



Northumberland
Strategic Safeguarding Partnership



Northumberland
County Council

Safeguarding Children in Northumberland

NSSP Annual Report

2020-2021



Foreword

by the NSSP Independent Scrutiny and Assurance Chair

The Northumberland Strategic Safeguarding Partnership came into effect in August 2019, replacing the local safeguarding children board as required by legislation.

Over the period covered by this report, the ongoing impact of the pandemic on our community has been significant. The evidence in the report demonstrates that safeguarding partner's and relevant agencies have responded creatively to deliver safe services, offering families and children support whilst managing the risks presented by COVID-19. This report will therefore inevitably include a focus of the impact of the pandemic on families, children and young people's mental ill health and well-being, and the substantial consequences of isolation on safeguarding. During this time Northumberland has continued to receive referrals for safeguarding reviews from the partnership as well as increasing numbers of reports of children living in households experiencing domestic abuse.

It is within this context that the NSSP continues to focus on driving quality frontline practice around protection, prevention, exploitation and contextual safeguarding. Independent challenge and scrutiny of data, audit and intelligence is analysed in the report, identifying the achievements and the stubborn challenges for the partnership. The learning and improvement cycle continues, with work ongoing to measure the impact of services on children's outcomes.

The service pressures experienced by agencies and, particularly on front-line workers, are not underestimated. I would like to express my appreciation and sincere thanks for the commitment and innovation all partners have shown over the past year.



Paula Mead

Independent Safeguarding Scrutiny
and Assurance Chair of Northumberland
Strategic Safeguarding Partnership

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1. Introduction

This report covers the second year of the Northumberland Safeguarding Strategic Partnership (NSSP) arrangements which began on 5th August 2019. This change was required by legislation in line with the implementation of the [Children and Social Work Act 2017](#).

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

- evidence of the impact of the safeguarding partners and relevant agencies work, including outcomes for children and families, from early help to looked-after children and care leavers
- an analysis of areas where there has been little or no evidence of progress on agreed priorities
- evidence of decisions and actions taken by the partners in the report's period, or planned to be taken, to implement the recommendations of local and national child safeguarding practice reviews, including resulting improvements
- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision
- a review of the use of restraint in Northumberland's secure children's home.

1.1 Multi-Agency Safeguarding Arrangements (MASA) for 2020-2021

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

A North and South of Tyne Child Death Overview Panel (CDOP) reports annually to the Health and Well-Being Board. The annual report, which will be published later this year, is provided

to the NSSP for information and to provide evidence that influences the partnership's priorities and planning.

NSSP sub-groups drive operations through their agreed workplans; these governance arrangements and membership are set out in [Appendix 1: Governance Structure](#) and [Appendix 2: NSSP Membership](#).

The NSSP budget and expenditure are set out in [Appendix 3: NSSP Staffing and Budget](#).

Northumberland's demographics are set out in [Appendix 4: Northumberland; Context & Information](#).

1.2 Independent Scrutiny

One of the changes in the new arrangements, is the way in which independent oversight of the NSSP is achieved.

Previously, this function was undertaken by an Independent Chair. Currently, an Independent Scrutineer provides assurance through critical challenge to the partnership, and analysis of its strengths and areas for development in order to hold the safeguarding partners and the relevant agencies to account.

There are a number of context-appropriate methods to achieve the scrutiny function and the role of Independent Scrutineer is just one element.

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

A multi-agency audit tool provides assurance to ensure partners, including Primary Care, are compliant with Section 11 of the Children Act,

2004. Schools, Northumberland college and alternative education providers complete Section 175 safeguarding standards audits that are monitored and reviewed annually in September aligned with updates to Keeping Children Safe in Education statutory guidance.

Ofsted conducted a JTAI in 2019 examining multi-agency arrangements for dealing with criminal and sexual exploitation; progress of the action plan is monitored by the partnership.

A peer review of the partnership is planned for the coming year.

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



2. What the MASA in Northumberland have achieved at a glance



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

Northumberland's Sharing Information Regarding Safeguarding (SIRS) recognised as a best practice model by the national Child Safeguarding Practice Review panel

School exclusions have been reduced from 50 in school year 2019/20 to 44 in school year 2020/21

We have made tangible progress with Early Help. The percentage of successfully completed Early Help involvements has risen from 68% to 76% and reduced the number of children who receive Early Help interventions needing further involvement of statutory services

Increased strategic alignment with NSSP, SAB and Community Safety

94% of young people's cases did not need to be re-examined at Missing, Slavery, Exploitation and Trafficking (MSET). An increase from 83% in the previous year

Northumberland CCG bid for investment in the 'Mental Health Support Teams in School Trailblazer' and the 'Four Week Wait' (from referral to treatment) pilot funding Outcome - waiting times have more than halved



We have refreshed our priorities to focus on 'stubborn' challenges

We have progressed our work within the Tyne & Wear and Northumberland Strategic Safeguarding Partnership to maximise resources and share learning across the wider region



3. Strategic Priorities; Achieving our Objectives

During this reporting period, the safeguarding partners commissioned a review of NSSP strategic priorities. They wanted to take stock of the extent to which the partnership's objectives were being met and whether they still added value to the safeguarding system. Stakeholders from relevant agencies reviewed and made recommendations for changes by evaluating progress based on evidence from audits, data and local intelligence. Work around previous priorities continues, however they are embedded as business as usual in the partnership's work.

These are demanding times; the impact of the Covid-19 pandemic is exacerbating the challenges of day-to-day life for many people in the wider North East with exceptional levels of poverty driving dramatic rises in child protection intervention and the number of children in care¹. It is within this environment that the NSSP aims to provide leadership, oversight and quality assurance of safeguarding in

Northumberland. The Quality Improvement and Performance (QIP) subgroup has identified a range of multi-agency, qualitative and quantitative measures which will enable the NSSP to monitor impact and inform the safeguarding partners planning.

The priorities were re-focused in-year therefore this report presents both sets and explains the decision-making behind the changes;

¹ North East Submission to the Independent Review of Children's Social Care. July 2021



3.1 Priorities 2018-2020

Priorities 2018-2020	WHAT WE DID AND ITS IMPACT																					
<p>Further promoting preventative and early help approaches</p>	<p>The Early Help offer is now firmly embedded and part of the routine work of the partnership. The percentage of successfully completed Early Help involvements has risen from 68% to 73% for the quarter ending June 2021. More broadly, workloads have increased in early help and this, as well as other preventative work, have been key to ensuring that statutory services have not been overwhelmed during the pandemic. Importantly, it ensured that children, young people and families have been supported at the earliest opportunity and at the lowest appropriate level.</p> <p>The ambition, supported by a multi-agency, early intervention approach was to have fewer children looked after reducing to 60 per 10,000 of the under 18 population. Whilst it has not reduced to achieve this target, there has been a reduction in the numbers since December 2020, reducing from a high of 455 and is currently remaining at around 435. Alongside the range of preventative and early intervention services, focused work to ensure plans for discharge from care are progressed in a timely way where possible have also underpinned the reduction in numbers. The current rate is 73 per 10,000, having reduced from December 2020 and this is the second lowest in the region.</p> <p>The Early Help and Early Intervention sub-committee continue to monitor this work on behalf of the NSSP.</p> <p>While risk assessed face to face visits continued for the most vulnerable families, virtual delivery of all the programmes on the pathway have been quickly adapted and delivered by partners. This has resulted in an increase in the sustained engagement target of the most vulnerable families in our 30% and under Income Deprivation Affecting Children Index (IDACI) areas. Rising from 12% (July 20) to 49% (June 21) with the biggest increase in the West locality from 29% to 83%. This positive work is now the subject of an Applied Research Bid (ARC) led jointly by EH managers and both universities in Newcastle.</p> <p>There has been an increase in referrals to Early Help during the period of the pandemic, particularly at key times such as prior to lockdown in December 2020 and schools opening in March 2021:</p> <table border="1" data-bbox="485 1626 1238 1955"> <thead> <tr> <th></th> <th></th> <th>Increase</th> </tr> </thead> <tbody> <tr> <td>Sept 2019</td> <td>Sept 2020</td> <td></td> </tr> <tr> <td>399</td> <td>476</td> <td>19.3%</td> </tr> <tr> <td>Dec 2019</td> <td>Dec 2020</td> <td></td> </tr> <tr> <td>325</td> <td>398</td> <td>22.5%</td> </tr> <tr> <td>Mar 2020</td> <td>March 2021</td> <td></td> </tr> <tr> <td>373</td> <td>444</td> <td>19.0%</td> </tr> </tbody> </table> <p>Reflecting the impact of this work, the number of children with early help episodes that ended successfully remains consistent month on month, with a 12-month average of 76%.</p>			Increase	Sept 2019	Sept 2020		399	476	19.3%	Dec 2019	Dec 2020		325	398	22.5%	Mar 2020	March 2021		373	444	19.0%
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Priorities 2018-2020	WHAT WE DID AND ITS IMPACT
<p>Further promoting preventative and early help approaches <i>(continued)</i></p>	<p>When monitoring the children who have had early help episodes, who later go on to be involved with social work within 12 months, it is encouraging to see a downward trend; 22% falling to 19%.</p> <p>Early Help Family Workers (EHFW) have been providing a 'duty' system during the pandemic. Families can call for help and support. This has been successful in preventing the escalation of family issues into more targeted work and plans are in place to continue this service after the pandemic. EHFW have dealt with 2,686 duty calls during the pandemic, this includes 1,217 families (3,099 clients).</p>
<p>Working with Fathers</p>	<p>Progress has continued to be made with this priority since focussing on it following Kirsty, Molly and Olivia Serious Case Reviews (SCR's). This is demonstrated through audits and evidence gathering for Local Safeguarding Practice Reviews.</p> <p>The chairperson of SPRG undertook a multi-agency audit into the role of fathers when families are involved in child in need or safeguarding processes. The findings were reviewed by the Quality Improvement and Performance sub-committee; further work continues to ensure men are engaged with and fully assessed to optimise their maximum ability as parents as well as to identify risk.</p> <p>The CCG, in partnership with Northumbria NHS Foundation Trust (NHCFT), have continued to roll out SIRS (Sharing Information Regarding Safeguarding) across primary care and maternity services to recognise relevant information regarding fathers of unborn babies in order to identify any early support required or highlight risks. This resulted in a number of cases being spotted than would otherwise have been. It led to actions ranging from offers of Early Help to proactively protecting babies from harm under statutory procedures.</p> <p>The Designated Nurse and Named Midwife have presented the project to other areas in the region with a view to wider roll out. The Designated Nurse was asked to present the project to the Child Safeguarding Practice Review Panel (National Panel) as evidence of emerging good practice as part of their third national thematic review on non-accidental injuries in the under ones and specifically the role of fathers. This work was referenced in "The Myth of Invisible Men" Safeguarding children under 1 from non-accidental injury caused by male carers, published in September 2021.</p> <p>You can find the report here.</p>

