Annual report 2021-2022

Coventry Safeguarding Children PARTNERSHIP

Coventry Safeguarding Children PARTNERSHIP

Board partners

National Probation Service

NHS Coventry and Rugby Clinical Commissioning Group

Coventry and Warwickshire Partnership NHS Trust

West Midlands Ambulance Service NHS Trust

University Hospitals Coventry and Warwickshire NHS Trust

West Midlands Police

NSPCC

Coventry City Council

CITIZEN

Contents

Introduction from the Chair

It is my pleasure to introduce the Annual Report for the Coventry Safeguarding Children Partnership for 2021/22.

The ongoing effects of the Covid Pandemic continued to have an impact on the work of partner agencies, with significant additional challenges in terms of demand, complexity and resourcing. But as we saw through the previous two years, professionals from across the Partnership kept safeguarding to the forefront of their thinking and activity, actively promoting the wellbeing of children and young people and maintaining an effective line of sight to those children and families who are among our most vulnerable.

Senior leaders from the statutory Safeguarding Partners maintained a strong and visible commitment to their responsibilities, working with colleagues from the wider safeguarding community to drive improvements and act as the strongest of advocates for the City's children.

Our priorities reflect the issues facing children and their families; neglect, harm outside of the home including exploitation and holding partner agencies to account for the provision of effective services. Safeguarding must remain a priority for all of us, and that together we maintain a resolute focus on the wellbeing and development of our children and young people.

Derek Benson

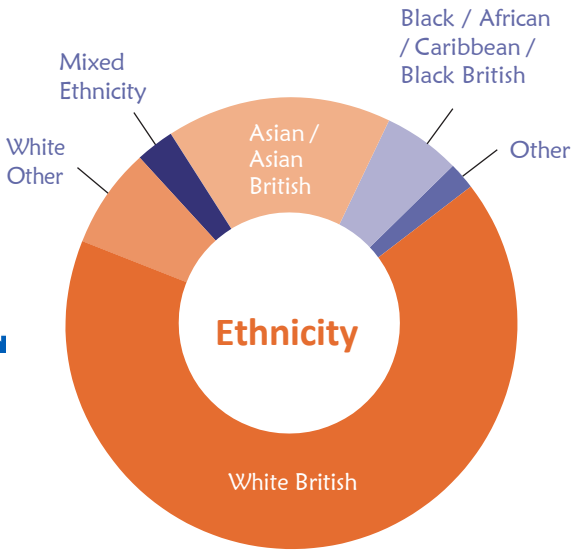
Independent Chair of Coventry Safeguarding Children Partnership

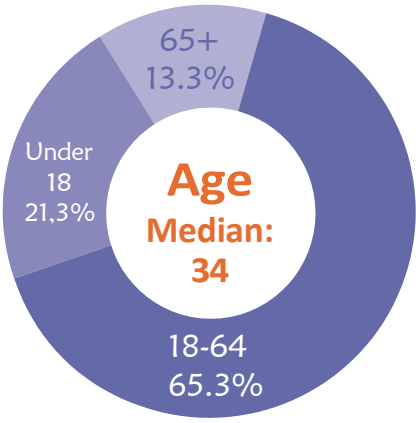
Local context

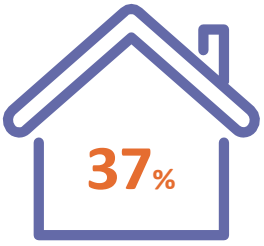
379,387

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



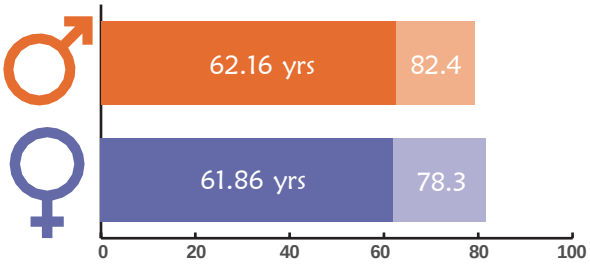


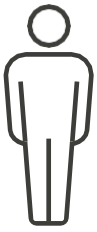


Children in Low Income Families

Coventry ranks 81st most deprived local authority area of 317 in England:

Healthy Life Expectancy / Life expectancy



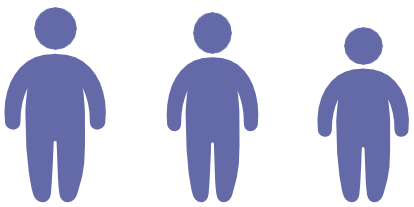


Total male population
193,290

Total female population
186,097

5.2% **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



Coventry	West Mids	Nationally
25.3%	23.9%	21%

25.8%

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

92

per 10,000 children looked after by the Local Authority
(West mids average 85, National average 67)

Introduction

This document constitutes a position statement for Coventry Safeguarding Children's Partnership covering activity from April 2021-March 2022

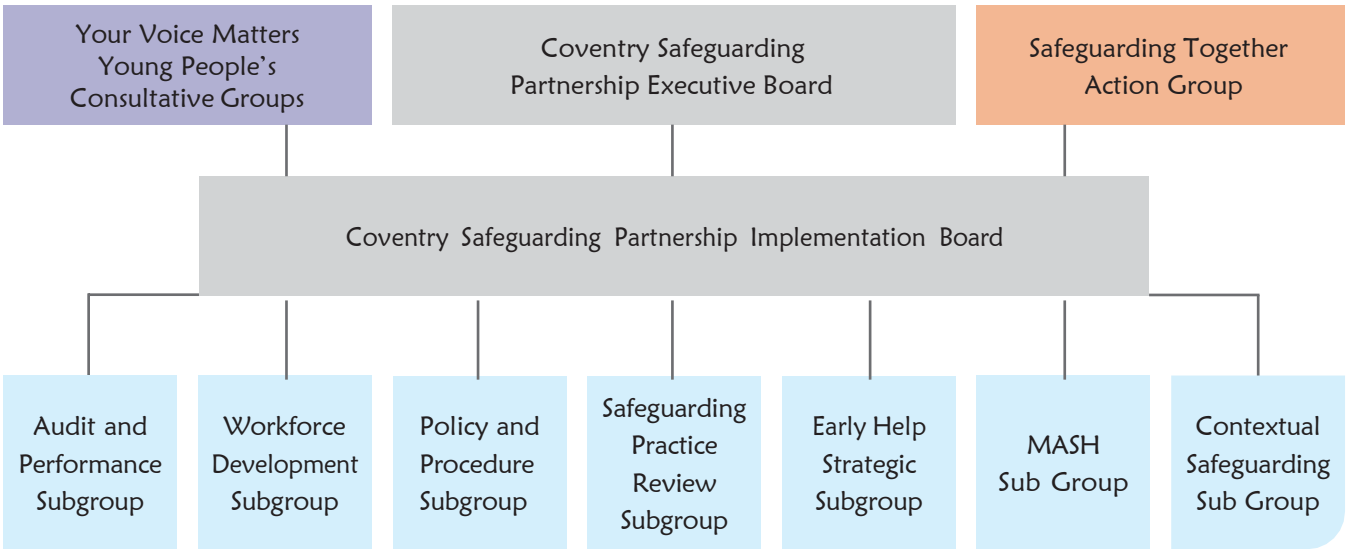
Our vision is to work in partnership to ensure that children and young people are protected from harm and neglect and that their welfare is promoted.

Our values are :

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

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

The governance structure of CSCP



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

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

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

In response to the Covid-19 pandemic, the partnership has used technology for meetings and other partnership activities. This has led to a greater number of partners being able to attend meetings and be more included in the partnership.

Priorites

For 2021-2022 the CSCP had 3 priorities

- Neglect
- Contextual safeguarding
- Making the system work

Progress against priorities: **Neglect**

What's working well?
The CSCP has developed a Neglect toolkit which has been socialised across the partnership:- **https://www.coventry.gov.uk/downloads/file/37790/neglect-toolkit**
The CSCP Neglect strategy 2021-2023 is embedded in practice in the West Midlands Police. It forms part of CPD refresher training for officers within Coventry.
In Coventry City Council Children's Services, the Graded Care Profile 2 (GCP2) Training programme has been established and is in place. A total of 120 people have been trained to use the tool and, as a result, are licenced GCP2 Practitioners. A dedicated GCP2 Trainer delivery cohort is in place that is made up of a range of posts across Children's Services that includes, Family Hub Workers, Family Hub Team Leaders and Supervisors, Early Help Social Workers and Social Work Team Managers. Trainer meetings are held regularly to review and evaluate training sessions and identify learning to further strengthen delivery. Following Graded Care Profile implementation there has been dip sampling of the quality of practise regarding neglect.

Work has been completed regarding the use of EHM and LCS to generate reports that identifies the number of GCP2 assessments undertaken across Coventry City Council Children's Services.

Coventry City Council Children and Family workers and Early Help practitioners provided practical support to parents and carers regarding the home environment and offer support and guidance in establishing safe routines.

Across the year the subgroup noted a downward trend in the number of children subject to Child Protection (CP) Plans and Child in Need (CIN) plans that feature neglect as a primary risk. However, this remains higher than in Q4 in the previous year. A Coventry Family Valued event called 'Turning the Curve' was held on 24 May 2022. It is anticipated that embedding the this approach in Coventry and strengthening the early help and support offered to families will see a reduction in children made subject to a child protection plan and becoming looked after.

Learning culture: The Children's Safeguarding Partnership has mature systems for sharing, embedding and auditing how learning impacts on the safety and well-being of children, young people and adults with care and support needs. The CCG/ICS Safeguarding Team tailored the Primary Care protected learning time events for GP's in July 2020 and March 2021 with 400 participants joining each session virtually. These platforms offered an opportunity to share learning from safeguarding practice reviews.

