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INTRODUCTION
AND WELCOME

The City Of
Stoke-on-Trent
Purpose Of This Report

It is a statutory requirement under Section 14A of the Children Act 2004 for the Chair of a Local Safeguarding Children Board (LSCB), in this case Stoke-on-Trent, to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

This annual report provides a rigorous assessment of the performance and effectiveness of local services that have responsibilities to safeguard children and accordingly. The report:

- Provides evidence of progress and achievements
- Identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action
- Demonstrates the extent to which the functions of the LSCB are being effectively discharged
- Includes an account of progress made in implementing actions from Serious Case Reviews (SCR) and Learning Reviews
- Provides an outline of the assurances sought about the work of the Children, Young People and Families Strategic Partnership Board

Who Should Read This Report?

In accordance with statutory requirements and best practice this annual report has been sent to the Stoke-on-Trent City Director, the Lead Member for Children’s Services, the Police and Crime Commissioner, Chair of the Stoke-on-Trent Health and Wellbeing Board and the Chief Officers of all partner organisations represented on the SCB.

The report is presented to the Stoke-on-Trent City Council Overview and Scrutiny Committee demonstrating transparency and enabling further scrutiny and challenge.

Operational managers and frontline practitioners should be provided with a copy of the report to enable awareness of the work undertaken through the Board during 2017-18 to help our wider workforce to understand what they have helped to achieve during the year and the plans for working together to achieve the desired safeguarding children outcomes for 2018/19.

This report is published on the Stoke-on-Trent SCB website www.safeguardingchildren.stoke.gov.uk to provide a visible public account of the work of the Board and its connected partners.
Foreword

It is my privilege as Independent Chair to write the Foreword to this Annual Report of the Stoke-on-Trent Safeguarding Children Board.

The current economic and social climate continues to be very challenging for families and for those professionals working with children who are at risk of neglect and abuse. Statutory services are working to capacity in response to demands. At the same time partner agencies are facing pressures from further reductions in public funding that in practice is contributing to heavy caseloads. A combination of socio-economic factors linked to poverty and deprivation within communities can result in extremely vulnerable families and the potential for neglect and abuse of children and young people.

It is against this background that this annual report provides an overview of the work of the Board and how, despite operating in austere times with the reality of having to do more with less that, safeguarding partners are making a positive difference to ensuring that children and young people who may be at risk of or experiencing abuse or neglect are protected.

As you will read the Board has actively sought assurances as to the effectiveness of the local arrangements to protect children and young people by commissioning audits of the quality of case work practice in joint working between adult mental health services, drug and alcohol services and children’s services and used the findings to drive improvements.

This work was independently tested by Ofsted towards the end of the year with a focused visit to Children’s Service on the theme of arrangements to protect vulnerable children and young people. It was pleasing to note that the overall findings reflected positively on the work of the key safeguarding partners with recognition of improvements since the last inspection in 2015.

In my role as Independent Chair I have been able to see and continue to be impressed and encouraged by the energy, commitment and enthusiasm of Board members as well as the many front line practitioners that I have met and their clear focus on doing their very best for the children and young people whom we are here to protect from harm.

I would like to take this opportunity to acknowledge the commitment of all of our partners and supporters including the statutory, independent and voluntary community sector who have contributed significantly to the work of the Board during the year. I am particularly grateful to all who chair the Board sub committees and the Board Manager Carole Preston and the Board Administrator Claire Roberts who work so hard behind the scenes to ensure that our business programme works efficiently.

Looking to the future there are revisions to the Working Together guidance that will place an equal duty on the statutory partners Stoke-on-Trent City Council, Stoke-on-Trent Clinical Commissioning Group and Staffordshire Police to agree ways to co-ordinate their services and engage others to safeguard children in our local area. From my observations of the early work there is a shared determination to ensure that the new arrangements will make a positive difference. I look forward to playing a part in helping to develop the new arrangements.