Priorities 2018-2020	WHAT WE DID AND ITS IMPACT
<p>Improving focus on the child's experience of services and better embedding it in practice</p>	<p>Work continues to inform the direction of the NSSP through increased alignment with the Children and Young People's Strategic Partnership (CYPSP).²</p> <p>The "Fiona" Learning Review, recommended a baseline audit to establish how agencies meet the needs of vulnerable 16 and 17 year olds, and the significant challenges that undermine agencies efforts to meet those needs. An Appreciative Inquiry methodology is being used to engage with young people who have experienced the care system, gathering their views on what worked well for them, in order to develop the audit tool.</p> <p>The ILACS Ofsted inspection in 2020 noted the effectiveness of the engagement with and understanding of the experiences of children and young people.</p>
<p>Criminal and Sexual Exploitation</p>	<p>Identified as a priority during a JTAI and now embedded as NSSP business as usual. A joint, three partnership (NSSP, NSAB and Community Safety) Exploitation Group and Delivery plan continue to drive forward this work which now includes Trafficking and Modern Slavery.</p>

² See Section 6



3.2 Priorities 2020-2023 – Our Rationale

Priorities 2020-2023	WHAT WE ARE DOING AND ITS IMPACT
<p>Overarching Priority</p> <p>Understanding how COVID-19 and associated lockdowns have impacted on safeguarding children and young people – including, but not limited to, increased service demand, access to health services, understanding impact, and multi-agency responses to it</p>	<p>The pandemic has amplified the risks to the NSSP’s safeguarding systems and is therefore represented in all priorities.</p> <p>A multi-agency Risk Register was created with the purpose of logging safeguarding lockdown-specific risks, identifying controls and assurances to mitigate these risks.</p> <p>Analysis of Referral Numbers by Partners; One particular concern was that children at risk of harm would not be identified by agencies due to the restrictions, this was monitored and referral numbers to Children’s Social Care (CSC) did fluctuate during 2020/21. The number of referrals received since April 2020 are lower than the levels seen prior to the pandemic (2,589 in 2020/21 compared to 3182 in 2019/20), and Northumberland’s referral rate for that period was significantly below the national, regional and statistical neighbour averages. Whether this was a result of hidden harms or the effectiveness of Early Help is not clear. This may not be a fully sustained trend as the numbers of referrals received in Qtr. 1 of 2021/22 exceeded the same period in the previous year. Children’s safeguarding referrals generated from NHCFT to CSC have significantly increased by 24% from Qtr. 4. These referrals have continued to be predominantly made by NSECH (where parents or their children are presenting to A&E with safeguarding concerns) and also from midwifery and from the Trust’s community settings.</p> <p>Mitigations. In the early days of the pandemic effective liaison and monitoring between health, education and children’s social care, was developed as a matter of urgency and multi-agency support was made available to assist vulnerable children’s return to school where additional needs were identified.</p> <p>All agencies recognised early on the potential safeguarding impact of the pandemic on Disabled Children & Young People (DC&YP). There was concern about the impact on DC&YP and their families from not attending school and not being able to access respite/short break care, as well as uncertainty for families about employment, loss of income and impact on mental and emotional health. The findings from a survey undertaken by the Strategic Lead for SEND provides evidence of the pressures on C&YP with SEND and their families during the pandemic. Children with an EHCP and those with a Social Worker were eligible to attend school during lockdown but, initially, very few did.</p>

Priorities 2020-2023	WHAT WE ARE DOING AND ITS IMPACT
<p>Overarching Priority</p> <p>Understanding how COVID-19 and associated lockdowns have impacted on safeguarding children and young people – including, but not limited to, increased service demand, access to health services, understanding impact, and multi-agency responses to it</p> <p><i>(continued)</i></p>	<p>School attendance of the number of C&YP who had a Social Worker, including those at Special Needs School's, steadily increased over the weeks of lockdown. There are examples of wide-ranging and proactive approaches of many schools to support C&YP and their families during this period. Where there have been concerns about inequity of access to Special Needs Schools in parts of the county, members of the NSSP have provided information to make the case for need and clarify issues regarding health risks for complex children. In the early stages of the pandemic, risk/benefit analysis statements were written to support discussions around Covid-19 risk for children attending Special Needs Schools. They highlighted the potential for escalation to safeguarding concerns for children not accessing school following pressure from families.</p> <p>Covid-19 continues to have an impact and it is expected that this will be exacerbated following the national guidelines changing on 19/07/21. A causal link is anticipated between the end of the school summer holidays and an increase in children's referrals which there has been historically year on year.</p>
<p>Mental Health; Suicide, Self-Harm, Social Media Impact/Bullying</p>	<p>Impact of Covid-19 on mental health. Across the country, children and young people have been severely affected by the pandemic. Increased family stress, decreased social interaction and reduced access to support services have fuelled concern for children and young people's mental health during lockdown. The majority of young people (83%) with existing mental health needs report that the pandemic has made their health worse (Mental Health Impact Assessment Scoping Paper – Covid-19 Northumberland).</p> <p>There has been an increase in the number of referrals for mental health to health agencies over the last year. For example, this increased from 565 to 608 to tier 3 Children & Young Peoples Service (CYPS) and from 21 up to 45 to NHCFT. There has also been an increase in the number of referrals categorised as self-harm that have been received by NHCFT. These referrals continue to be responded to in a timely way by CYPS and Primary Mental Health Workers (PMHW's) despite the increased volume. CSC is now able to flag referrals from other agencies where the child's mental or emotional health appears to be factor, and there have been high numbers in the last quarter: Of the 1,945 households referred to CSC, 558 had child mental health flagged (29%) and 722 had child emotional health flagged (37%).</p> <p>A Disability Dashboard was developed to enable scrutiny of data about safeguarding DC&YP in Northumberland. Consistent themes within this are:</p> <ul style="list-style-type: none"> • Autism and ADHD with and without Learning Disability are the commonest categories of disability of C&YP with CIN and CPP plans. They include more boys than girls (73% male, 23% female). • Peak age range of these C&YP open to CSC 10-15 year olds (52%)

Priorities 2020-2023	WHAT WE ARE DOING AND ITS IMPACT
<p>Mental Health; Suicide, Self-Harm, Social Media Impact/Bullying (continued)</p>	<ul style="list-style-type: none"> • There is a concern that the proportion of CPP's for DC&YP remains low at around 4% of the total plans when national data indicates that disabled C&YP are at increased risk of neglect and abuse. Audits are underway to understand this, for example are plans correctly coded. <p>With regards to bullying, school exclusion data for the 2021/22 academic year shows that there has been a slight increase in the proportion that were categorised as bullying compared to the previous year, although that is within the context that schools were fully open for longer.</p> <p>There have been 2 cases of children committing suicide in the last year (see section 4.1. What have we learnt from Child Safeguarding Practice Reviews?).</p> <p>At the beginning of the pandemic all cases open to CYPS were RAG rated to identify which young people required additional support during Covid-19. A daily MDT was held to discuss any highlighted change to a young person's risk profile due to deterioration in mental health and to plan what steps needed to be actioned to support them.</p> <p>Face to Face clinical appointments continued for those young people who had been discussed at daily MDT and it was felt that this was the best way to support the young person.</p> <p>Collective investment by partners in mental health services has resulted in substantial growth and enhancement across the whole system, including but not limited to;</p> <ul style="list-style-type: none"> • Early help and prevention - growth of Early Help Mental Health workforce; PMHW team grown from 5 staff in 2018 to 34 staff currently. • Identified opportunities across the system for specialist CYP MH staff – LAC/MASH /Youth Offending/Substance Misuse Service. • The CYPS Universal Crisis Team pathway has now been increased to 24/7 provision. • A 24 hour Enhanced Psychiatric Liaison Team now review young people within 1 hour of attending A&E and 4 hours if admitted to the Paediatric Ward. • Outcomes Framework Tool developed to measure impact across the system. • Implementation of accessible consultation pathways to mental health and wellbeing services for our children looked after, led by the Community Matron (Children Looked After and Access). The narrative and data to evidence the improvements were reported. <p>The partnership continues to monitor this work and progress has been made in access to services;</p> <ul style="list-style-type: none"> • Average waiting time for those referred to mental health teams has more than halved from 8.6 weeks to 3.4 between April 2019 and March 2021. • Primary Mental Health Worker referral and waiting times have reduced whilst more children and young people have been seen. Numbers have increased from 508 in 2018/19, to 791 in 2019/20, and 1701 in 2020/21.

