 total attendance	2019/20 total attendance	Q1	Q2	Q3 (delivered virtually)	Q4 (delivered virtually)
Coventry City Council	77	36	-	-	2	9
Education	148	78	-	-	6	22
Education – academies/ private/independent	-	19	-	-	0	0
Third Sector	29	0	-	-	8	2
Faith	0	1	-	-	0	0
Early Years	4	18	-	-	0	8
Probation	26	11	-	-	1	0
Police	1	1	-	-	0	0
Health	97	47	-	-	18	33
Other					1	1
Not known (did not book on but attended)	0	0	-	-	-	-

Partner attendance at Signs of Safety training

Agency	Total for 2019/20	Q1	Q2	Q3 (delivered virtually)	Q4 (delivered virtually)
Education	89	-	14	6	18
Coventry City Council	130	-	27	59	97
Voluntary, private, independent	22	-	3	15	23
Early Years – private and independent	3	-	0	19	24
Health	114		16	18	46
Police	-	-	3	0	0
NPS	4	-	1	0	1
Faith	1	-	0	0	0

Rapid Reviews

	2019-20	Q1	Q2	Q3	Q4
Number of Rapid Reviews completed	2	0	3	0	2
Number completed on time	2	n/a	3	0	2

Number of Active Safeguarding Practice Reviews per quarter

	2019-20	Q1	Q2	Q3	Q4
Number of active SPRs	0	0	1	1	1

Number of formal escalations into the CSCP

	2019-20	Q1	Q2	Q3	Q4
Number of formal escalations	0	0	0	0	0

In relation to referrals into the MASH, those that resulted in No Further Action for Quarter 4 is 5.9% which means for these referrals, information and advice was provided to families, members of the public and professionals and further intervention from statutory Children's Services and Early Help services was either not required at this stage or declined from the family. In Quarter 4, 25.1% of children/young people that had been open to Children's Services within the last 12 months had been re-referred back to Coventry MASH which is slightly higher than the regional and national data although the subgroup learned that the national and regional average figure (in the table above) is 2019/20; the 2020/21 average will be available later on this year.

Training compliance for most agencies has been maintained throughout the year. Signs of Safety and Right Help Right Time training sessions were both withdrawn at the start of the Covid-19 pandemic however both sessions recommenced in Quarter 3 using virtual delivery methods and are being accessed by most agencies across the partnership. The continued roll-out of these workshops is contributing to a greater understanding of the help and support available to families for practitioners.