West Midlands Police have invested heavily in hidden vulnerability training. There is a real focus around voice of the child and remains on the CPD agenda force wide.

Primary Care Safeguarding- The CCG commissioned Named GP for Safeguarding in all its GP Practices. The post of Children's Safeguarding Co-ordinator Training was established in 2018 to provide dedicated administrative support, with most practices having this post in place. This post is responsible for sharing information (Section 17/47 enquires; Child Protection reports; Looked after Children's health assessment). The post co-ordinates monthly multi-Disciplinary meeting. This continues to be in place.

At University Hospital Coventry and Warwickshire, the Safeguarding Team continues to ensure that neglect is incorporated into all internal safeguarding children training.

All children subject to Child Protection Plans or children in care, have an alert placed on University Hospital Coventry and Warwickshire's (UHCW) internal electronic system requesting that the allocated social worker is contacted if, for example, a child is not brought to an appointment.

Family Hubs deliver parenting intervention to children and families where neglect is a feature.

The Family Health & Lifestyle Service (FH&LS) 0-19 has commenced Clinical Rounds. This is a process where Clinical Leads go out with their staff during visits ensuring that there is appropriate senior support and oversight of case management. They scrutinise chronologies and provide robust oversight using a RAG rating system to ensure all cases are systematically reviewed. Staff are also given 1-1 clinical supervision to avoid "drift" and ensure that the outcome of interventions are monitored and there is noticeable sustained improvements.

The FH&LS 0-19 has a Vulnerable Families Team and a Domestic Abuse Lead to support families that may be struggling and need more targeted interventions.

What are we worried about?

Further work is required to ensure that learning and development is embedded.

As neglect is often difficult to identify this can be challenging for some practitioners especially if their involvement is acute such as in the Emergency Department.

South Warwickshire NHS Foundation Trust report that children's needs are becoming more complex and this has an impact on staff.

The quality of children's individual plans needs to be improved to support children and families where neglect is a factor.

As we have moved into an endemic with life returning to normality a new boarder risk has emerged, the cost of living crisis. All of the basics for a healthy environment for children have increased in cost, heating, fuel, food and hygiene have risen exponentially with further increases as we move through the year. This coupled with loss of employment creates the risk children suffering increasing levels of neglect.

What needs to happen?

An evaluation needs to be undertaken to review the current delivery of the GCP2 workforce development activity to evidence impact of the difference the training has had on practice and ultimately on outcomes for children.

The Safeguarding Team at UHCW to continue to offer support and guidance to staff in relation to all aspects of neglect, through supervision as well as visibility in clinical areas.

West Midlands Police have highlighted that we need to start modelling around the potential ramifications to the children around "cost of living crisis".

TGCP2 awareness raising sessions for managers, leaders and supervisors focusing on "what good looks like" when undertaking a GCP2 assessment to be established in order to provide effective, reflective management oversight and case supervision for practitioners who are working with families using the GCP2 assessment tool.

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

The role of the neglect champions to be further explored that will include GCP2 trainers and other representatives from across Children's Services to act as leaders in practice in regard to working with children and families where neglect is a factor and, in the promotion, and use of the CSCP Neglect Toolkit.

To communicate and inform the Children's Services' workforce on how to record on EHM / LCS when GCP2 assessments feature as part of a child's plan.

Contextual Safeguarding

What's working well?

Skilled managers and practitioners within the Horizon team offer consultation and advice to practitioners across Children's Services who are providing support and interventions with children and young people at risk of contextualised safeguarding.

West Midlands Police have now created and embedded a serious organised crime and exploitation (SOCEX) team. This is additional staffing due to national PC Uplift and is multi-faceted in terms of an intelligence, partnership and investigation response to exploitation within the city. TheSOCEX team is co-located within the Broadgate Complex and work alongside the existing Horizon Team.

The Horizon team has seen a significant and sustained increase in young people at risk of child sexual abuse across all levels in the last year (primarily those deemed as low risk); but positively, there has also been an increase in children who had experienced a reduction in their risk level.

The number of missing episodes and the children involved in those episodes has reduced significantly. Positively the % of RHIs has increased to 92% in Q4 which is an upward trend that has continued year on year and is at the highest rate reported in the scorecard.

Partnership working between the Horizon Team and West Midlands Police is particularly strong. The collaborative working practices with the various aspects of the policing service, including PPU, FCID and NPUs, has strengthened the early identification and intervention offers to young people at risk of exploitation and radicalisation. This has been strengthened further by the recent partnership with SOCEX. There are plans to develop this further for the future that will consist of co-location with the Horizon Team.

The school nursing (SN) service continues to attend the Vulnerable and Missing Persons Panel to provide information of young people known to them. This is an active movement towards understanding and not attributing risk solely to parents/carers. Understanding that parents/carers may have no influence on events outside the home.

During the year, St Giles identified 24 'teachable moments' at UHCW involving children from the Coventry area.

Increased liaison between the Police Neighbourhood Team and the Horizon Team to clarify child exploitation hotspots, gang nominals and known perpetrators of child exploitation.

CCG/LA Public Health Exploitation Project Manager – September 2020 – August 2021.

The Exploitation Project Manager was hosted by the CCG to work with Public Health, CCG, Children's Services, Coventry Safeguarding Partnership and other partners to coordinate the delivery offer of services/teams within the health and social care system who are supporting or reaching those who are affected by child exploitation. The role had delivered:

- The mapping of provision including the prevention and early intervention offer
- The establishment of referral pathways
- The identification and monitoring of need and demand in the system, including the level of need across the city (e.g. risk level), by service area (e.g. Horizon Team, family hubs, service providers), demographics and unmet need
- The development of strategies for managing risk across the system by strengthening the network to effectively hold risk
- To work with Supporting Families colleagues in the local authority in relation to the clarification of the eligibility criteria encouraging the prioritisation of families affected by child sexual exploitation and gang and knife crime
- The development of the health offer to support the local authority Horizon Team
- Developing the job description of the Child Exploitation Health Navigator
- Delivering exploitation training to professionals on behalf of the Coventry Safeguarding Children's Partnership
- The identification of gaps in the system around service provision and support including prevention and early intervention
- To horizon scan and identify best practice
- Working with commissioners developing options to address gaps, including prevention, early intervention, recovery and reintegration support

The Horizon Team have developed and embedded low risk child exploitation pathway with Positive Choices. A representative from this service attends a weekly child exploitation screening tool review meeting to support in the identification of intervention offers available for children and young people identified as low risk of child exploitation.

The St Giles Trust continues to work within UHCW and liaise on a regular basis with the Safeguarding Team. Together they will identify and offer support to victims aged up to 25 years of age who may have been victims of violent crimes or be engaged in behaviour which could lead to extra familial harm.

The Horizon Team work closely with the Youth Justice Service (YJS) and over the past 12 months joint intervention and safety planning has supported the reduction of risks to young people being exploited. The Horizon Team monthly report, joint audit activity and case studies have evidenced reduction in risks.

All children and young people are? referred into MASH where child exploitation is a risk factor. MASH practitioners complete the child exploitation screening tool which is submitted to the Horizon Team to review and track. Alongside this activity, MASH practitioners consult with the Horizon Team duty worker to obtain any information and or seek advice regarding the child that has been referred into the MASH. A Horizon Team representative attends MASH child exploitation strategy meetings to support in the identification and implementation of timely interventions and safety planning.

As part of the Weekly Extended Child Exploitation Multi-Agency Meeting, victims, perpetrators and locations are discussed to increase timely responses to safety planning, intervention offers and disruption tactics.

The community resolution programme has been in operation for 12 months now and continues to be successful with no reported re-offending of the young people that have taken part in the programme. This programme aims to offer an early intervention model to reduce first time entrants into the criminal justice system. The Community Resolutions Team? offers an informal, flexible response to any crime reported. Without this diversion vulnerable young people may be at risk of becoming entrenched in offending behaviour. This can have a negative outcome on their wellbeing and life chances/outcomes. This programme aims to divert young people away from criminal behaviour and engage them through the right help right time model. The programme is jointly delivered by a youth worker and PCSO that are based in the Family Hubs. This approach is beneficial to the success of the programme as the young people get a true understanding of the consequences of the law and their actions without the formal punishment. The youth worker tries to understand why the young person has offended and talks through alternatives to their actions should they find themselves in similar situations. There have been 51 referrals into the programme, and only 3 of these young people have not engaged. To date none of the young people who have received support have reoffended.

The Daily Missing Triage meeting? is firmly embedded with representatives from West Midlands Police, the Horizon Team, education representatives and the Health Navigator. This is a multifaceted meeting, that consists of information sharing, risk assessing and trigger/safety planning for missing children and young people.

What are we worried about?
Challenges in recruitment into the Horizon Team has impacted upon the number of children and young people receiving a direct service from dedicated practitioners within the team. Alternative means of support has been delivered via consultancy and advice to practitioners in area teams.
Significant lack of trained foster care provision for young people identified at risk of extra familial harm. Residential Care provision is limited for children needing to be looked after by the Local Authority due to extra familial harm concerns and the provision is costly if available.
The police have issued numerous Threat to Life warnings (formally Osman warnings) over the last year. Some warnings have not been communicated with the social work teams and therefore the risks have not been fully assessed or mitigated.
Within recent months there has been an increase in gang-on-gang activity within the city with firearms offences being prominent in respect of reported incidents and tensions. The groups involved are not open to involving supportive services and the intelligence around potential tensions or intended victim is not as visible to partnership services. In this same context it is difficult to understand the driver for such tensions between these groups but a pattern of retaliation behaviour can be understood when reported.
Greater understanding from partners regarding children being identified as victims rather than perpetrators when involved in gangs and criminal exploitation is needed.
There has been significant investment in the VRU violence reduction unit (VRU) and others around youth violence. However the employment support pathways remain limited for those identified individuals.