John Wood QPM
About The Board Statutory Context

The Children Act 2004 (sections 13 and 14) requires each Local Authority to establish a Local Safeguarding Children Board (LSCB) to co-ordinate the actions of partner agencies and ensure the effectiveness of the local arrangements to safeguard children.

The statutory guidance “Working Together to Safeguard Children” (Department for Education 2015) provides the framework informing how agencies should work together to help to safeguard and promote the welfare of children and young people.

The Stoke-on-Trent SCB has a range of roles, responsibilities and statutory functions as set out in the Children Act and Regulations 5 and 6 of the Local SCB Regulations 2006 that are summarised below:

- Participating in the planning of services for children in the area of the local authority
- Developing policies and procedures for safeguarding and promoting the welfare of children
- Monitoring the effectiveness of what is done to safeguard and promote the welfare of children
- Delivering effective multi-agency safeguarding training
- Undertaking serious case reviews
- Communicating the need to safeguard and promote the welfare of children
- Publishing an Annual Report on the effectiveness of local arrangements to safeguard and promote the welfare of children

Composition And Governance Arrangements

The Board has a broad membership of statutory partners and others connected with safeguarding children and is chaired by an Independent Chair appointed by Stoke-on-Trent City Council in conjunction with Board members. The Board membership is shown at Appendix 1 on page 55.

The existing contract of the Independent Chair is reviewed on an annual basis in the form of a review with the City Director and Director of Children and Families informed by reflections and formal appraisal from members of the Board.

The Board met four times during 2017 - 2018. In relation to attendance at SCB meetings, a named deputy is accepted and through this arrangement the vast majority of members attended all meetings. The Chair communicates directly with the Chief Officer of partners not maintaining regular attendance to understand the reasons and to ensure active engagement.

Each SCB member is required to sign a copy of a Memorandum of Agreement which asks for confirmation that requirements of Board membership are met. This document is countersigned by the Chief Officer of each individual agency. The SCB Constitution has been reviewed in March 2018.

Looking forward the Children and Social Work Act 2017 will prompt changes to local safeguarding arrangements. Working Together 2018 will make clear Government expectations.

Relationship With Other Forums

The Board is dependent on the performance of agencies with a safeguarding remit for meeting its objectives. The Organisation Structure at Appendix 2 on page 56 shows the sub committees and the strategic partnerships with which the Board is required to agree responsibilities and reporting relationships to ensure collaborative action and mutual accountabilities.
A Memorandum of Understanding is in place between the Children, Young People and Families Strategic Partnership Board (CYSFPB), the Health and Wellbeing Board (HWB) and Stoke-on-Trent Safeguarding Children Board (SCB). This will be revised during 2018/19 to reflect the new legislation and any changes to local safeguarding arrangements.

Through the attendance of the Independent Chair and several members of the SCB, links are maintained with the Children, Young People and Families Strategic Partnership Board, which is accountable in Stoke-on-Trent for overseeing the development and delivery of the Children and Young People and Families Plan (CYPFP) that has a specific focus on ensuring the welfare and safety of children and young people. The Children Young People and Families Strategic Partnership considers the annual report of the SCB in preparing and refreshing the CYPFP. The Health and Wellbeing Board is required to consider the annual report in completing the Joint Strategic Needs Assessment. The SCB holds both those bodies accountable for their delivery of good safeguarding practice.

During 2017 - 2018 the Independent Chair has met regularly with the:

- Councillors with lead responsibilities for children and young people
- Director of Children and Families
- Assistant Director for Children’s Social Care (who is also Chair of Safeguarding Children Board Executive Group)
- Chair of the Family Justice Board

The SCB managers for both Stoke-on-Trent and Staffordshire meet on a regular basis with the Board manager of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board to ensure effective joint working and appropriate information sharing. There have been benefits, particularly in relation to consistency of practice, from the three Boards having the same Independent Chair.
ANALYSIS OF EFFECTIVENESS IN SAFEGUARDING CHILDREN
Analysis Of Effectiveness In Safeguarding Children

This section of the report provides an assessment of the effectiveness and performance of local services. The categories and themes do not cover all the factors influencing the risk to children and young people within Stoke-on-Trent. The focus is on key local vulnerabilities and related themes, about which the Board needs to have scrutiny and seek assurances as to the effectiveness of multi-agency practice to protect children and young people.