Priorities 2020-2023	WHAT WE ARE DOING AND ITS IMPACT
Neglect	<p>Neglect has been a priority since 2018, however it stubbornly persists as the highest category of abuse in Northumberland and although some progress has been made, it will remain a priority for the partnership. IRO's were tasked with auditing CPP's to enable the NSSP to understand underlying issues; the outcome was inconclusive with no particular feature of neglect identified.</p> <p>This quarter, referrals for neglect have risen from 49 to 95 referrals from NHCFT to CSC between Qtr.1 2020/21 and Qtr.1 2021/22. Neglect continues to be significant within the work of safeguarding partners and this is reflected within the CSC data. The majority of children subject to a child protection plan are categorised as neglect and at the end of the last quarter, 265 out of the 342 child protection plans were labelled as neglect. Separately, the local authority is now able to report on sub categories of neglect identified from the referral, and in the last quarter emotional neglect and physical neglect were the most significant factors. Going forward, we can now report on the prevalence of educational neglect, medical neglect and nutritional neglect which may be factors that could come to the fore more in the future as the pandemic continues to impact. This information should enable more targeted intervention and prevention strategies.</p> <p>There is compelling evidence of the relationship between poverty, inequality and neglect. Anecdotally, the pandemic has increased inequalities across the county and the impact of poverty on children and families.</p> <p>One of the CCG's priorities moving forward is to look at the impact of inequality on health and this will be through various means including 'Population Health Management'. Safeguarding will be a cross-cutting theme in this.</p> <p>Outcomes are difficult to quantify, however there are signs of progress;</p> <ul style="list-style-type: none"> • Child neglect offences have decreased by 5% from 2019/20 to 2020/21. • Five years ago, around 10% of child protection plans lasted longer than two years, whereas only one plan did so in 2020-21. • Twice as many children with learning disabilities access annual health checks than was the case in 2019, increasing to 76% in 2020/21. • A recent audit of 18 cases, chosen at random where Neglect was identified as the Child Protection plan category, demonstrates evidence of good practice as well as the areas for improvement and recommendations. The Neglect Toolkit has been adopted, particularly in Early Help, however it identified that in the audited cases, the toolkit had not been used. The auditor commented that it would have given a much richer picture of the child's life, a more consistent use of direct work being completed, resulting in plans being executed at an earlier stage. A relaunch of the toolkit was a recommended action. Further evidence-based interventions, such as Signs of Safety, are being implemented.

Priorities 2020-2023	WHAT WE ARE DOING AND ITS IMPACT
<p>Impact of Domestic Violence on children (2018-2020) - including Child to Parent Violence and Abuse (CPVA) (2020-2023)</p>	<p>The need to protect children, including the unborn baby, and adults from the risks and consequences of domestic abuse remains a key priority for the NSSP. It will now include CPVA (previously known as APVA). We know Covid-19 restrictions and lockdown has had a particular impact on victims of domestic violence and abuse both locally and nationally. Between Qtr.3 and Qtr.4 the figures have remained steady regarding domestic abuse to NHCFT patients, as have referrals for staff members to MARAC. NHCFT's Safeguarding practitioner for Domestic Abuse and Sexual violence has been on site at NSECH most days and has been providing on the spot advice and support for staff and victims of domestic abuse This is reflected in the figures for intervention for patients which has risen in Qtr.1 by 21%.</p> <p>Within the context of there being fewer referrals to CSC in the last year, the proportion where domestic abuse was a factor has remained relatively stable, this peaked in summer 2020 as did the number of domestic abuse HRNs (and this has been seen again in July 2021). There has also been an increase in the number of multi-agency risk assessment conferences compared to 2019 and NHCFT are seeing an increase in the number of MARAC referrals completed. Newly available data tells us there are 538 cases open to CSC where domestic abuse is a factor, and 38 where social workers are working with the child to parent abuse team.</p> <p>When comparing Qtr.1 2021/22 with the same period the previous year, Northumberland has seen an increase in domestic abuse activity. Northumbria Police Force wide, there has been a 6.5% increase in Domestic Abuse incidents where a child has been involved in Qtr.1 whilst Northumberland saw the largest increase (+18.6%, 129 incidents), as it did for BME victims (57.9% (11 victims), and the volume of victims aged 16-17 years 50.0% (9 victims). Northumberland had an increase in the number of high-risk victims (8.1%) and a reduction in medium risk victims (-19.8%). There has been an 8.9% increase in the volume of repeat victims in Northumberland from Qtr.1 2020/21 to Qtr. 1 2021/22, the greatest percentage increase in the Force area. Finally, whilst there was a decrease force-wide with the number of arrests from incidents associated with domestic abuse with a child involved, in Northumberland there was actually an increase of 32% (48 more arrests).</p> <p>There have been a number of developments over the last year;</p> <p>A CPVA multi agency audit was undertaken in 2020 by the Northumberland CPVA steering group. The group oversee the audit action plan that covers the key learning and actions below;</p> <ul style="list-style-type: none"> o An CPVA pathway agreed by children's and adult social care that via training and comms is improving communication between ASC and CSC with joint family safety plans. o This training and comms ensure appropriate CPVA referrals to the Gatekeeper.

Priorities 2020-2023	WHAT WE ARE DOING AND ITS IMPACT
<p>Impact of Domestic Violence on children (2018-2020) - including Child to Parent Violence and Abuse (CPVA) (2020-2023 <i>(continued)</i>)</p>	<ul style="list-style-type: none"> o The work of the steering group and funding secured has enabled the development of a menu of options – RYPP Link. Respect tools and the VRU funded NVR principles work – to meet the range of needs identified by the audit. <p>Operation Encompass; The Next Steps, was effective in safeguarding children during the pandemic by providing enhanced support to children, families and staff affected by domestic abuse. The main elements of the project included training for all school staff, development of Personal, Social, Health and Economic (PSHE) products for Key Stages 1-4, a drop in/advice service at schools and access to new school safeguarding liaison officers (SSLOs) employed by Northumbria Police.</p> <p>To evaluate impact, using survey and case-study methodologies, schools were asked how Operation Encompass processes are working and what improvements could be made. Fifty-one education providers completed the survey and results were overwhelmingly positive. Schools agreed that it safeguarded and supported our young people.</p> <p>As part of Northumberland’s extended Operation Encompass, the CCG shares police Child Concern Notifications (CCNs) regarding domestic abuse and missing children with all GP practices to improve awareness and information sharing.</p>
<p>Safeguarding children under 1 year old including non-accidental head injuries and co-sleeping</p>	<p>Case reviews nationally have found babies are eight times more likely to be killed or seriously harmed than older children. The Child Safeguarding Practice Review Panel (National Panel) are currently undertaking a thematic review into injuries in babies under 1 year with a key focus on the role of fathers. The pressures of lockdown on families with new babies are likely to magnify issues; this supports the NSSP’s decision to identify it as a priority.</p> <p>A formal practice review has been undertaken which was delayed due to Covid -19 restrictions and will be published in the next reporting period. Factors included professional optimism, disguised compliance, parental substance misuse, mental health issues and domestic abuse. The role of father was not fully assessed. Further work is ongoing to address this.</p> <p>Within the context of referrals to CSC having reduced over the last year by over 20%, it has followed that the number of referrals, strategy discussions, s47s, ICPCs and CPPs starting for under ones have also reduced. However, the number of CPPs actually in place relating to under ones has remained fairly stable since October 2019 as have the number of under ones in care, demonstrating it is a “sticking issue”. The single most reliable factor that predicts whether the Local Authority will issue care proceedings is previous care proceedings for older siblings and when parental risk factors remain constant. 68% of new-born babies were removed from parents who had previously had children removed from their care. There were a fluctuating number of referrals made to the local authority by NHCFT in relation to unborns, 36 in Qtr.2; 65 in Qtr.3 2020/21 rising to 101 in Qtr.1 2021/22.</p>

Priorities 2020-2023	WHAT WE ARE DOING AND ITS IMPACT
Safeguarding children under 1 year old including non-accidental head injuries and co-sleeping <i>(continued)</i>	<p>Outcomes are not easy to quantify however it's important to tackle this priority upstream; early identification and prevention is underpinned by a comprehensive and effective universal service. Health surveillance data shows;</p> <ul style="list-style-type: none"> • Percentage of births receiving a face-to-face New Birth Visit within 14 days by a health visitor is 91.45%. Well above the target of 85% • Percentage of children receiving a 6-8 week review 77.85% down from 86.29% in the last quarter • Percentage of children who received a 12 month review 93.41% in last quarter and above the target of 90%.



4. Dealing with risk & learning from Safeguarding Practice

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

4.1 What have we learnt from Child Safeguarding Practice Reviews?

The NSSP collates the findings from local safeguarding practice reviews (LCSPRs), repeat learning/findings are reviewed and further audit and scrutiny is undertaken to have a broader view of the findings. There have been 2 LCSPRs, 3 learning reviews, 4 rapid reviews were held (1 learning review from a referral to SPRG regarding historic information so no rapid review was required as no serious incident notification was made). Two joint child/adult reviews undertaken in the previous reporting period were published this year.