What needs to happen?
Continue to deliver further learning and development and disseminate research and practice insights from local, regional and national work to improve practice.
Recruit and train carers specifically for children at risk of extrafamilial harm. Embed the SOCEX model within the Horizon Team that will involve co-location to enhance information sharing, reduce any communication barriers, particularly when significant incidents occur and implement timely joint intervention offers.
Increased consultation is needed prior to the issue of Threat to Life warnings to mitigate against creating further vulnerabilities for children. Development of an agreed information sharing pathway/protocol.

An evaluation of the Child Exploitation Multi Agency meeting is to be scheduled for June 2022 that will involve family feedback and the impact of the intervention (did it make a difference).

The Horizon Team scoping/restructure to be incorporated into the wider development of an adolescent strategy. This restructure will involve the child exploitation offers, edge of care, missing children and placement provisions for adolescences. The purpose of this activity is to respond to the areas of need, increased demand for services and interventions that are often misaligned. The overarching aim is to provide timely responses to children and young people at risk of exploitation and prevent them becoming looked after or first-time entrance into custody. An initial meeting has been held to begin the scoping exercise with a further meeting scheduled for the end of June.

The newly implemented SOCEX team needs to build on and improve existing working practices and identify reachable/teachable moments that the partnership can support in addressing contextual issues.

An increased awareness amongst the adult inpatient wards about extra familiar harm and contextual safeguarding as many of the 16 and 17 year-olds are admitted to those areas rather than paediatric services.

Making the system work

What's working well?
The CSCP has responded to emerging issues swiftly such as the children in crisis audit.
Most agencies maintained their compliance with child safeguarding awareness training and were at 90% or above
West Midlands Police has seen an increase in investment in staffing into the front door services such as MASH and early help. The SOCEX team is embedded to address exploitation within the city. Further uplift has been identified in supporting administration staffing in the areas of the central referral unit and the CONNECT team which helps address vulnerability and provide information reports for screening purposes.
The partnership is now seeing evidence that Signs of Safety is embedding when undertaking multi agency audit activity.
Right Help Right Time is incorporated in single agency safeguarding children training to ensure that children and families receive the right help at the right time.

The CCG is assured that its commissioned services and those it influences are maintaining the delivery of statutory safeguarding activity including participation in strategy meetings, child protection conferences, looked after children initial and review health assessments and adoption medical assessments. A Health Attendance at Strategy Meeting flow chart was devised to assist Children's Services invite the most appropriate health profession to meetings. NThis ensures compliance with WT 2018, and that health information is shared to assess and manage risk.

Looked after children: The CCG Designated Nurses produced guidance in line with the national advice from NHSE to ensure consistent service delivery across Coventry and Warwickshire. The delivery of looked after children's statutory duties has been maintained, initially being delivered virtually at the outset of April 2020, moving to hybrid offer of face to face or virtual by March 2021, determined by clinical need. Support and monitoring from the LAC Health Team of children placed out of the Coventry area or living alone or in supported housing was stepped up. There was joint partnership monitoring and support in place for foster carers with COVID-19 symptoms, those over 70 and those with a need to be shielded.

Safeguarding and Assurance: The Heads of Safeguarding have met fortnightly subsequently to share intelligence and escalate any safeguarding issues. In addition, the Head of Safeguarding has meetings with the strategic leads in health (LAC, Midwifery) and the Local Authority (Help and Protection, Children Looked After) to discuss and agree actions to address any safeguarding issues. From a CCG perspective, the Chief Nursing officer has weekly team huddles, fortnightly/monthly safeguarding huddles and the Clinical Quality Governance committee in common is furnished with monthly safeguarding reports so it is sighted on the position. The CCG provides a weekly audit report to NHS England regarding its safeguarding position from a system perspective.

Primary Care Responsibilities to Looked after Children Guidance (#RADAR): The CCG Safeguarding Team produced a piece of practice guidance to assist GPs understand their responsibilities for children in Care (CiC)/Looked after Children (LAC) and how it can respond to address unmet need, be alert to the risk of their vulnerability and proactive information sharing with other agencies. The guidance introduces the #RADAR approach to meeting these vulnerable children's health needs:

- Registration at a GP practice
- Access records
- Dedicated GP
- Assessment of health needs
- Review of health care plan and referral to meet any unmet health needs

Multi Agency Safeguarding Hub (Child Protection Referrals) - All health practitioners have remained in place working remotely to maintain business continuity.

What are we worried about?
The levels of referrals to the MASH resulting in no further action is still high.
Audit activity demonstrates that voice of the child is still variable in practice.
The cost of living crisis is likely to have a significant impact on children and families across the partnership.
Recruitment to some roles across the partnership both locally and nationally is difficult.
The lack of formal escalations into the CSCP caused some concern for partners. Although the Escalation Policy and One Minute Guide have been promoted, it was felt that further awareness raising with frontline practitioners and managers around what a formal escalation should look like is required.
The cost-of-living crisis is likely to have a significant impact on children and families across the partnership.

What needs to happen?
Work needs to be undertaken to further embed RHRT to reduce the number of referrals into the MASH that result in no further action.
The MASH subgroup continues work to identify the agency/source of referrals that result in no further action with a view to undertake some targeted RHRT training and incorporate any key themes into the training workshops.
Coventry Family valued needs to continue to embed.

Local Authority Designated Officer

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

In addition, all agencies have a duty to contact the LADO directly and make a Multi-Agency Referral Form (MARF) to the Multi-Agency Safeguarding Hub (MASH) if there is a child protection concern or an allegation made that a criminal offence may have been committed or related to a child by an individual or group of individuals holding a Position of Trust (POT).

The management of allegations service is integral to protecting children. This intrinsic part of safeguarding is conveyed and delivered throughout the LADO casework, training, and staff briefings. The LADO provides a single point of contact within Coventry Council for allegations regarding people working in the children's workforce in statutory and non-statutory organisations for those in both paid employment and volunteers who hold a POT in regulatory activity with children.

The period reported on for 21-22 in the annual report was challenging for the Coventry LADO Service given a number of changes relating to staff turnover and subsequent recruitment challenges (reflective of the national picture with several local authorities in the region having vacancies) - irrespective of this the LADO service has continued to provide an effective service with respect to managing allegations for those holding a POT across 21-22. The service has continued to be widely accessible and has provided timely responses to contacts from professionals and concerned members of the public, whether seeking advice and guidance or submitting an allegation.

The positioning of LADO within the Risk Management Team ensures effective oversight and the sharing of information internally and with external partners and organisations whilst remaining autonomous from the direct delivery of services. The Risk Management Team also includes the Safeguarding in Education Service which given the high proportion of allegations relating to the Educational Sector (44.5%) ensures joined up working and allows additional support and targeted training to be provided.

LADO training continued to take place across the year to partners and to Childrens Services colleagues. Take up has been enhanced by virtual presentation with a high number of attendees this has worked well, and it is proposed this format will continue. Feedback has been positive. Training dates have been booked in for LADO training through to 2023 with partner agencies through the Safeguarding Board, directly and as part of the CPD offer in Children's Services.

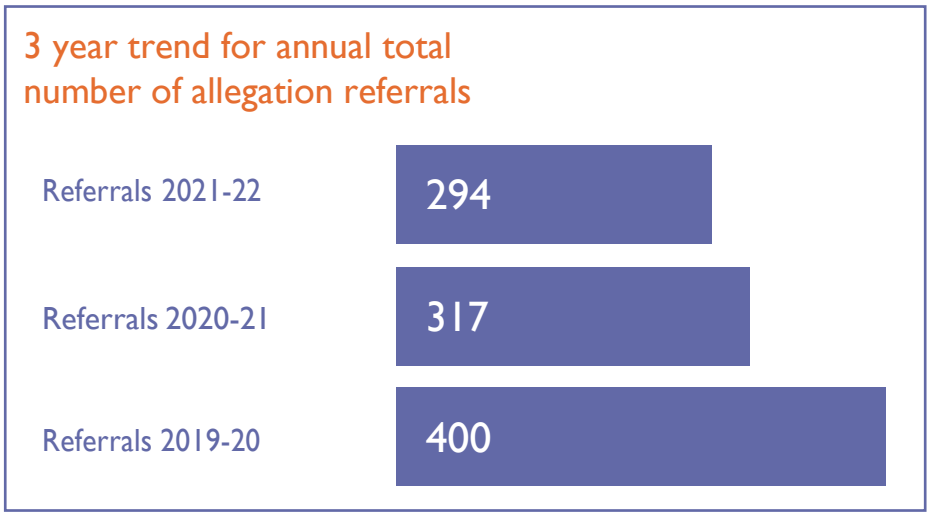
By analysing National and Regional comparisons it is clear that LADO in Coventry is busy and in high demand. Improvements in efficiency have been made with the implementation of electronic record keeping on the Children's Services recording system. The associated benefits this has facilitated include timeliness, visibility, effective case management oversight and case progression.

Coventry is a member of both the Regional (WMLN) and National LADO Network (NLN) forums where practice themes are discussed, and best practice shared.

Service Activity

Volume of referrals/activity, monthly demand, source and method of referral

It is difficult to draw conclusions when reviewing the volume of referrals and the pattern of workload for LADO over the past 3 years as these have been exceptional times with the impact of Covid 19, and even though lockdown restrictions were eased and then removed during the period under review, many workplaces remained working remotely or under a hybrid arrangement. This notwithstanding, the total number of LADO allegation referrals (excluding advice and guidance) for 21-22 and for the preceding two years for comparison are shown on the chart below.