Stoke-on-Trent In Context

Stoke-on-Trent is ranked as the 14th most deprived district in England out of 326 districts in the Indices of Deprivation (2015) measures.

Approximately 56,748 children and young people under the age of 18 years live in Stoke-on-Trent. This is approximately 22.4% of the total population in the area.

Approximately 14,810 (26.1%) of children and young people are living in poverty.

The proportion of children entitled to free school meals:

- In primary schools is 21.0% (the national average is 14.1%)
- In secondary schools is 16.7% (the national average is 12.9%)

There are 888 children and young people registered as having a disability, of which 368 are open cases known to Children’s Social Care (CSC).

Children and young people from minority ethnic groups account for 18.5% of all children under the age of 18 years living in the area, compared with 25.1% in the country as a whole.

The largest minority ethnic groups of children and young people in the area are Asian or Asian British, and Mixed / Multiple Ethnic Group.

There are over 130 different languages spoken in the City.

The proportion of children and young people with English as an additional language:

- in primary schools is 21.8% (the national average is 20.6%)
- in secondary schools is 19.9% (the national average is 16.2%)
- 86.5% of schools are rated good or outstanding overall (the national average is 88.7%)

Contacts And Referrals To Children’s Social Care (CSC)

During 2017 - 2018 there were a total of 20,351 contacts to the Safeguarding Referral Team (SRT), a decrease of 2,399 over the year from 22,750 received in 2016 - 2017. The SRT is based within Stoke-on-Trent City Council and is made up of a highly-trained team of social workers who consider every contact received. This equates to an average of around 390 contacts per week that cover a range of issues concerning the welfare of children and young people.

Following contact, the SRT aims to ensure that those children meeting thresholds for statutory assessments are progressed as referrals to Children’s Social Care (CSC). Local Authorities have a duty to undertake these assessments to determine what services to provide and what action to take.

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1. Figures released in November 2015 – National Census
From the monitoring and analysis of contacts there has been a slight increase in referrals which went on to further assessment to CSC from 4,450 in 2016 - 2017 to 4,499 in the period 2017 - 2018. Where a statutory response is not required cases are signposted to other services or provided with advice to assist in future work with the family. Analysis indicates that:

Of the 20,351 contacts to Children’s Social Care a total of 4,896 were for a combination of reasons relating to administrative functions and advice and information requiring no further action.

Of the remaining 15,455 contacts 30.3% were subject to statutory assessment; 18.0% of contacts had the outcome of Early Help Outcome; and 51.7% resulted in no further action.

The above analysis has identified the need for more to be done to address issues around no further action. During 2018/19, the local authority will be conducting a review of the arrangements relating to SRT; launching the Better Together Project which will place social workers in school clusters providing information and advice; revising the Threshold of Need framework; and providing training to ensure that there is a good understanding around levels of need and risk and the actions that connected partner agencies should take.

**Child And Family Assessments (CFA)**

During the year a total of 4,499 CFAs were completed. Risk factors are identified during the assessment process. From provisional 2017 - 2018 data, 50.8% of assessments completed in the year had no risk factors identified by the end of the assessment. The most prevalent risk factors identified during assessment are shown below. Multiple factors can be recorded during assessments.