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

The Safeguarding Practice Review Group (SPRG) has undertaken reviews of cases over this period with regard to 2 incidents of suspected child suicide. One resulted in the criteria being met for formal review, the other a learning review. Although not complete during this time period, emerging learning has been shared and added where appropriate to single and multi-agency training and the self-harm pathway amended accordingly. Covid-19 is likely to have impacted on one if not both cases due to reduction in service provision and school closures leading to reduction in access to support and the visibility of the young person to relevant agencies. An audit is planned to identify how agencies work well with young people, especially those difficult to reach. This will involve drawing on the views of what worked well for these young people themselves.

Priority 2. Neglect

SPRG undertook a learning review of a case involving the chronic neglect of a child aged 11 years. Learning has been shared across agencies and the action plan is currently being monitored by SPRG.

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

A learning review was completed regarding a small baby with serious, life-threatening head injuries. The baby was known only to universal services and no concerns identified by agencies at the time except the baby cried for significant periods. The Child Safeguarding Practice Review Panel (National Panel) requested further information which was provided. To support the learning, a new process called ICON ([ICON Link](#)) is being implemented across Northumberland to prevent non accidental head injury in babies often at increased risk of being shaken due to excessive crying. It has a number of 'touch points' throughout pregnancy and the post-natal period and is aimed at both parents. This is part of a national approach commissioned by NHSE/I. Staff training and awareness has been undertaken with GP's, midwifery, and health visiting services, and it is planned to include other agencies such as early help, children's social care and independent reviewing officers.

A formal practice review has been undertaken with regards a baby (Daniel) who sustained multiple fractures. The review was delayed due to Covid-19 restrictions and will be published in the next reporting period. Factors included professional optimism, disguised compliance, parental substance misuse, mental health issues and domestic abuse. The role of father was not fully assessed. Due to the difficulties arising from lockdown and to prevent further delays in the review process for the Daniel case, the whole review was undertaken virtually. This included running two learning events with practitioners, their managers/supervisors and other key professionals. Undertaking such sensitive and emotive work virtually can be very challenging and staff were supported throughout the process which proved a success.



5. Quality of practice and assurances; how effectively are children and young people being safeguarded in Northumberland?

Scrutiny from external inspectorates provides independent monitoring and reviewing of how well safeguarding is being carried out in Northumberland, however the pandemic has meant these processes have been suspended. The NSSP therefore considered alternative sources to ensure practice and multi-agency systems are proportionate, effective and safe.

5.1 The Clinical Commissioning Group

As one of the statutory partners the CCG has sought assurances on a quarterly basis throughout the pandemic to ensure all health care providers have adequate and appropriate arrangements in place to ensure service provision meets the needs of vulnerable families. The CCG safeguarding team attends MAPPA (Multi-Agency Public Protection Arrangements) and MARAC (Multi-Agency Risk Assessment Conference) meetings on behalf of GP practices. As part of this process and through information sharing agreements, access has been granted by most GP practices in Northumberland which allows the team to access relevant information, add appropriate coding and provide reports for the meetings on behalf of GPs and then feedback after meetings. This has greatly improved two-way information sharing for the purposes of these meetings and therefore increased awareness for GPs in primary care.

The CCG complete a Section 175 audit with Primary Care and it is in the process of being finalised for this year, Safeguarding has been included as a mandated requirement as part of primary care commissioned services, and this will further strengthen the current safeguarding systems and processes in GP practices.

5.2 Northumbria Police

The force has recently created a new Strategic Innovation Partnership Team (SIP). Within the new SIP team, there is a learning and improvement function, overseen by a Detective Inspector who will attend all learning and improvement/ quality improvement sub groups, to work with partners to drive and share internal and external learning and improvement. The SIP team will support the NSSP priorities and provides a consistent and innovative approach to Safeguarding and the development of child procedures. The Detective Inspector reviews all SCR / DHR / SAB / MAPPA reviews to identify internal and external learning and manages the police response to this to ensure learning is embedded in policy and practice and learning throughout the force.

5.2.1 Contextual Safeguarding

Northumbria Police Prevention Through Education Team have recently undertaken an awareness raising campaign about the sharing of self-generated indecent images among children. Recently the team visited 15 Northumberland schools to deliver this topic to 1206 pupils. This included 7 middle schools, 3 high schools, 4 SEN schools and 1 PRU with most children in year 8. Five of these sessions included a contribution from the Paedophile Online Investigation Team,

giving an insight into what can happen to these indecent images once shared digitally. Feedback from the schools was that the inputs were timely, shocking, well-pitched and exactly what the students needed to make them aware of consequences.

Plans are in place for a period of action in October for the team, collaborating with the Violence Reduction Unit, to highlight the effects of malicious communications and online bullying focussing on sharing indecent images.

A senior police officer chairs the MSET. Children who go missing or who are at risk of exploitation from others, receive a prompt multi-agency response. This includes well-attended strategy meetings, referral for consideration at the MSET and the offer of specialised support to help young people recognise and reduce risks. This year the partnership has tried to further improve the work of MSET by strengthening the focus on preventative risk management before young people are discussed at a full meeting and we have seen a significant reduction in young people progressing to full MSET which means that the risks are being tackled earlier and more effectively. By focussing on prevention and considering contextual risk, the force is working to create safer communities for our young people to live in.



5.3 Local Authority

5.3.1 Early Help

This case study is an example of where early intervention limited escalation and the possibility of the family's situation deteriorating into safeguarding. Prompt school action in identifying concerns at the earliest opportunity enabled an Early Help Family Worker (EHFW) to become involved and empower the family, along with support from a team around the family (TAF).

'Ally', age 10, was referred by school following a number of concerns including poor school attendance and bereavement.

The family were allocated an EHFW, who completed an Early Help Assessment (EHA) following a first knock on the door which showed the home cluttered with empty bottles of alcohol on benches. Rubbish and unwanted items were piled up inside a damp house. The quality of that first interaction was instrumental in mum opening up to support and admitting she was not coping following the death of her husband. She was leaving her two children in the morning to get ready for school alone whilst she went to work. She was at work in the evening leaving them unsupervised, something which raised anxieties for Ally who feared being left by her mum.

The worker used the Neglect Toolkit, with mum, to unpick the core issues and address them with a plan. Mum worked with her, identifying where she thought home life was sitting within the Toolkit and how she could be supported to make changes. The children's views were listened to and relayed to the TAF. Their views were essential and a key driver for mum committing to making positive changes to deliver best outcomes for the children.

Mum worked hard with the team to make changes and the use of the Neglect Toolkit proved a useful tool for her, encouraging her to reflect on her actions and the home situation whilst working out how to improve outcomes for herself and her children. Their home became decluttered and a comfortable place to be. Mum changed her working arrangements to ensure her children were a priority and, with support around benefits from the workers links to DWP, the stress regarding finances was alleviated. Dealing with these basic issues enabled the family to begin to address their grief which had underpinned the situation they found themselves in. The worker accessed resources to support the children with their grief whilst they awaited the support from the counselling service they had been referred to. Attendance improved for Ally. The family all recognised the improvement in their lives and appreciated the hands-on approach the worker had provided with the Neglect Toolkit and listening to them all had helped them come up with their own plan on how to make changes resulting in a better place to call home and Ally attending school.



5.3.2 Children's Social Care (CSC)

Quality of practice work in-year has consistently identified the following areas of good practice and impact across the county and across services³;

- Strong, child centred practice across the main areas of social work and early help/social care activity. Direct work with and views and experiences of children are undertaken and supported in a range of creative ways.
- Thresholds are applied appropriately, and work is stepped up or down between early help and social work effectively.
- Management oversight is regular, thorough and supports the progress of the work and there is clear evidence of developing and effective use of Signs of Safety (SoS) in both early help and social work.
- Assessments in both social work and early help are thorough, detailed and effectively underpin future work.
- Plans do cover the key areas of work and improvements are evident in supporting the progress of the work, but further development is required to ensure they are consistently SMART and clear with and for children and families.
- There is good multi agency working and consistently regular care team meetings (CTM's) and children in need (CIN) meetings as well as core groups (although there is some variation across the county) which engage parents, carers and wider family members. The effectiveness of these in focusing on the plan and progress has improved, supported by the implementation of SoS, but further embedding of this is needed to ensure consistency.
- There is effective engagement of the wider family network in the majority of cases and the consistency and timeliness of this across all work can be further improved.
- Reviews are timely and include children's and parents' views effectively and focus on the experience of children and drive the progress of plans including for permanence.

- Staff in social work and early help are uniformly positive about the management, support and training that they receive.
- The local authority has continued to provide return home conversations to children and young people after they have been missing. There has been an increase in the acceptance of these conversations which have enabled young people to receive additional support, advice and signposting relating to their situation and in order to ensure they remain safe in the future.

Care Leavers.

A visit by the DfE advisor for care leavers in February 2021 found a number of positives in the quality of support for care leavers;

"The local authority is deemed 'Good' by Ofsted and it is clearly evident why they have secured this judgement. There has been rapid development in their approach to Corporate Parenting, their local offer and the extended duties that apply to care leavers up to 25 years. The local authority has worked really hard to strengthen their Corporate Parenting approach and are beginning to see the benefits of having elected members and senior officers asking the pertinent question 'is this good enough for my child'."

Work to develop a wider understanding of engagement in corporate parenting roles and responsibilities across the council, elected members and partner agencies continues.



³ General quality of practice findings (CSC self-assessment April 2021)

5.3.3 Education and Skills

The service continues to monitor safeguarding standards in education settings i.e., schools, academies, alternative providers, Free Schools and independent schools through a Section 175/157 safeguarding standards audit tool.

The number of families choosing to electively home educate has slightly decreased. Northumberland now has 309 children known to be home educated. There is no pattern or trend given by parents for choosing to do so and this is in line with what our neighbouring local authorities are telling us. There are 83 new cases since schools re-opened in March 2021 and 141 children have returned to school places during the year. Most parents are engaging with the Education Welfare service and providing evidence of work, and ongoing monitoring continues.