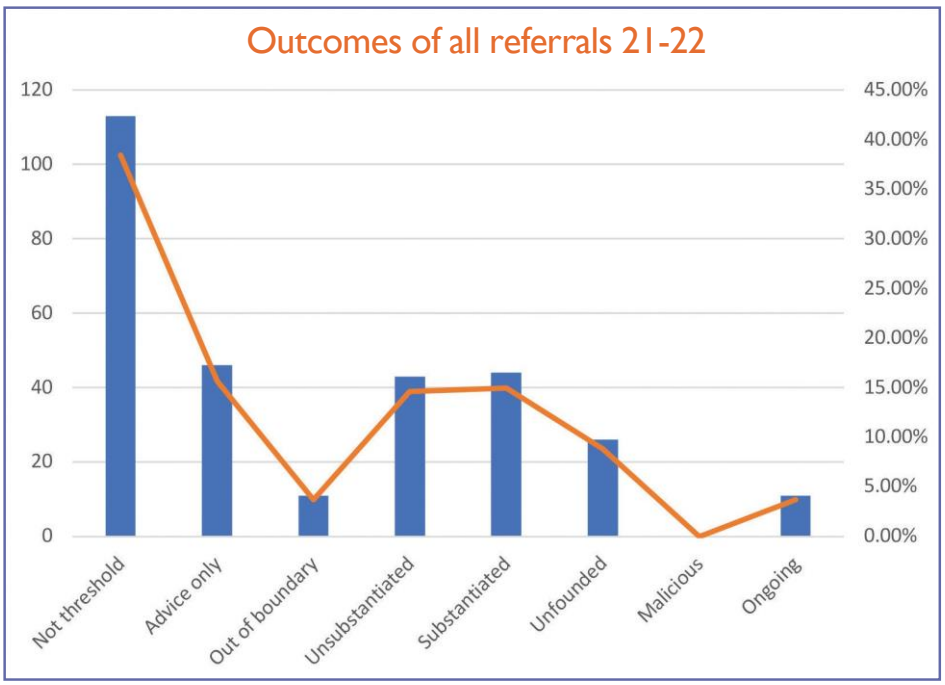
As illustrated above Coventry referrals marginally reduced with 23 less referrals being made in 21-22 versus 20-21. However, the increase in advice and guidance sought in 20-21 has increased further in 21-22, increasing from 1085 in 20-21 to 1389 in 21-22, an increase of 28.0%, whilst the number of referrals remained mainly static year on year, however, Coventry LADO has remained busy with less of a decline seen by other Local Authorities, during and post Covid, with a particularly significant increase in advice and guidance being sought.

The largest source of allegation referrals to LADO remains the social work teams across the Local Authority accounting for 31.9 % of total referrals for 20/21 and 31.3% for 21/22. The next greatest source of allegation referrals originates from educational establishments and again there is no significant change year on year in this with referrals made by the educational sector accounting for 24.0% in 20/21 and 25.5% in 21/22. Significant year on year increases in the source of referrals albeit from relatively small bases were made by both health, where referrals increased year on year by 60% from 15 referrals in 20-21 to 24 in 21-22, and police with a 21.4% increase year on year with a total of 17 referrals made in 21-22. This again indicates that awareness within these two sectors is embedded.

Another notable emerging trend is that of parents or individuals reporting concerns directly to the LADO, as for the first time in 21-22 there were 8 of these equating to 2.7% of all allegation referral, whereas none had previously been received in 20-21, indicating an increase in public awareness of the LADO role in protecting children.

Outcomes

Whenever an allegation referral is made an outcome is recorded as shown on the following graph and detailed by outcome in the narrative below.



Substantiated: is where there is enough identifiable evidence to prove the allegation. In 21-22 15% of all referral allegations had an outcome of substantiated. However, for those referrals that progressed to a POT meeting(s) to be held as reported above this was 42% indicating appropriate referrals are being progressed and providing evidence of a proportional and necessary response when referrals are subjected to the full POT process.

Unsubstantiated: this is not the same as a malicious or false allegation. It means that there is insufficient evidence to either prove or disprove the allegation; the outcome therefore does not imply guilt or innocence. In 21-22 14.6% of outcomes were unsubstantiated.

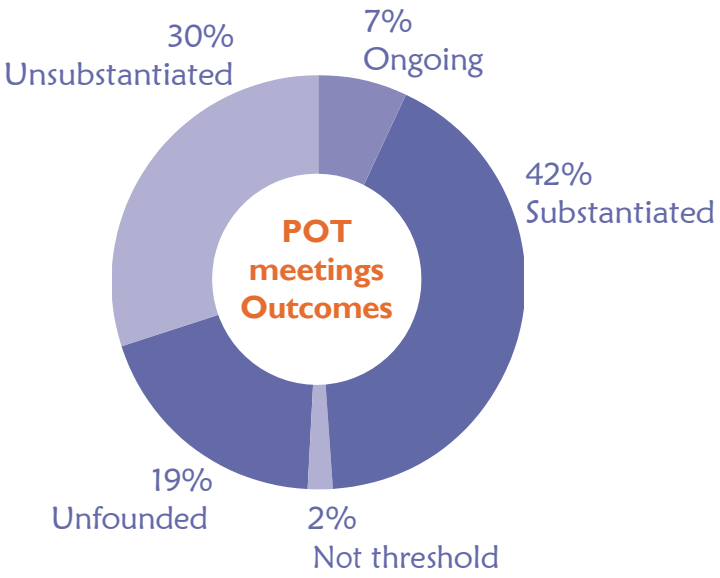
Unfounded: where there is insufficient evidence which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively, they may not have been aware of all the circumstances. In 21-22 9% of referrals had an outcome of unfounded.

Malicious: there is enough evidence to disprove the allegation and there has been a deliberate act to deceive. In 21-22 there were no outcomes which fell within this category.

Not Threshold or Advice and Guidance only: After consideration including gathering information to establish the facts an outcome of not threshold is given if harm cannot be identified caused by an individual or group of individuals. Not all referrals will meet threshold for LADO as set out under Section 2 page 5 or LADO may solely provide advice or guidance including signposting elsewhere. Of the 294 referrals made to LADO in 21-22 54% fell into these categories with 38% not meeting threshold and advice and guidance being provided for 16% of referrals.

Out of boundary: This is where the person concerned is identified as being involved in regulated activity with children and therefore holding a POT within another Local Authority who therefore will progress the referral in accordance with agreed protocols. In 21-22 3.7% of allegations were identified as falling under the responsibility of another Local Authority who managed these referrals.

Across 21-22 of the allegation referrals received a POT meeting was convened as part of managing the allegation process for 84 of the referrals. The chart below shows the outcomes for the allegations where one or more POT meeting was held with the highest proportion at 42% being a substantiated outcome.

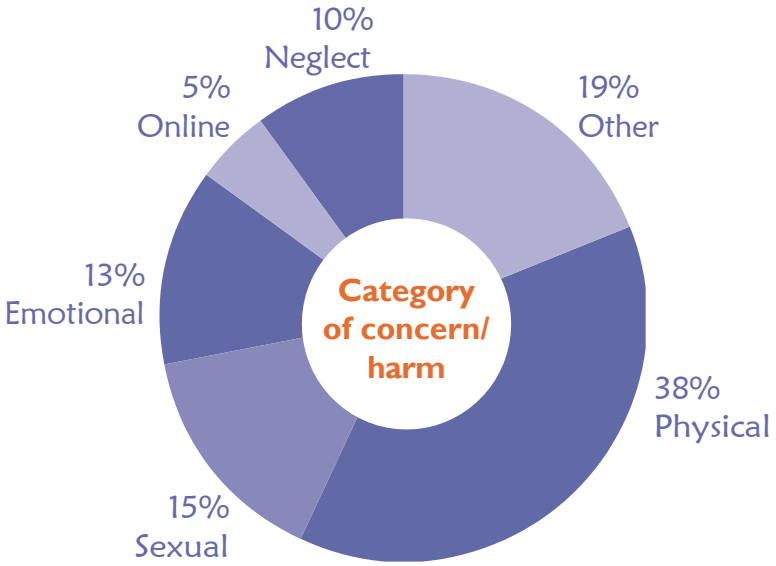


In 21-22 as a result of LADO involvement and the conclusion of the POT process 18 referrals to DBS were made in 20-21.

In addition, there were six Regulatory bodies referrals made in 21-22.

Type of Harm Analysis

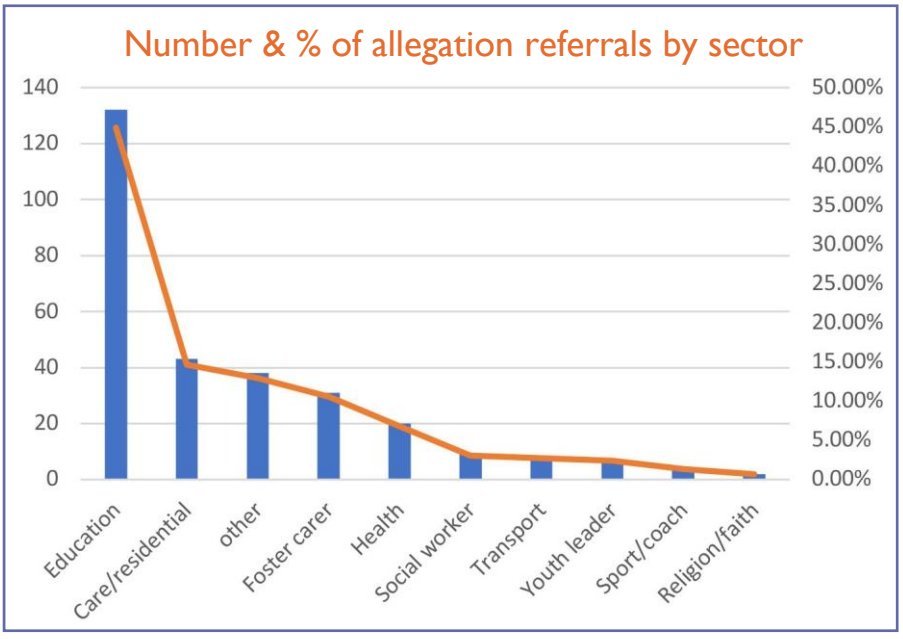
Whenever an allegation referral is made an outcome is recorded as shown on The breakdown of primary category of concern/harm for 21/22 are depicted in the chart below with physical continuing to be the largest at 38% followed by emotional harm at 19% and sexual harm at 15%. Category of harm falling under 'other' is either around suitability or reflects where allegation referrals have resulted in advice and guidance with no identified specific category of harm identified, or where the allegation does not meet threshold, such as where a referral highlights the practice of an organisation rather than a specific allegation against an individual in a POT.