**Figure 1: The top 6 risk factors identified during assessments within the city compared to the latest available national data.**

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No factors identified</td>
<td>51%</td>
<td>-</td>
</tr>
<tr>
<td>Mental Health</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>27%</td>
<td>39%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>Drug concerns</td>
<td>17%</td>
<td>14%</td>
</tr>
<tr>
<td>Alcohol concerns</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>12%</td>
<td>14%</td>
</tr>
</tbody>
</table>

During the assessment period (which can be up to 45 days) social workers work with families and relevant agencies to safely step families down to appropriate support outside of statutory services. Of the total number of Child and Family Assessments, 3,012 (61.5%) led to no further social care intervention. At a time of high demands on social workers it is vital that the reasons for the high rate of no further action are understood and effectively responded to and this has been an ongoing focus for the SCB.

The timeliness of Child and Family Assessments completed in 45 days following referral has improved to 85.5% in 2017 - 2018 from 85.2% in 2016 - 2017. The national figure for 2017 - 2018 was 82.9% and the regional average was 84.3%. The conclusion to be drawn from the above data is that risk is identified well and responded to promptly.

**Child In Need (CIN)**

Section 17 of the Children Act defines a child in need as ‘a child who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services’. As at 31 March 2018 there were 1,961 children who were a Child in Need (CIN). This compares to 2,019 at 31 March 2017. This figure covers all children open to Children’s Social Care except children in care or children with a child protection plan.
CIN reviews are expected, and usually completed, every 6 weeks with those that are more complex chaired by CIN co-ordinators. This practice is providing an additional layer of independent scrutiny, challenge and quality assurance.

**Child Protection**

Following a child protection enquiry, where concerns of significant harm are substantiated and the child is judged to be suffering or likely to suffer, significant harm, social workers and their managers should convene an Initial Child Protection Conference (ICPC). An ICPC brings together family members (and children/young people where appropriate) with supporters, advocates and professionals to analyse information and plan how best to safeguard and promote the welfare of the child/young person. If the ICPC considers that the child/young person is at a continuing risk of significant harm, they will be made the subject of a Child Protection Plan (CPP).

**Figure 2: Children subject of Child Protection Plans**

As at 31 March 2018, there were 284 children and young people subject of a Child Protection Plan (equating to a rate of 50.0 per 10,000 children) a decrease from 414 in March 2017 (equating to 73.8 per 10,000). Whilst there are no definitive reasons for this downward trend, there is anecdotal evidence to suggest that the introduction of Signs of Safety has provided greater clarity about the significance of presenting risk and how this can be addressed without the need for a Child Protection Plan.

From the latest available comparative data (31 March 2017) in England as a whole, there were 51,080 children subject of a plan, a decrease of 770, equating to 43.3 per 10,000 children. The figures for the West Midlands region are 5,760 plans, a decrease of 300, equating to 45.3 per 10,000 children and for Stoke-on-Trent’s statistical neighbours an average of 306 plans, an increase of 14, equating to 70.74 per 10,000 children.

During the year 356 children and young people became subject of a CPP compared to 479 the previous year. A total of 459 plans ceased over the year.

The number of children subject to a CPP for over two years has decreased from nine children as at 31 March 2017 to three children as of 31 March 2018. As part of an approach to further improving effectiveness CSC introduced multi-agency management reviews of CPPs which did not progress satisfactorily after 15 months duration. This introduces another level of scrutiny and challenge and prevents ineffective CPPs from drift.
Local evidence suggests that children continue to receive multi-agency help and protection through a CPP rather than being removed from a plan too early and then subsequently being made subject of a further plan. By way of illustration the number of CPPs that were repeat plans (those started within 12 months of the previous plan ending) was 14 in 2017 - 2018; this is a decrease from 22 in 2016 - 2017.

Of the 284 children subject of CPPs, neglect and emotional abuse continue to represent by far the largest categories. This was not necessarily surprising given the local context of Stoke-on-Trent with neglect being a priority focus for the SCB. Emotional abuse accounts for 36.3% (103) of children on CPP and neglect is 54.6% (155). This is considered likely to be attributable to a range of factors including the high ratio of domestic abuse cases where children are part of the family environment and subject to monitoring and evaluation by the Board.