5.4 Northumbria Healthcare NHS Foundation Trust

An internal, risk-based audit found that governance, risk management and control arrangements for children and adult safeguarding provided a good level of assurance and that risks are managed effectively. A high level of compliance with the control framework was recognised. The audit identified good practice around the supervision process across the safeguarding department and positive methods of disseminating lessons learnt from safeguarding cases across the trust. The organisation has made significant investment in frontline safeguarding capacity, including a domestic abuse practitioner presence on acute hospital sites, as well as in robust training, audit and data monitoring arrangements. Impact of these measures will be reported to the NSSP.

The trust's safeguarding service were finalists in the National Patient Safety Awards (Health Safety Journal) in 2020 for the category of Safeguarding Initiative around the domestic abuse model in the trust.



The trust has embraced the Learning Disability Diamond standards to ensure health inequalities of people with a learning disability are met. This includes being fully compliant around the NHSI Learning Disability Standards. They have set up a flagging electronic system for children who have a learning disability to ensure that when a child attends hospital, a code will be in their medical record so that staff can identify that they have a learning disability and ensure reasonable adjustments are put in place as required.

5.5 Performance Priority Dashboard

Performance data, both qualitative and quantitative, measuring progress against the NSSP's priorities, has been set out and analysed in Section 3 against each of the priority areas. The dashboard below presents a summary of these data.

NSSP Priority dashboard - End of June 2021

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

Priority 2 - Neglect

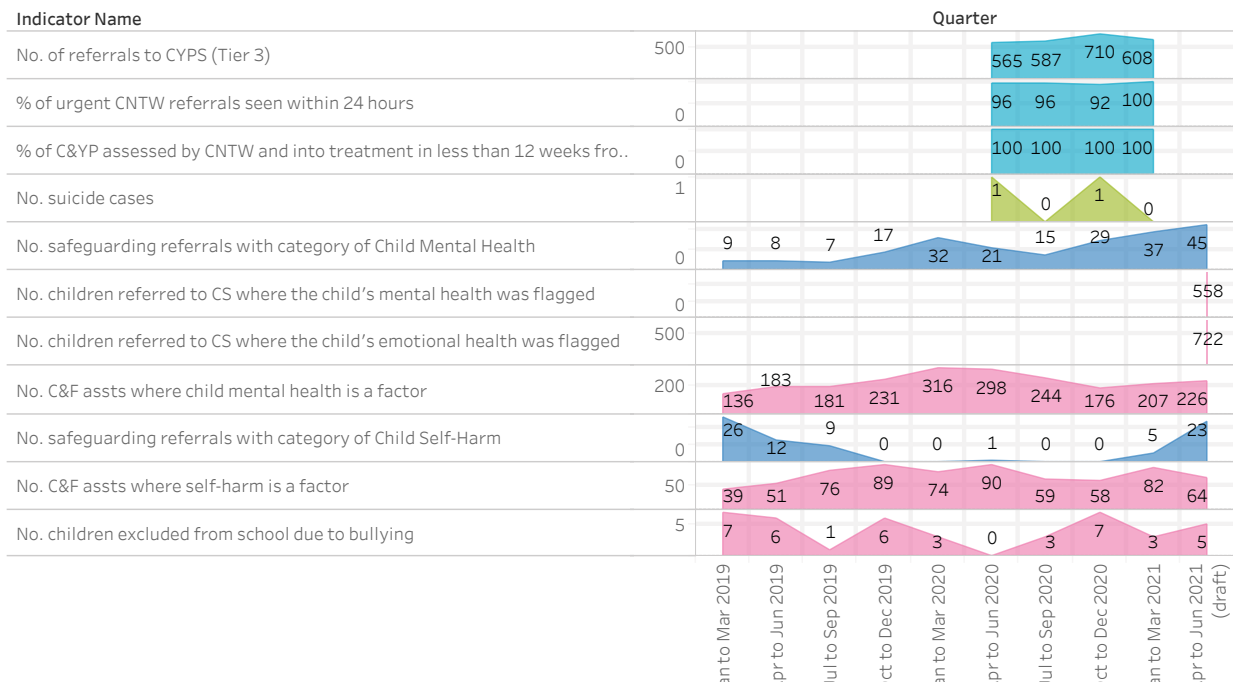
Priority 3 - Safeguarding children under 1 year old

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

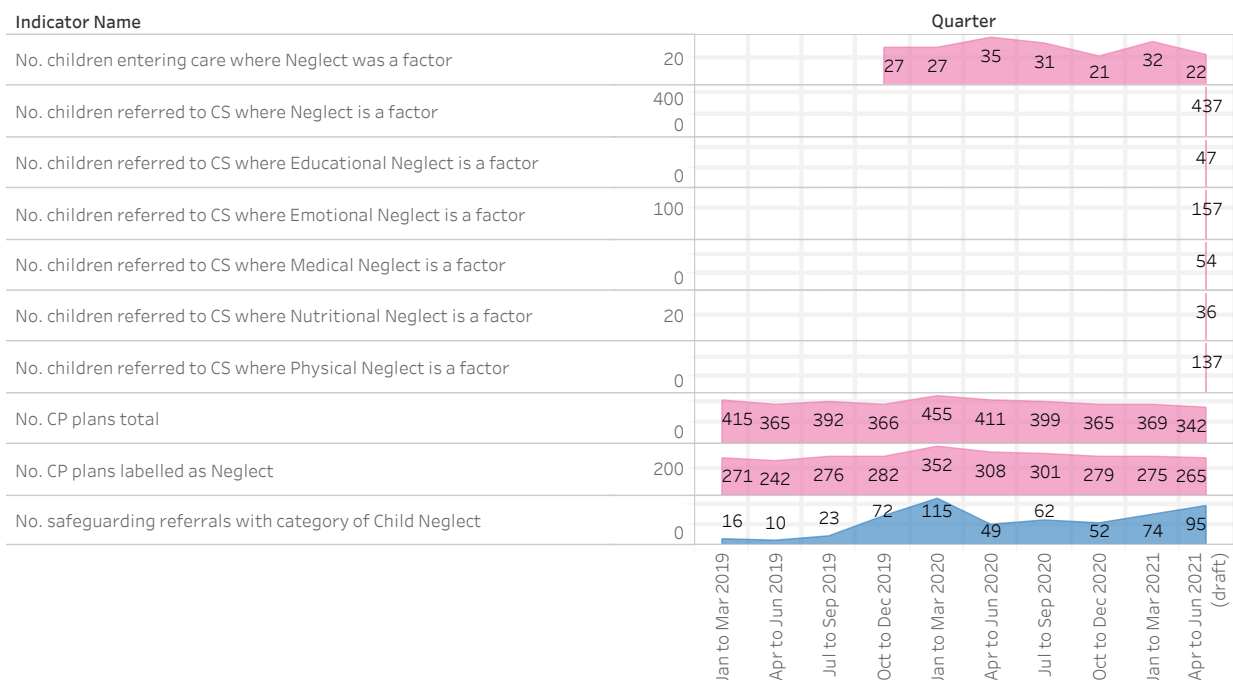
Priority 5 - Understanding how COVID-19 has impacted on safeguarding children and young people