There are no substantial shifts in the distribution and proportion for each category of harm for 21-22, either year on year, or when compared to the regional or national picture informed by LADOs via the Regional and NLN networks.

Allegation Referrals received by employment sector:

Referrals for allegations for each Sector are shown on the chart below:



As illustrated on the previous page, those working within a POT within the educational sector are by far the highest proportion of allegation referrals received totaling 132 referrals equating to 44.9% which represents a 10% year on year increase. Those working within the Residential care sector accounts for the next highest proportion of allegation referrals, with foster carers being the next highest. These three sectors alone representing approximately 70% of all allegation referrals.

Other significant points to note for 2021-22 include the following:

There were no referrals received with respect to police officers (versus 5 made in 20-21). Although the police have their own internal professional standards department (PSD) which has responsibility for ensuring that the Constabulary maintains and enhances its reputation and the service it provides to the public and to its staff including investigating, vetting and managing any allegations of misconduct and complaints or investigate counter-corruption activities effectively, this does not negate the role of LADO in overseeing and managing any allegations meeting the criteria for the Position of Trust process alongside the PSD.

There has been a significant increase in referrals classified and captured under the category 'transport' this consists of individuals who are predominantly employed or contracted to drive or be an escort for transporting children (predominantly to and from school) and are a combination of employed and self-employed individuals. In 20-21 there were 4 referrals which increased to 9 referrals in 21-22

The vast majority of allegation referrals remains to be for those in paid positions involving regulatory activity with children equating to 98.6% for 21-22 with only four allegation referrals equating to 1.4% relating to volunteers. There were, although still small in number, more referrals for volunteers equating to 3.8% of all referrals in 20-21.

In conclusion

The Annual Report of the Coventry LADO service has continued to operate and provide an effective service with respect to managing allegations for those holding a POT across 21-22 despite staffing challenges. The service has provided timely responses to contacts from professionals and concerned members of the public with all contacts being screened within one working day.

The service is readily accessible indicated by the breadth of organisations and individuals making referrals or seeking guidance and advice where they consider an individual or group of individuals may have:

Behaved in a way that has harmed a child or may have harmed a child.

Possibly committed a criminal offence against or related to a child.

Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

Patterns and trends for referrals are regularly analysed and evaluated to identify training needs. A focus for 22-23 will be to increase awareness of the POT process within the voluntary sector and school transport by delivering targeted training as well as forging closer links with the police.

Safeguarding Practice Reviews and Rapid Reviews

The CSCP has published one Safeguarding Practice Review in 2021-2022.

Implementation Assurance Amy

The CSCP published the Safeguarding Practice Review in relation to Amy in August 2021. The full report can be found here:-

https://www.coventry.gov.uk/downloads/file/36763/amy_-_safeguarding_practice_review

This review focuses on Amy who in June 2020 disclosed that her father had sexually abused her over a period of time, dating back to the previous January. At the time of the disclosure Amy was 15 years of age. Amy's father is a Registered Sex Offender (RSO), having been convicted of a relevant offence in 2015.

Recommendation	Update
The Coventry Safeguarding Children Partnership should use this review to build on and promote the recently released partnership Sexual Abuse Strategy 2021-23.	Coventry Safeguarding Children's Partnership continues to deliver the Child Sexual Abuse Strategy 2021-2023. Child sexual abuse will be a CSCP priority for 2022-2023. A child sexual abuse policy has been developed with 10 other West Midlands areas and will shortly be published in the Regional Child Protection Procedures Manual. Work is ongoing with partners to produce materials to raise awareness with parents, communities and professionals. The CSCP has agreed to multi-agency dataset for Child sexual abuse for 2022-2023 which will support the CSCP's understanding of child sexual abuse. The CSCP has funded the child sexual abuse leads programme in order for it to extend to partners. This training commenced in November 2021.

Recommendation	Update
The Coventry Safeguarding Children Partnership should review with relevant partners how child contact with Registered Sex Offenders is assessed and dealt with. This should include:	
A clear and agreed understanding of when a referral for assessment of a Registered Sex Offender requesting contact should be made and how that should be progressed. Assessments are child centred and holistic, that there is good oversight and that there are ongoing safeguarding measures built in for children and young people. Consideration of the use and greater awareness of the MAPPA framework. Joint understanding of how risk assessment is undertaken within different agencies. Children, young persons and families are provided with full information to allow them to make informed decisions regarding the risk.	West Midlands Police, Children's Services and probation have reviewed the process. Green MASH for a children and family assessment for checks to be completed as part of the assessment process and have confirmed that this is working well. Children's Services delivered to all staff outlining the key findings from this review and considerations for practice at the Children's Services conference. A presentation has been delivered to the STAG outlining the key findings for the review and considerations for practice. This has been recorded and shared with all STAG members for them to disseminate within their agencies. A One-minute guide has been created highlighting the key messages from this review. **https://www.coventry.gov.uk/downloads/file/37023/learning-from-a- local-safeguarding-practice-review-2021-amy** This has been shared in the CSCP newsletter. An awareness raising session took place attended by 42 multi agency professionals.

Recommendation	Update
Family time (supervised contact) is defined so that it is clear to all concerned what the expectation is. How the information can be shared with other professionals who have an active role in the child's life and need to be sighted on the risk.	A One minute Guide in relation to Supervised Contact has been created and shared across the partnership. **https://www.coventry.gov.uk/downloads/file/38535/family-time**
Coventry Children's Services should further promote the role of Child Sexual Abuse Lead Professional.	Coventry Safeguarding Children's Partnership has commissioned child sexual abuse training for 24 leads across the partnership. This training commenced in November 2021. The aim is to build confidence and competence with practitioners managing Child Sexual Abuse by developing specialist knowledge and skills with practice leads that can be disseminated across Children's Services and the partnership to drive improved multi- agency responses to child sexual abuse and risk. The result will be a multi- agency workforce with increased confidence in undertaking specialist assessments within this area of practice such as ability to protect children's assessments.
Where a Registered Sex Offender is the subject of prison licence conditions and a Sexual Harm Prevention Order that the National Probation Service and West Midlands Police work together to ensure that the conditions are complementary and where necessary the condition of pre- existing orders are reviewed	All Registered Sex Offenders are MAPPA category 1. Prior to any release from custody Probation Services, as the lead agency, must complete a MAPPA screening form which incorporates police comments. Within this process a discussion will take place regarding release planning to review restrictions and agree a risk management plan for the individual. Each release into the community must have management oversight to review the risk management plan (including licence conditions) prior to release, this includes checking that the MAPPA screening form is completed. Probation practitioners must also use mandatory tools designed to identify necessary and proportionate licence conditions on every custody case that they manage 6 months prior to release.

Recommendation	Update
The National Probation Service promotes the briefing of staff in accordance with Effective Practice briefing on Intra- familial Child Sex Abuse.	Briefings have been given to all Coventry probation managers and these have been disseminated in team meetings. Managers who work with new trainees and Probation Officers in Coventry are aware and continually promote the key messages in their conversations. Work is now underway to make these a permanent part of the national training offer.
The Coventry Safeguarding Children Partnership should review how information is shared with schools which will assist them when safeguarding and monitoring the wellbeing of students. This information will also be important when schools need to undertake vulnerability assessments for periods when children and young people may not be in school.	Education reviewed practice during lockdown to establish what went well, what did not go well and what needs to happen in future lockdowns. A process is in place between Children's Services and schools to identify vulnerable children during periods when they may not be in schools. This includes children on CIN and CP plans but also asks schools to identify children based on wider vulnerability factors. The Head of SEND and Specialist Services has attended the DLS's briefing to share the findings of this review and the importance of thinking about vulnerable children in the broadest sense.

Sharing the learning from National Reviews

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

Communicating the learning from serious incidents to the workforce

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

Quality Assurance and Audits

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

Vulnerable Babies Audit

Following communication from Vicky Ford, Under Secretary of State for Children and Families outlining that harm to babies under one was still the largest category of Serious Incident Notifications that they were seeing and requesting that Safeguarding Partners review the circumstances of families who had recently stepped down from a child protection plan but had a baby in the last six months, the CSCP responded quickly by completing an audit which included: babies up to 6 months old who have stepped down from Child Protection to Child in Need or Child In Need to Early Help (15 in total), babies under 9 months old who have stepped down from Child Protection to Child in Need or Child in Need to Early Help (12 in total) and babies under 9 months old who are currently on a Child Protection Plan (40 in total). The findings of this audit are outlined below:

What's working well?
Practitioners are trained and well-equipped to identify risks and vulnerabilities.
There was evidence of good 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.

What are we worried about?
Information sharing between key partner agencies were inconsistent and further exploration was required to understand if there are any barriers to sharing information.
'Think Family/Whole Family' approach is an area for development.
The audit identified some missed opportunities to engage with families at the earliest opportunity.
The COVID-19 pandemic has had an impact on the way practitioners are able to view and assess children and their families in their homes.
It was evident there is no risk-based, multi-agency tiered apprach to safer sleep advice.