Physical abuse (3.5%) and sexual abuse (5.6%) are much lower than the other two categories. The percentage of physical abuse has decreased from 10.9% 12 months ago whilst the proportion of plans due neglect or emotional abuse have increased. The sexual abuse category has remained almost static with a 0.2% increase.

Over the last year 1012 (99.3%) of Child Protection Reviews were undertaken within statutory timescales. This compares to 100% in the previous year. The 7 Reviews out of timescales were approved by a Strategic Manager having regard to exceptional circumstances that did not compromise the child's safety plan.

**Looked After Children (LAC)**

As at 31 March 2018, Stoke-on-Trent City Council was responsible for looking after 740 children and young people, which is an increase of 85 children compared to the previous year, at a rate of 130 per 10,000 children. This is above the latest (31 March 2017) comparative averages for national (62 per 10,000), regional (75 per 10,000) and statistical neighbours (112 per 10,000).

The precise reasons for the high rate are not clear but it is known that Stoke-on-Trent is well above average for problematic substance misusers. The local authority is exploring whether these issues have any bearing on the current position. From the figure below it will be seen that over the past two years the number of admissions into local authority care has been decreasing. However the number of discharges from care has also fallen, with a 42% reduction in 2017 - 2018 compared to the previous year, which illustrates in part the reasons for the high rate.

**Figure 3: Admission and Discharge of Looked after Children**

![Care admissions and discharges](image)

Analysis indicates that there have been a number of factors which have impacted upon the number of discharges from care during the year including:
An increase in the number of children subject to care proceedings, which has impacted upon capacity;

Staffing pressures, whereby the team have an increased number of Assessed and Supported Year in Employment (ASYE) social workers who require a protected caseload during their first year in employment.

The reduction in numbers of admissions has been positively and safely influenced by a strength based approach to social work by refocusing ways of working with partners to support families at the earliest opportunity.

The below figure illustrates that the largest increase in LAC was in the 10 - 15 year age cohort which has risen from 170 children in 2015 to 252 children in 2018. The 5 - 9 year age group also saw an increase from 150 to 189 over the same period. Children under 1 year have seen a decrease in numbers and the 1 - 4 year age group has remained almost static over the same period.

Figure 4: Total Number of Looked after Children by Age 2015-18

National research illustrates that children and young people who go into the care system at a younger age are more likely to go on to be adopted or be made subject of Special Guardianship Order. In such instances children and young people are able to leave the care system at an early stage. However older children and young people coming into the care system are more likely to remain longer in the care of the local authority.

Placement Type And Location

The majority of children in care 513 children (69.3%) are in foster placements. Stoke-on-Trent has a relatively low number of children and young people 75 (10.1%) in residential placements.

As at 31 March 2018, 307 Stoke-on-Trent children in care were in placements outside the local authority area. Of these children 209 (68%) are placed within 20 miles of home. When a decision is made by the local authority to place a looked after child outside of its area, high priority must be given to the child’s needs. During the year Children’s Social Care has continued to lead on work supporting this group of children in care across multi-agency partners and to resolve any common issues, for example around accessing mental health support for young people placed in other areas.

Children and young people in care are subject to Statutory Reviews in a prescribed timescale. The first review must be undertaken within 20 days, followed by a subsequent review at three months and every six months thereafter. In 2017-18 some 1841 (98.8%) of reviews were carried out within timescale. There are a number of reasons why 22 reviews were undertaken out of timescale ranging from illness of the child/young person to an unexpected significant issue arising for the foster carer. The analysis indicates a positive approach from the multi-agency partnership and the process which supports it.
Children Subject To Care Proceedings

The Government implemented the Family Justice Review (FJR) in an attempt to significantly reduce delay in care proceedings for children and young people considered to be at serious risk of significant harm. As a result of the FJR, the expectation is that all care proceedings should be completed within 26 weeks.