Priority 1

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



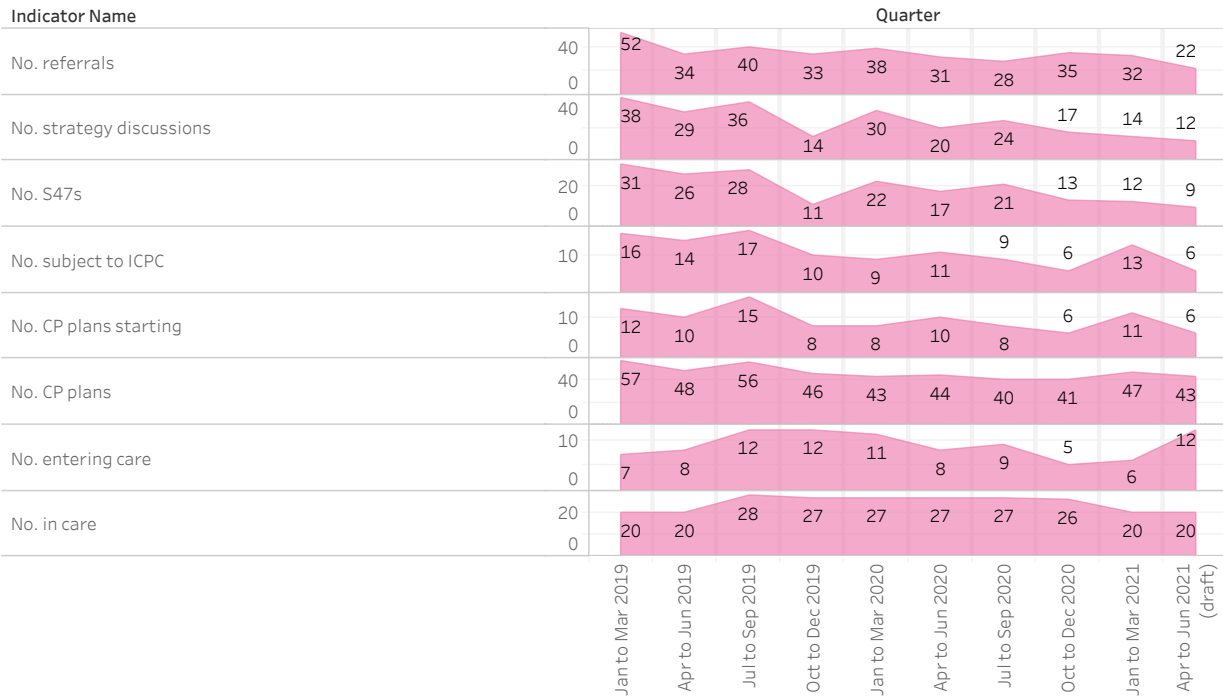
Priority 2



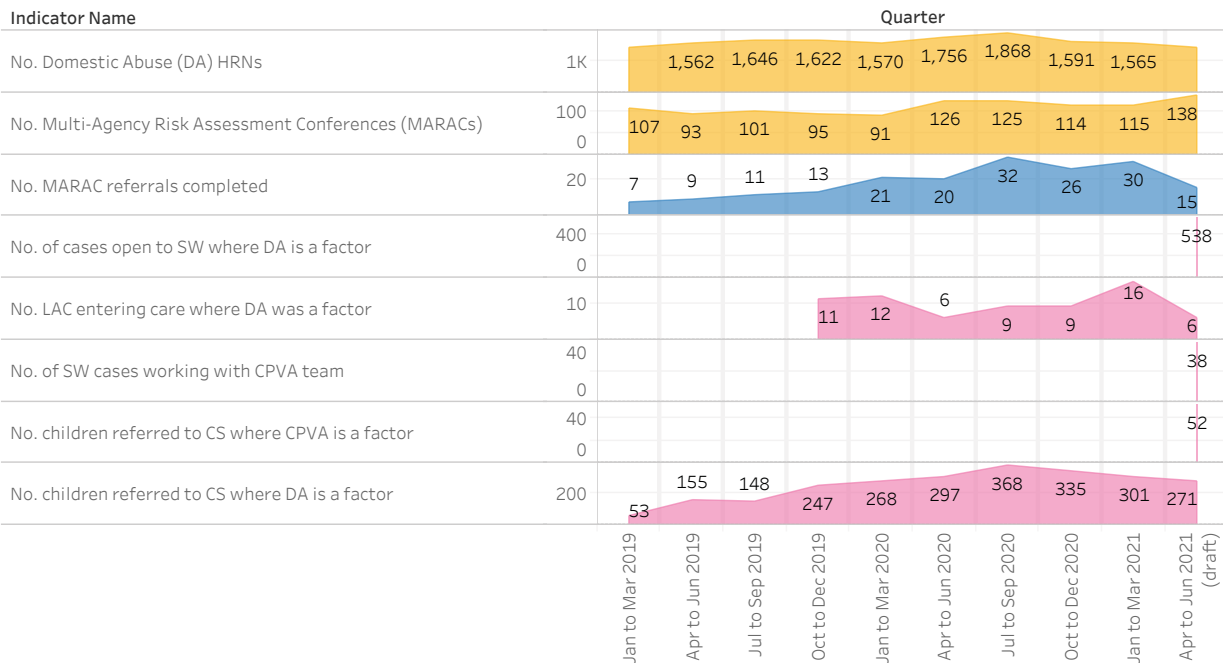
Dashboard under development by the Quality Improvement & Performance subcommittee

Priority 3 All data relates to children under 1 year old

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



Priority 4



6. Improving focus on the child's experience of services and better embedding it in practice

6.1 What has worked well

In developing the Northumberland Children and Young People's Plan, young people told us that one of the most important things to them was to have safe places to go in their own communities. The restrictions created by the pandemic have not made that easy for young people; however, virtual youth clubs have engaged with them across the county in issue-based youth sessions as well as arts and craft activities within their own homes. Detached youth work has safely facilitated outside youth work with individual young people and small groups in line with current regulations enabling young people to gain access to sexual health advice and support as well as discussing and engaging in issues and topics directly related to them.

This approach has meant that on over 200 occasions, young people have had meaningful engagements where they have expressed their thoughts and feelings to an appropriate adult, and received support in return. When asked what this meant, one young person said *"It was good to be able to talk to the youth workers that were doing detached as I have found lockdown really hard and am feeling lonely, I really appreciated having a catch up with them and talking about a few things that have been on my mind. They said they will support me either when they are doing detached or I can call them if I need to talk in between"*.

Listening to children and young people is crucial, at times the most vulnerable young people don't always feel that they are heard or their opinions taken seriously. Over the past year over 80 children and young people have

been supported to get their points of view across to the people they want to listen through the support of the Advocacy Team. In a recent Initial Child Protection Conference, a young person was supported to attend and take part, enabling them to give their side of the story. The conference chair commented that this was one of the most positive and productive conferences they have chaired in years. The young person left knowing that everyone understood their feelings and that they were now getting the help they needed.

Signs of Safety practice has focused direct work with young people. Safety plans are now completed with young people, so they are aware of triggers and red flags around risk taking behaviour. This means that risk assessment is more contextual in its approach to working with teenagers and helps them understand strategies to reduce risk themselves as well as following safeguarding measures from external risks.

Within Northumberland Adolescent Services young people are regularly asked to feedback on the service they have received. Young people open to the 14+ Team are asked "Do you think your social worker has made you: Safer, Happier, Less Worried. 100% of the young people said that they thought their social worker made them safer and happier and 67% said that their social worker made them less worried. One of those young people also commented *"The best way social services has helped me is by giving me [a] life my parents couldn't"*.

As referred to in the priorities section, an Appreciative Inquiry methodology is being used to engage with young people who have experienced the care system to develop an audit tool in order to interrogate the significant challenges that undermine agencies efforts to meet their needs.

As part of Disability Awareness Day, December 2020, the partnership worked with young people from Collingwood Special Needs school to focus on positive representations of disability and a u-tube video outlines [what young people said made them feel safe](#).

6.2 Participation by children and young people with the Independent Reviewing Service

The participation of C&YP in their Children Looked After (CLA) reviews was strong with 95% taking part and/or contributing directly to their reviews. The method of participation varied from an update prior to the review to young people chairing their own reviews. Where possible, reviews were held with the agreement of the young people, with the focus on them and their plan.⁴

The IRO service have responded to the challenges of the pandemic, putting in place virtual mechanisms to ensure statutory requirements and timescales were met. It is reported that virtual meetings enhanced the level and breadth of professional participation.

Plans are in place for the Participation Team to team up with the IROs to deliver training to the ASYE academy around engaging and involving young people in conferences and reviews.

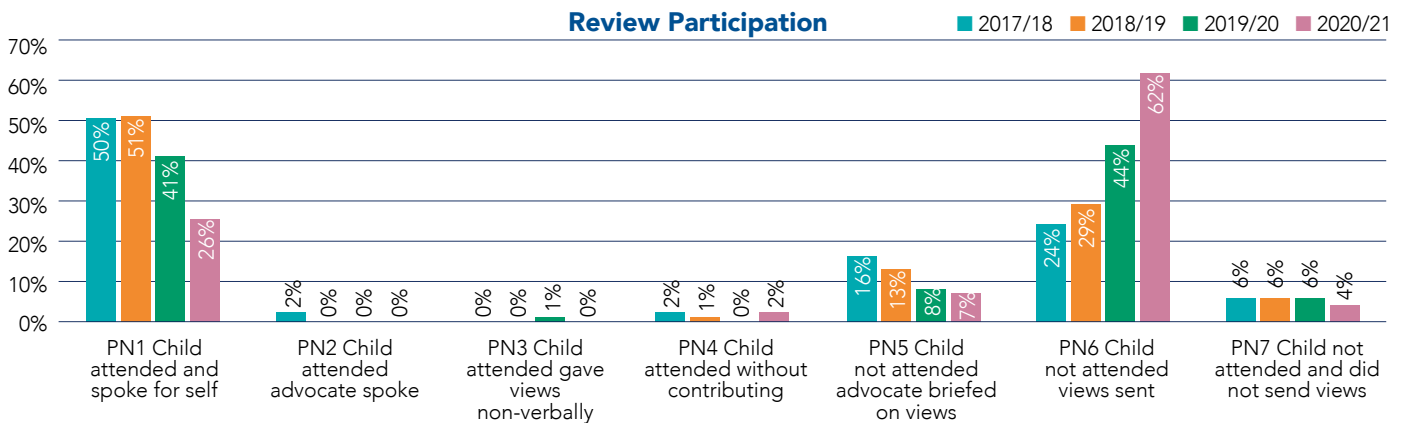


Figure 2. Breakdown of children and young people’s participation in looked after reviews

6.3 Challenges

There is evidence that front-line staff have made considerable efforts to engage directly with children and young people during the unavoidable restrictions imposed by the pandemic. However, there is the potential for the voice of children and young people, and particularly those with disabilities, to be marginalised through virtual contact. It is less easy to ensure a confidential space for them to speak to professionals and some do not like communicating through virtual means. For younger children, face to face observation is essential for assessing their

behaviour, communication and welfare. Reduced face to face assessment and visits has inevitably meant some delay in undertaking/ completing assessments and reviews for C&YP with additional support needs; however, recovery plans have been put in place. The Disabled C&YP sub-group has proactively reviewed the approaches taken by different agencies to rate caseloads on the basis of risk and target face to face time with DC&YP throughout the pandemic.

⁴ Source. Independent Reviewing Officer Service Annual Report 2020/2021

7. Workforce development and improvement

The pandemic has impacted on delivery of the training programme which has been adapted to online/virtual delivery. This has kept a good range of training available and added new e-learning modules to support staff working from home.