What needs to happen?
Agencies have provided the CSCP with assurance that they are promoting the think Family/Whole Family Model across their agencies.
CSCP have shared the audit findings with the Named Safeguarding Professionals in GP surgeries in relation to their role in recording information within Primary Care. A dip sample of 10 cases will also be undertaken.
CSCP has produced a One Minute Guide to help practitioners encourage families to engage in Early Help.
Partenr agencies have continued to provide the CSCP with a bi-monthly and then quarterly COVID-19 Position statement identifying any risks in the safeguarding system for escalation to the CSCP Executives.
CSCP and Warwickshire Safeguarding have produced Safer Sleep Practice Guidance for practitioners and lots of different resources to shar with families which are available on the CSCP website. The guidance and resources were launched at two virtual Safer Sleep Learning Events held on 12 July 2021 and 16 November 2021 attended by approx. 185 practitioners in total. The webinar included learning from national and local reviews, information from the Lullaby Trust on how to have opportunistic conversations and highlighted practical resources to use with families.

Children in Crisis Audit

The issue of children in mental ill health and emotional distress crisis reporting to general Paediatric Ward at University Hospital Coventry and Warwickshire was raised with the CSCP Executive Group. In response an audit was undertaken to explore the pathway available to children and young people, prior to admission to the Ward, in Coventry. The audit consisted of agencies audited a cohort of 10 children against an agreed template, a series of targeted practitioner interviews, a Young People's Engagement Event and a multi-agency panel to triangulate the findings. The findings are shown below:

What's working well?
The 24-hour Crisis Helpline launched during the pandemic by the Rise Crisis Team.
The CAMHS Acute Liaison Team consistently met their targets ensuring children are assessed within 24 hours of receiving a referral.
There was evidence of good case management.
Key relationships are important to children and young people - practitioners who buld relationships with the child are often able to get to the crux of their issues and offer them the appropriate support.
It was positive to see evidence of the child's voice being heard and used to informa assessments and decisions.
Effective MDT meetings taken place. The eating discorder referral and triage pathway is currently working well.

What are we worried about?
Collaborative working - there needs to be better communication between agencies, particular with Education.
It was evident there had been some missed opportunities by some agencies to intervene earlier.
Family dynamics, such as parental conflict has a detrimental impact on the mental health and wellbeing of children and young people.
Attachment-based work with children to help them understand their journey and experience is an area for development.
Although we identified that the Eating Disorder referral and triage pathway is working well, there are staffing issues within the Eating Disorder Team to meet the increased demand.
Diagnosis can sometimes be a barrier to support, and the focus needs to be on interventions and reasonable.
There is a shortage of Tier 4 placements both locally and nationally for children experiencing an acute mental health crisis.

What needs to happen?
Communication Strategy to promote message around mental health resources for.
Upskill, demystify and increase knowledge and understanding amongst professionals in schools.
Practitioners to consistency ensure they are hearing and recording the views, thoughts and feelings of the child or young person and using this to influence their decision making.
CSCP Your Voice Matters to gain the views and ideas of children and young people about what works well for them in terms of support for their emotional wellbeing.
A self-assessment/evaluation with schools in relation to their response to children and young people with mental health illness and emotional distress.
Strengthen the intelligence and understanding amongst professionals across all agencies of the Transforming Care Pathway.
Promotion of the 'Reducing Parental Conflict' training sessions.
Raise awareness of the importance of early identification and intervention with children and young people with mental ill health.

Neglect Audit

The purpose of this audit was to provide an evidenced based assessment of the strengths and areas for development of the partnership approach to working with children who experience neglect.12 children were selected from a cohort of children experiencing or at risk of neglect who were receiving early help, were identified as children in need, were subject to a child protection plan and children looked after. The cohort was selected from cases that had been open to Coventry Children's Services since May 2021.Th audit consisted of observations of practice, an agreed audit template completed by partners and an audit panel. The Children's Champion also reviewed the case file audits that related to the Voice of the Child KLOE and provided her expert analysis of the submissions.

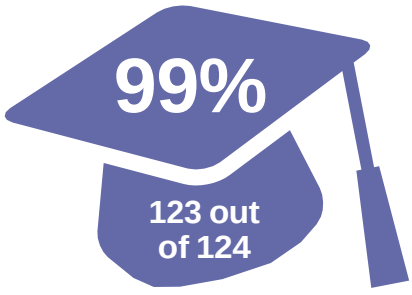
What's working well?
Primary Care have invested heavily into their safeguarding assurance arrangements and the positive direction of travel in relation to safeguarding. Including neglect, within this service was apprent in their audit.
Early warning signs of abuse and neglect were identified followed by a timely appropriate response.
Evidence of good assessments taking place with a focus on understanding the child's lived experience.
The right agencies were involved in the process, were sharing relevant information and contributing to multi-agency meetings.
Children's Services and some health partners were able to provide good evidence of children in this cohort having a consistent worker.

What are we worried about?
The version in the quality of chronologies was a feature in this audit.
CIN plans were not always SMART.
Some inconsistency in practice and approach to management oversignt and supervision.
Contingency planning was identified as an area for development.
Practitioners need to be more professionally curious when trying to establish the root cause of the presenting issue for a family.
Communication between agencies is important and needs to be strengthened to ensure that information relating to CIN and Early Help plans is consistently shared with partners.
There were some cases where issues of diversity were not identified or recorded.
COVID-19 has impacted the way health partners assess families within the family home.
There were very few cases in the sudit where fathers were involved in assessments, plans and interventions.

What needs to happen?
All Children's Services plans to be consistently SMART with specific timescales and include contingency plans.
Management oversight and supervision of practitioners to consistently use the Signs of Safety framework in the analysis of risk to mitigate any drift or delay.
CSCP's One Minute Guide on professional curiosity to be promoted across the partnership.
Strengthen the communication pathways to between key partner agencies in relation to Child In Need Plans and Early help.
All partners to ensure to that diversity factors are identified, recorded and addressed in assessments and plans.
Agencies to continue to review their position and service delivery in line with any restrictions related to COVID-19.
All agencies need to ensure they involve fathers and significant males in assessments and interventions - Coventry Family Valued and work within GP practicies should help support this work.

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 2021 (KCSIE) and Working Together 2018. The 2021 audit took place during a time of extraordinary pressure on schools due to the ongoing Covid-19 pandemic and associated lockdown restrictions. Schools faced unprecedented challenges and disruption to the education of children and young people. Periods of school closures meant that schools were unable to carry out their normal activities to support children's learning and wellbeing and were instead attempting to provide learning activities for pupils at home.



99% of schools (123 out of 124) completed the audit this year and there were some clear areas of outstanding performance with 100% of schools in Coventry self-assessing themselves as either Grade 1 (Outstanding) or Grade 2 (Good) in relation to their safeguarding arrangements. The average grade for all schools combined was Grade 1 indicating that any identified areas for development were viewed within the context of overall high levels of performance by schools which offered a good level of assurance to the Partnership.

The key recommendations from this audit are summarised below:

- Schools should ensure that all staff have completed the Early Help Assessment training and understand their role in the Early Help process. The number of Early Help Assessments completed by schools on EHM will be monitored via the Children's Services Early Help Team and reported on a quarterly basis to the Early Help Strategic Partnership.
- The Safeguarding in Education Advisor should ensure the recommendation from last year's audit is taken forward and set a clear expectation of frequency for the governor (or equivalent) responsible for safeguarding meeting with the DSL for supervision and checking the SCR every half term.
- Feedback to the DSL group should include the good practice and areas for development identified within this audit, highlight the progress made since last year and an emphasis on the importance of all schools completing this statutory audit in 2022.
- The names of the 22 schools who self-assessed as Requires Improvement or Inadequate in relation to the Prevent Toolkit have been passed on to the Prevent Co-ordinator to take forward and those identified schools should ensure that someone from their SMT has attended a Prevent toolkit workshop and have received the toolkit. The school should also ensurethey have accessed training delivered by the Prevent Team in order to meet their requirements under the Prevent Duty.

Covid-19 Position Statements

Coventry Safeguarding Children's Partnership (CSCP) requested information from partners across the city and produced bi-monthly, and then quarterly, position statements throughout 2021-2022. This has given Coventry Safeguarding Children's Partnership oversight and assurance of the safeguarding system during the covid-19 pandemic and has also allowed the partnership to identify and respond to emerging needs and issues.

Training

The CSCP deliver a programme of specialist multi-agency training and development. This has been developed utilising support and co-facilitation from partners and agencies.

Course title	Attendee Total
RHRT Workshop	191
SOS 2 day	209
SOS 1 day	123
SOS 1/2 day	15
SOS 3 day	8
SOS Safety planning	52
SOS Life Long Links	34
SOS Family networking	38
SOS danger statements	5
Management of allegations	117
Contextual SG webinar	21
L3 Domestic Abuse	63
L1 - Introduction to Safeguarding Children	70
L3 Emotional abuse	39
Self-harm Workshop	45
L3 Effective Supervision	14
L3 Fabricated Illness	32
L2 Working Together to Safeguard Children	95
L3 -Forced Marriage	29
L3 Sexual Abusers	18
FGM	32
Learning Events	657

Evaluating Impact

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. 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	Domestic Abuse	Effective Supervision
General Comments	"It was a very informative presentation and will support our role more in the community" "The training was brilliant! The stats were alarming and made me reflect how common this is and how vigilant one has to be when making contact with service users"	"Very well delivered. Reflective and engaging" "This course hasn been invaluable in supporting my supervision expertise, I will most definitely be encouraging others to attend"
Evidence of Impact	"Recently had an issue with a staff member who discussed an issue with her partner during a 1:1 – DASH form was completed at the time but this has made me more aware"	"Has given me knowledge to now support my colleagues and offer (hopefully) effective safeguarding supervision to clinical staff"

Your Voice Matters

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

The cohort for the past year has been:

- Grace Academy school - 8 students, 2 from each year group from year 7 to 10
- Positive Youth Foundation – 12 girls / young women aged 13-20 years old
- Sherbourne Fields – 21 Primary Age Young People, 18 Secondary / Sixth Formers
- Woodside Family Hub – 8 young people, mixed age
- Lyng Hall School – 15 students aged 11 to 15.