1. The impact of the pandemic within other areas of training provision has been embedded, for example within Domestic Abuse training.
2. Continuing expansion of the wider workforce Early Help and Prevention multi-agency training programme.
3. Two new multi-agency training strategies;
 - Adverse Childhood Experiences - establishing foundations for resilience focused, trauma-informed practice
 - Domestic Abuse - building on victim/survivor training by focusing on strengthening professional skills and knowledge to undertake direct work with perpetrators of domestic abuse

Work has been undertaken this year to evaluate the impact of training on frontline practice;

Sexual Exploitation

In 2019, an agreement was reached between the SAB and NSSP that there should be a combined, joined-up offer of Sexual Exploitation training open to both the adult and children's multi-agency workforce. As a result, since early 2020, we now offer **Vulnerability Not Age: Exploring Sexual Exploitation**.

As a consequence of this strengthened offer, the impact the training was having on the work of the practitioners in Northumberland was explored, in particular, how the exploitation training was impacting upon practice and outcomes for children and families ([page 31](#)).

Criminal Exploitation

The criminal exploitation (CE) training offer consisted of an e-learning package, criminal exploitation awareness sessions, which were face-to-face and some County Lines briefings.

The post evaluation work focussed on the face-to-face training offer, which was a commissioned training package provided by EDGE.

This work was collated in July 2020 and looked at the impact that attending CE training has had on their practice and particularly the impact upon the children and families that they support, which is the conclusive measure of the impact of training ([page 32](#)).

Vulnerability not age; Exploring sexual exploitation

As a result of attending a Sexual Exploitation Learning Event, staff were asked 3 months later; 'how has this training impacted upon your social care practice and for the outcomes of the children and families you are working with....'

What was said about the impact upon practice...

I challenged aspects of a resource a colleague was using, which focused entirely on a male perspective and used discriminatory and stigmatising concepts of women and girls and consent in relationships.

I now clearly understand how and when to complete a referral form for an MSET.

I identified the need for a professionals meeting to share concerns to ensure all parties involved had current, timely details of issues and concerns to ensure a robust safety plan and risk assessment was achieved for the young person.

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

I have recently been working with two older victims of exploitation, which as a result of the training, I was able to identify additional vulnerability needs, and linked in relevant social care providers ensuring a care plan was in place and reviewed to meet the needs of the clients.

Having the knowledge from the training, has really helped us to develop the learning materials. I am working with a Mum at the moment. Since this training I have realised just how vulnerable she is, and that despite her young age at the moment she may need continued support throughout her journey as a mother. This training changed the way I look at the situation and how I work with the family.

We are in the process of starting to develop an exploitation awareness programme to run with young people in schools in Northumberland to help young people identify the issues.



Exploring Criminal Exploitation

'As a result of attending a criminal Exploitation Learning Event, staff were asked 3 months later, how did this training impact upon their practice and for the outcomes of children and young families they are working with...'

What was said about the impact upon practice...

I have a better understanding of the local context of county lines and how this operates within Northumberland. It has expanded my knowledge in terms of how deep young people can become involved in this and the impact that it can have on them and their families which may prevent them from seeking help. I now know how to spot the signs, and the terminology used by young people which will help me to recognise when young people may be involved in exploitation."

I can now consider the nature and prevalence of what County Lines means, including signs and indicators. I have a much better and clearer understanding of CCE and the key things to look out for. I know what this looks like for children and young people. This has now allowed me to consider how best to work with young people that may be involved in these really difficult and dangerous situations.

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

One very powerful quote has been used to highlight the impact that this training has had upon an outcome for a young person...

I was able to have a discussion with the facilitator during the break, about my concerns for a young person that I was working with at the time and around the support that could potentially be offered to him.

In being able to network in this way I was sent a referral form the very next day. She then emailed me to follow this up, the very next day, as she had delivered training to the Police that morning who had also discussed making a referral for this particular young person. She was able to update them in terms of our discussion and this helped to strengthen my concerns. A worker was identified immediately following the completed referral being sent off.

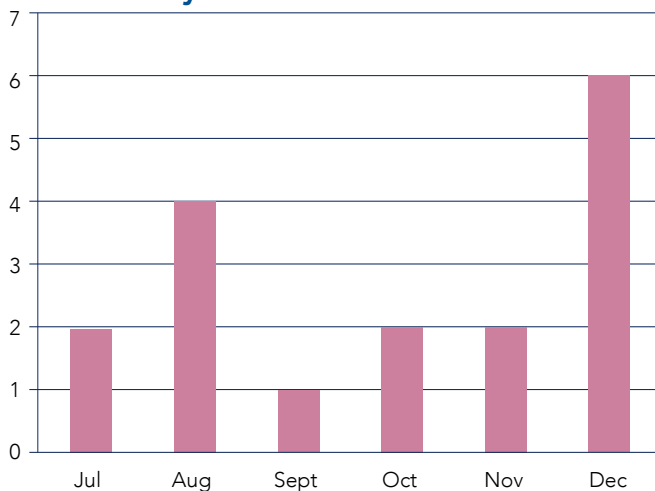
Being able to network in this way has proved hugely beneficial to this particular young person, myself and his support worker. I was confident he would receive the help and support that he so desperately needed. He formed a very good working relationship with the support worker who then went on to support him in his chosen career path and he veered away from the circle of associates that were of concern. Overall, this training event and the networking that it allowed may well have changed this young person's life!



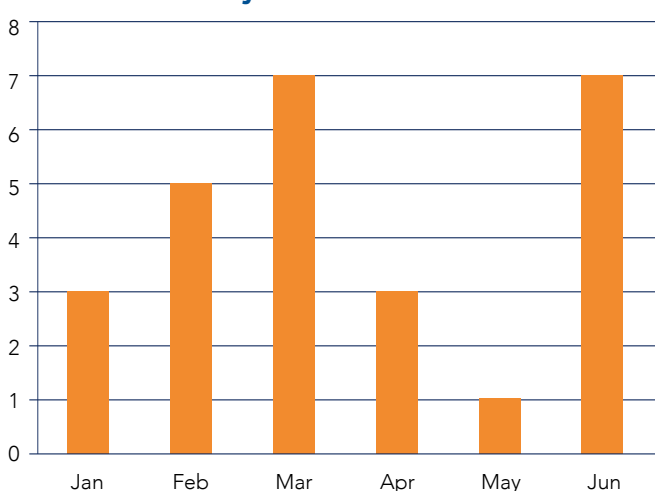
8. A review of the use of restraint in Kyloe House Secure Children's Home

There were 17 instances of physical intervention during the first 6 month period and 26 instances of physical intervention during the second 6 month period. The charts detail the number of physical interventions per month;

**Use of Physical Intervention
1st July 2020 to 31 December 2020**



**Use of Physical Intervention
1st January 2021 to 30 June 2021**



The use of physical intervention within secure accommodation is impacted on by a number of factors, including when the young person is first admitted, their presenting needs, relationships with the new staff team and the pressures of a secure environment. This complex behaviour requires the care team to work extensively with the health team to develop appropriate behaviour management and health plans to support the young people to develop more appropriate and less reactive strategies to deal with their emotional difficulties.

This dynamic is evidenced within the two charts.

There will always be peaks and troughs dependent upon the stages of the group of young people and how confident they are in regulating their emotions without the need, for example, to self-harm or be violent towards others. Another factor to consider is as young people prepare to leave secure accommodation this can often lead to an increase in the frequency of use of physical intervention. The figures at the end of both reporting periods reflect this.

It is difficult to compare and contrast the use of physical intervention from previous years due to the impact of COVID-19 restricting the number of young people living in the home.

9. Independent scrutineer's conclusions

This report demonstrates that over the last year the NSSP has met its statutory duties and agencies have delivered safe and effective frontline services that endeavour to safeguard children and young people in the face of the many challenges and risks the pandemic has presented.

9.1 Does the NSSP add value to safeguarding in Northumberland?

Major challenges continue for the NSSP that are exacerbated by the pandemic. We know there is an association between a family's socio-economic circumstances and the likelihood of a child experiencing abuse or neglect, we also know that this is a gradient relationship and not a straightforward divide. The impact of hardship on parental capacity is complex and persistent, sometimes at an individual level through mental health, or illness, but also through invisible barriers creating difficulty in asking for earliest support.

Families experiencing poverty are often not resourced to invest in themselves, their home environment, things they need, or quality care and activity. Too often the social and physical environments are unchangeable by families themselves yet are stubborn barriers to living well and staying safe. Children experience neglect, and children experience happy and safe childhoods across the socio-economic spectrum, so it is vital partners understand this, recognising the role stigma and shame play in preventing families from accessing support must be central to the design of any activities or interventions agencies put in place to mitigate. Too many interventions are activity focused; confronting the socio-economic difficulties that families face is key to relieving pressure and opening families up to opportunity. Evidence shows that relieving the emotional and financial burden of the extended holidays, building support networks and establishing hobbies with peer groups is a key safety net for families and a fundamental aspect of social mobility. We need to make best use of partners relationships

to work with families, understanding the challenges they face and the opportunities they would like to see and be part of.

The question of whether value is added by the partnership to that of individual agencies safeguarding systems, is crucial to evaluating the impact of the NSSP. There is evidence of the NSSP facilitating joined-up working on the frontline through, for example, an integrated Children and Adult MASH which works well; this model has been welcomed by partners. Joint adult/children Learning Reviews and action plans with joint 7-minute guides have been developed as appropriate. Progress has been made with the collation and analysis of multi-agency data, with a particular focus on NSSP priorities. This has enabled the partnership to understand their current position, measure progress and outcomes, and plan practice improvements.