Sessions typically comprise an icebreaker, group activity and honestly section. Young people are made aware that should they raise any child protection issues that we have a duty to inform the relevant agencies.

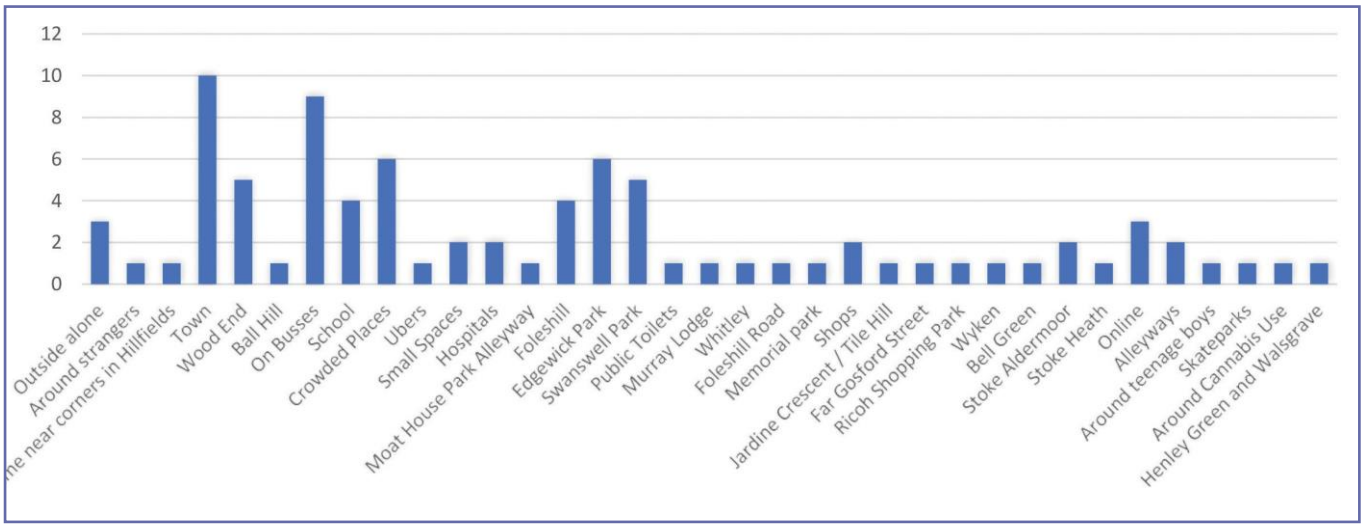
Feedback

The CSCP has collated feedback from the past year into the following areas:

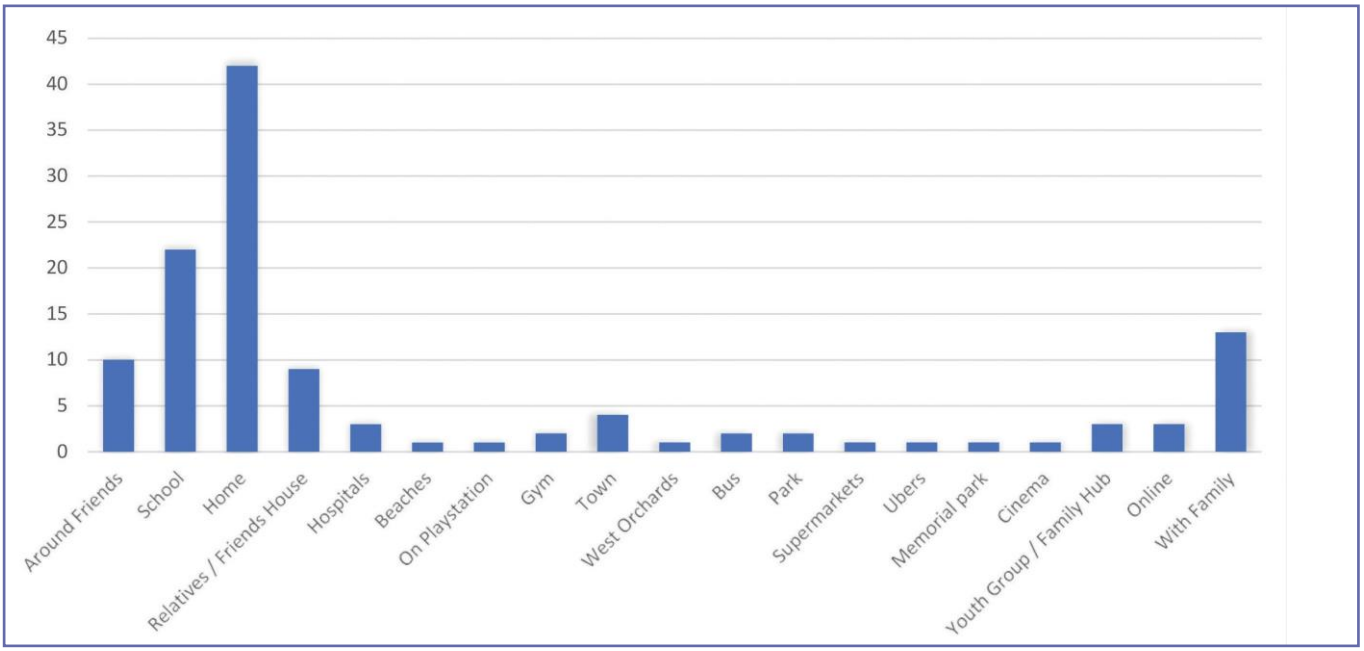
Coventry Safeguarding Children's Partnership - position Statement June 2022

Feeling safe in the city

Where do you feel the least safe?

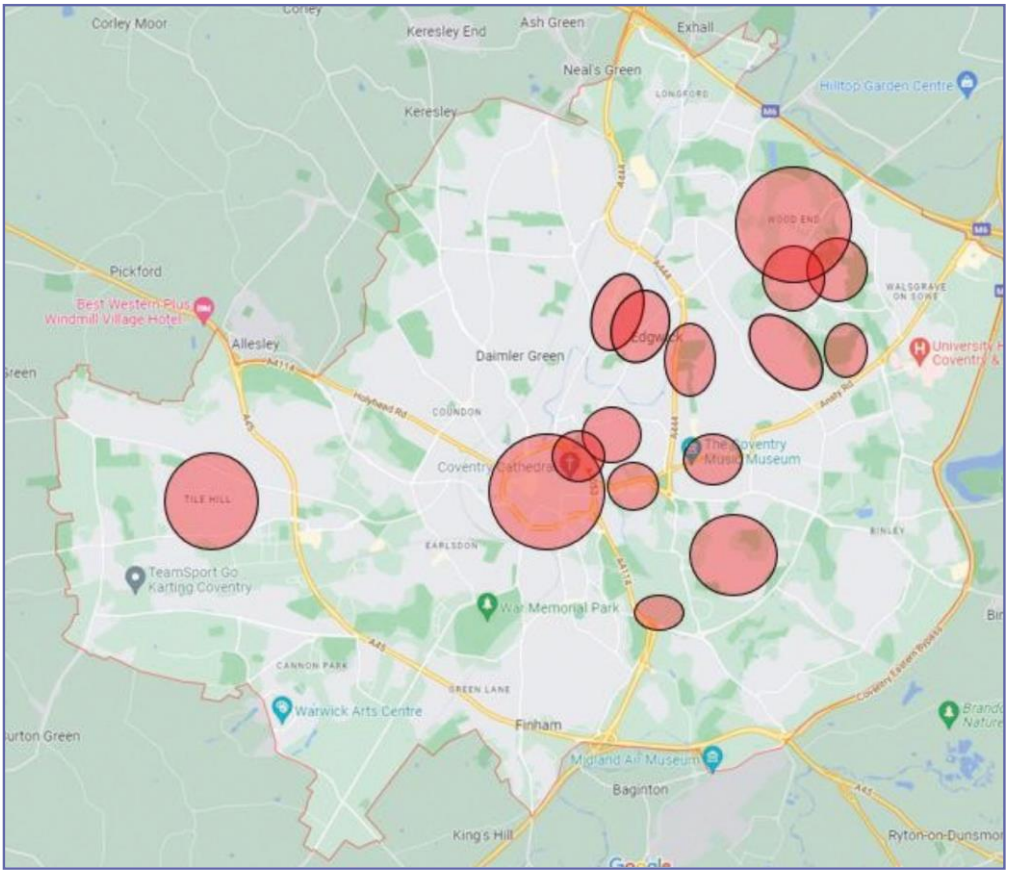


Where do you feel the most safe?



(Please note that some young people selected multiple answers)

This map plots the areas where young people said they felt unsafe in the city.



Public Transport remains a key area where young people feel unsafe. Discussions included behaviour of their peers while waiting at bus stops and anti-social behaviour on buses involving litter such as cans and broken bottles being thrown and kicked around the bus. Students feel there are too many blind spots from cameras on buses and a lone driver is too preoccupied to address issues. Their feedback included suggesting an attendant be present to address these issues and ensuring the cameras cover all areas of the bus, especially those areas out of sight.

Ubers were discussed as a source of anxiety and feeling unsafe, and perhaps more work needs to be done to highlight the apps safety features and procedures.

They also mentioned that while hospital staff were supportive, they felt somewhat uneasy in Hospitals with no safe space for them.

Young people wanted more visible CCTV in the city centre to help them feel safer, and more well-lit alleyways.

The groups were asked which social media platforms they used, with Tiktok, Roblox, Youtube and Instagram being the most popular mentioned and Discord being highlighted as increasing in use.