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

A Joint Targeted Area Inspection (JTAI) of criminal and sexual exploitation was undertaken in 2019 and tangible, measurable progress

continues to be reported to the NSSP bi-monthly. Over this period, multi-agency responses to children and young people at risk of sexual and criminal exploitation, and all aspects of Modern Slavery have been strengthened through a joint CE strategy and delivery plan. Delivery of missing, slavery, exploitation, and trafficking (MSET) roadshows to educate and support front line safeguarding staff have increased understanding of signs of exploitation and enabled appropriate referrals. Police have launched an Early Intervention Strategy and delivery plan and are planning a Vulnerability Awareness training programme to all front-line practitioners with a focus on Early Intervention and use of the three C's (Curiosity, Communication and Clues). Police will view incidents through the eyes of the child, ensuring officers focus on underlying issues and explore Mental Health triage and interventions rather than a singular Criminal Justice approach.

A Transition Protocol has been endorsed although further work is needed to monitor transition outcomes based on feedback from the young people themselves. Work includes a focus on safe transitions for disabled young people where there are safeguarding concerns.

The NSSP DC&YP sub group has published guidance on recognising and responding to safeguarding concerns about DC&YP and are currently undertaking a repeat multi-agency audit examining themes that include contextual safeguarding and how effective are the assessments of factors affecting a disabled child such as neglect and the impact of the pandemic.

Going forward, there are plans to further integrate the public health commissioned 0-19 Service (health visiting and school nursing) with Early Help.

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

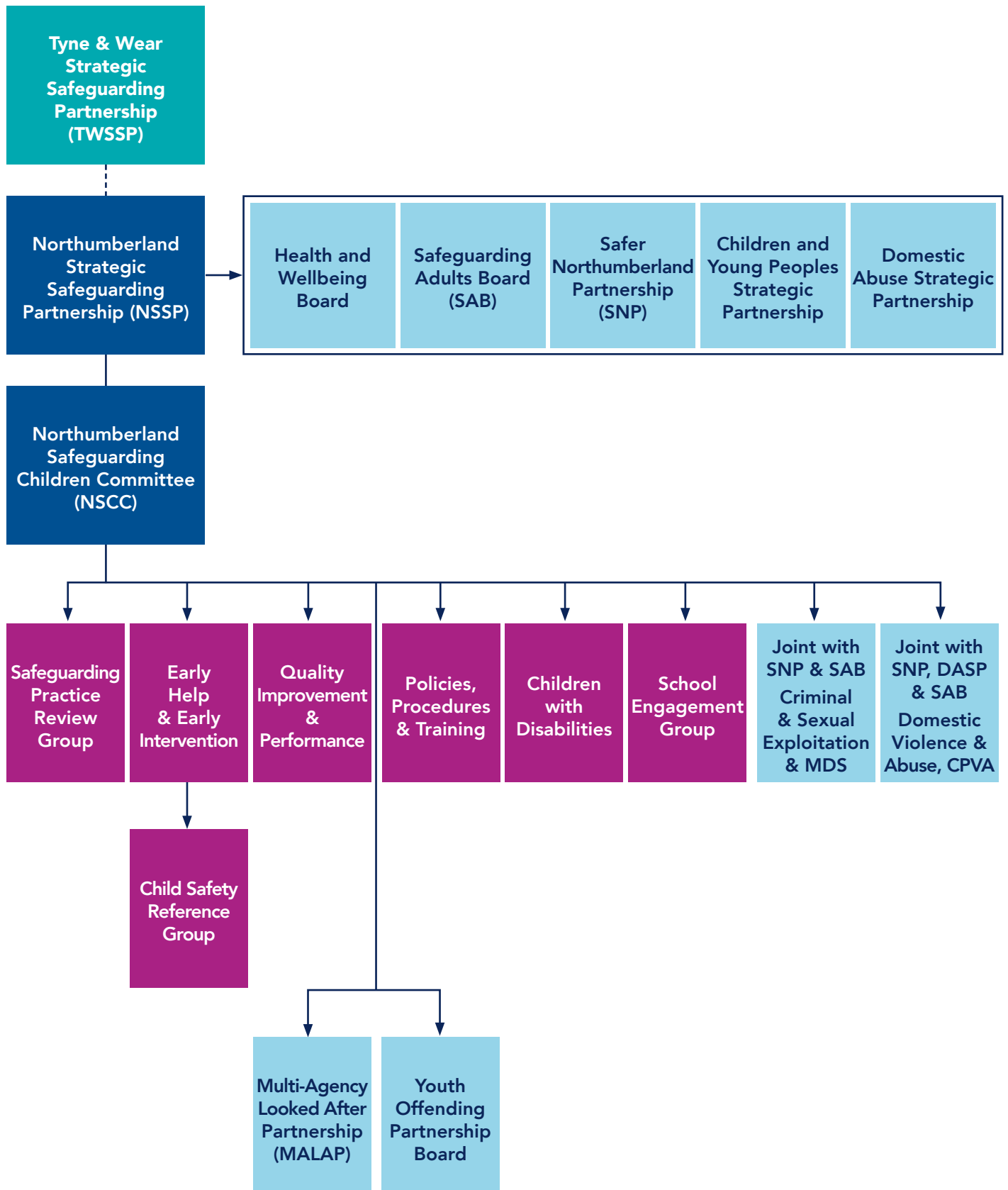
Meaningfully involving children and young people and gaining their views about the quality of multi-agency practice is challenging although there is evidence of progress, particularly in day-to-day practice. However, the partnership needs to understand and apply children and young peoples 'lived experience' at a strategic level. In other words, drilling down into personal knowledge about their world gained through their direct experience, rather than representations constructed by the NSSP. This is an ambitious but significant test for the safeguarding partners.

Emerging risks are recognised but further work is needed by the NSSP regarding contextual safeguarding. Sexual harassment and harmful sexual behaviours in school is one strand of this work, however the challenge is to address peer on peer sexual abuse more widely in community settings.

A challenging question for safeguarding partnerships, is how to develop a local understanding of what it is they do that works, and importantly, what doesn't work. Further evidence is needed to understand the extent to which agencies interventions are connected to children and young people's outcomes. For example, does the positive and welcome support, provided through Operation Encompass; Next Steps, translate into improved resilience, health and educational outcomes for children and young people. We need to answer these sort of questions.

Appendix 1

Governance Structure



Appendix 2

NSSP Membership

Members

Independent Scrutiny and Assurance Chair

Northumberland County Council

Executive Director of Adult Social Care and Children's Services

Service Director, Education and Skills

Service Director, Children's Social Care

Head of Housing and Public Protection

Director of Public Health

Northumberland Clinical Commissioning Group

Executive Director of Nursing, Quality & Patient Safety

Chief Operating Officer

Northumbria Police

Detective Chief Inspector Safeguarding

Northumbria Healthcare NHS Foundation Trust

Executive Director of Nursing, Midwifery and Allied Healthcare Professionals

Professional & Operational Lead Safeguarding Adults & Children

Northumberland, Tyne and Wear NHS Foundation Trust

Group Nurse Director North Locality Care Group

Named Nurse for Adult and Children Safeguarding

Probation Services

Head of North of Tyne

Senior Operational Support Manager North of Tyne

CAFCASS

Service Manager

Advisors to the NSSP

NSSP Business Manager

Strategic Safeguarding Manager, Safeguarding Adults Board

Designated Doctor

Designated Nurse

Senior Manager Performance: Education & Safeguarding

Sub-Committee chairs as required

Appendix 3

NSSP Staffing and Budget

Staffing

Expenditure	2020-2021
NSSP Manager	£ 67,342
Business Support Officer	£27,530
Training (% of training manager salary)	£36,781
Total staffing costs	£131,653
Insurance - Employers Liability / Third Party	£70
Hire of facilities	£0
Professional Services, Tri.x procedures, Independent Chair and SCR Authors	£23,878
Travel Allowances	£457
Other	£275
Total Expenditure	£156,333

The NSSP is supported by the following officers:

NSSP Business Manager

NSSP Business Support

NSSP Budget

The financial contributions from partner agencies are as follows:

Partner	2020-2021
Northumbria Police	£5,000
NHS Northumberland CCG	£70,000
Northumberland County Council	£75,579
CCG (contribution to SLP)	£2877
Police (contribution to SLP)	£2877
Total Contributions	£156,333



Appendix 4

Northumberland;

Context & Information

- Population: **322,434**
- Child Population: **59,050**
- Clinical Commissioning Group: **1**
- Police Force: **1**
- CRC/NPS: **1**
- GP Practices: **38**
- Foundation Trust (Acute and Community): **1**
- Mental Health Trust: **1**
- Ambulance Trust: **1**
- Schools: **164** (**49** Academies including **1** Free School Academy);
 - First and Primary: **121** (**27** Academies including **1** Free School Academy)
 - Middle: **17** (**8** Academies)
 - High School: **16** (**12** Academies, plus **1** all age)
 - Special School: **9** (**2** Academies)
 - PRU: **1**
- Northumberland is twice the size of Luxembourg, but has half the population size
- **97%** of the county is classed as rural
- **50%** of the population live in 3% of the south-east urban area
- Population density of **64** people per square kilometre; **427** nationally
- Northumberland is the **116th** most deprived area (out of 317)
- **45,550** pupils attending schools – **19.6%** FSM, **98.0%** have English as first language
- **3.9%** of pupils with an EHCP, **11.5%** with SEN support
- **73%** of under 2s in targeted areas are engaged with a Children’s Centre
- **660** Early Help Plans
- **836** Child in Need Plans
- **337** CP Plans
- **436** Looked After Children
- **58,801** 0–17-year-olds. The number continues to decline, at the same time there is an increasing elderly population in the county

Contact Us

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