Young people reported receiving negative comments and private messages either personally or being sent to someone in their peer group. These incidents were derogatory comments on social media posts from peers and one case of private messages from a stranger online. The current process of dealing with this was to block the user and highlighted developing features of filtering out harmful words in the Instagram comment section so they no longer appear.

What the young people are not currently doing is taking the next step and reporting the messages and accounts. This is because they feel that reporting does not work, and no action is taken. It was emphasised that results may happen but may not be visible to them and reporting outside of social media apps were highlighted such as via the CEOP site and Fearless. Anonymity in reporting was of particular interest and appealed to them. Young people were comfortable telling their parents, teacher or the police about any incidents although worries were raised that raised that telling others may make the issue worse or remove control.

They said, we did…

The CCSP values this rich feedback from young people and recognises the importance of using the information to drive improvements. As a result of what they young people tell us we have:

- Visited the Safer Travel Partnership in Birmingham who have informed us that there are CCTV cameras on buses throughout the West Midlands which can be directed and monitored should they receive any report of anti-social behaviour. This has been shared with young people.
- Linked in with the Head of transport in Coventry and a scheme is underway to develop QR codes for young people to scan and report a crime as suggested by Coventry young people.
- Set up a Task and Finish Group to look at how reports of online bullying/ harassment can best be responded to in school.

Engagement with frontline practitioners

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

Engagement with Schools

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

STAG

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

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

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

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

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

Meetings have taken place once a quarter over the past year, covering actions recommended in rapid reviews and topics recommended by members. This included: An overview of services available to pregnant young people (with a focus on care leavers); Adolescent neglect; Learning from National Panel report on the Myth of Invisible men; Prevent; and sharing learning from Serious Case Reviews.

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.

Members were asked what they thought of the group and the feedback received was very positive, highlighting a good mix of participants, excellent levels of debate and a good environment to share understanding, specialisms, and best practice. Feedback has been taken on board and meetings have been shortened and more practical, operational examples and case studies have been included in presentations.

Newsletter

The CSCP newsletter is sent out on a quarterly basis and contains a breadth of useful and timely information; ranging from the most recent One Minute Guides, highlighting campaigns and awareness weeks such as Safer Sleeping Week, promoting tools to help day-to-day practice such as the Child Exploitation Indicator Tool and signposting upcoming webinars, training and learning events. The newsletter has 2115 subscribers who are able to access further information through web links throughout the newsletter. Newsletters are published and the website and can be found here:-

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

Resources

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

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

and webinars **https://www.youtube.com/watch?v=obnWzwNFAxs**

The CSCP will be developing TEDtalks across 2022-2023.

The CSCP is also conscious that resources from reviews can at times be delivered to partners in a disparate way and has therefore developed an infographic that allows partners to access all of the resource in one place.- **https://www.coventry.gov.uk/downloads/file/38427/matt-action-plan-resources**

Practitioner events

Practitioner events are routinely held for all Safeguarding Practice Reviews to ensure that the views of practitioners are considered as part of the review. An area for development in 2022-2023 is Practitioner Implementation panels to ensure that practitioners co-produce and own the smart actions that are identified in relation to the recommendations.

Kantar review

The CSCP undertook a benchmarking exercise in relation to the Kantar Review - An examination of partnership working following multi-agency reforms. This provided the CSCP with a level of assurance that effective processes were in place. It did highlight an area for development as intra agency communication and to address this the CSCP team will be undertaking a roadshow to frontline teams in the Autumn to raise awareness in relation to the work of the CSCP and how practitioners can engage with us.

Safer sleeping learning event

Following recommendations within the Matt Safeguarding Practice Review, and following the National Review ' Out of Routine' work was undertaken to upskill practitioners and raise awareness in relation to safer sleeping. The Coventry Safeguarding Children's Partnership, working with the Warwickshire Safeguarding Partnership, produced a **Safer Sleeping Guide for Practitioners** as well as a **quick reference card**. These resources were produced with the intention of being used by all professionals who come into contact with families and are now hosted on a dedicated safer sleeping page.

To launch these resources, a learning event was held titled: Safer Sleeping is Everyone's Responsibility. This webinar included learning from National and Local reviews, information from the Lullaby Trust on how to have opportunistic conversations and highlighted practical resources to use with families including the Safer Sleeping Practitioner Guidance. 141 practitioners attended the event in July 2021, and the webinar was repeated in November 2021 where 45 practitioners attended. The event was also recorded and shared across the partnership via email and the partnership newsletter.

https://www.coventry.gov.uk/coventry-local-safeguarding-children-board/safe-sleeping

Business Plan 2022-2023

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

- Child Sexual Abuse
- Exploitation
- Making the system work

Action	Target Date	Lead	RAG Rating	Progress
Priority 1 - Child Sexual Abuse				
Develop an awareness campaign for parents and communities highlighting the risks of CSA, the importance of healthy relationships, the signs and indicators of concerning sexual behaviour and the signs that a child or young person may be at risk.	September 2022	CSA Task and Finish Group		
Work with schools, nurseries and health agencies to raise awareness around healthy relationships and protective behaviours.	September 2022	CSA Task and Finish Group		
Raise awareness across the partnership in respect of how known offenders are managed in the community.	September 2022	Head of Probation Service/ CSCP Business Manager		
Seek assurance from partners that soft intelligence in respect to potential perpetrators is used and innovative solutions are sought to manage these individuals.	June 2022	DCI Public Protection		
Develop a local child sexual abuse profile to better understand the local picture.	March 2022	Audit and Performance Sub-group		
Develop a Child Sexual abuse policy.	June 2022	CSCP Business Manager		
Undertake awareness raising activity so that children and young people understand safe ways to disclose and what will happen when they do disclose.	September 2022	CSA Task and Finish Group		

Develop a network of CSA Champions to provide support to the wider network.	March 2022	LA Principal Social Worker		
Review the workforce development offer in relation to CSA so that practitioners have access to resources and training to equip them with the skills to provide effective, timely and appropriate responses to children at risk of or abused through CSA.	June 2022	Workforce Development Sub-group		
Develop resources to support practitioners to work with the non- abusing parent. These resources will signpost parents to sources of support but will also assist practitioners in considering whether the parent is able to be a protective factor.	June 2022	CSA Task and Finish Group		
Develop mapping guidance for practitioners to ensure that all affected children and young people are considered.	June 2022	Exploitation Sub-group		
Understand the local offer in relation to trauma informed services and appropriate therapeutic support and raise awareness of these pathways across the partnership.	June 2022	Exploitation Sub-group		
Make Child Sexual abuse the focus of the CSCP conference.	Dec 2022	Workforce Development Sub-group		
CSCP to undertake a case file audit of CSA cases to assess the effectiveness of partnership working.	June 2022	Audit and Performance Sub-group		

Action	Target Date	Lead	RAG Rating	Progress
Priority 1 - Exploitation				
The Child Exploitation Strategy to be reviewed and refreshed.	September 2022	Exploitation Sub-group		
All agencies to review their processes for recording both Child exploitation and child sexual exploitation.	June 2022	Exploitation Sub-group		
Develop a comprehensive Child Exploitation and Child Sexual Exploitation dataset to include data on victims, offenders and locations. This will include age, gender, disability and ethnicity.	June 2022	Audit and Performance Sub-group		
An awareness raising campaign to be developed including children and young people, parents, communities and businesses.	December 2022	Exploitation Sub-group		
Increase understanding of networks and to be assured that processes are in place to identify networks.	September 2022	Exploitation Sub-group		
CSCP to create a culture whereby victim blaming is challenged.	June 2022	Exploitation Sub-group		
CSCP to monitor the completion rate of return home interviews.	June 2022	Audit and Performance Sub-group		
Promote the importance of return home interviews being timely and effective and the information gleaned from them being used in safety planning.	September 2022	Exploitation Sub-group		

Review the screening tool to ensure that it is a wholistic assessment that focuses on the child's needs.	June 2022	Exploitation Sub-group		
CSCP to scope out workforce development activity in relation to trauma informed practice and develop training/ workforce development materials to fill any gaps.	December 2022	Exploitation Sub-group		
Promote the use of disruption techniques.	December 2022	Workforce Development Sub-group		
Consider vulnerable groups when identifying areas for targeted work to include areas of deprivation, children with disabilities, care leavers and children who are permanently excluded from education.	December 2022	Exploitation Sub-group		
CSCP to review it's multi agency Exploitation meetings to support the promotion of two-way information sharing across agencies.	June 2022	Exploitation Sub-group		
An audit to be undertaken to assess the effectiveness of partnership working in relation to child sexual exploitation.	December 2022	Audit and Performance Sub-group		
A learning review to be undertaken, using the rapid review methodology, in relation to a Child Exploitation case.	March 2023	Audit and Performance Sub-group		

Action	Target Date	Lead	RAG Rating	Progress
Priority 1 - Making the System Work				
CSCP to ensure that learning from National, Regional and Local reviews is disseminated to frontline practitioners.	March 2023	Business Manager/ Workforce Sub-group		
Continue to deliver RHRHT and monitor attendance.	June 2022	Workforce Development Sub-group		
Monitor multi-agency Signs of Safety training to ensure all partners are identified and attend.	June 2022	Workforce Development Sub-group		
To continue to develop YVM to seek children's views as to whether safeguarding work is child centred.	March 2023	Business Manager		
CSCP to raise awareness of escalation procedures and monitor whether they are being implemented.	June 2022	Audit and Performance Sub-group		
CSCP to promote the need for practitioners to understand what the child's daily life is like, to use innovative methods to seek the child's views and to ensure that they are visible within case planning.	December 2022	Workforce Development Sub-group		
CSCP to support the implementation of the Coventry Valued approach.	March 2023	Workforce Development Sub-group		
CSCP to deliver a multi agency safeguarding training programme	March 2023	Workforce Development Sub-group		
CSCP to maintain accurate position statements.	March 2023	QA Manager