Figure 5: Local Statistical Data

<table>
<thead>
<tr>
<th>Year</th>
<th>Stoke-on-Trent Number of Concluded Proceedings</th>
<th>Stoke-on-Trent Average Timeliness in weeks</th>
<th>Percentage concluded within 26 weeks</th>
<th>National Average Timeliness</th>
<th>National Percentage concluded within 26 Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 - 2016</td>
<td>150</td>
<td>26.3</td>
<td>63%</td>
<td>28.4</td>
<td>58%</td>
</tr>
<tr>
<td>2016 - 2017</td>
<td>147</td>
<td>29.2</td>
<td>53%</td>
<td>Not published</td>
<td>Not published</td>
</tr>
<tr>
<td>2017 - 2018</td>
<td>128</td>
<td>33</td>
<td>41.4%</td>
<td>Not published</td>
<td>Not published</td>
</tr>
</tbody>
</table>

There were fewer concluded care proceedings during 2017 - 2018 compared to the previous year. Over the same period the average duration of care proceedings in Stoke-on-Trent has increased compared to the previous 2 years. The increase in time taken to complete is in part attributable to a number of pressures including court availability and the complexity of some individual cases that may require additional evidence taking those cases beyond the 26 weeks limit.

The FJR allows for cases to be extended for a further 8 weeks in exceptional circumstances. The current average for Stoke-on-Trent is below the 34 weeks that would apply in exceptional cases.

Children with Disabilities

The local authority has a statutory duty to maintain a register of children with disabilities who reside in its area and should have regard to this when considering what local services to commission. Historically, due mainly to the fact that it is only on a voluntary basis that parents comply, the number of children on the register has been low but, at the end of March 2017, 610 children’s names appeared on the register. By the end of March 2018 there were 888 families registered, an increase of 14.5%. This is in part, due to the effective work undertaken by Action for Children through the Aiming High contract.

There were 368 children with disabilities open to Children’s Social Care at 31 March 2018. This was a small increase from 367 children and young people the year before. Of the 368 children, 269 are supported as a child in need, 22 are subject to a child protection plan and 77 are children in care. A small number of children (26) have assessments that were incomplete at the end of the year. The Children with Disabilities team manage the whole social work role i.e. child in need, child protection and children in care.

The percentage of children in need who have a disability is 12.4% which is slightly below the England average rate of 12.7% but slightly above the West Midlands average of 12.2%. The local threshold for services is in line with similar authorities.

Transition – preparing for adulthood, is a key priority of the Children, Young People and Families Strategic Partnership. There is a local focus group of multi-agency professionals who are working to further improve transition for children, young people and their families. As at 31 March 2018 there were 123 children aged between 14 and 18 years with a disability who are in the early stages of transition.
Hazel Trees is the co-located hub and assessment centre, offering co-ordinated services for families of children having special educational needs and/or disabilities aged 0-25 years. The teams located at Hazel Trees include the Children with Disabilities Social Care Team; the Early Years Intervention Service – including the children’s Child Development Centre Nursery and Portage Service; Occupational Therapy Service; Speech and Language Service; Physiotherapy Service. Paediatric clinics are held weekly including Constipation Clinic; Complex and Palliative Care Team and Hospital at Home Team.

The co-located staff share an understanding of their respective roles and responsibilities and all agencies are now representative members on health, education and social care forums within Hazel Trees including Adult Care Services around Preparation for Adulthood.

Parents have welcomed the new environment which has been described ‘as welcoming, lovely and nice, that everything is together in one place making it easier for children to connect to and feel comfortable in’.

Whilst not all young people reaching the age of 16 years have an allocated adult social worker, every child of transition age has adult input into their planning as part of their transition work. This helps to identify at an early stage children and young people who may have eligible needs under the Care Act 2014 thereby providing for choice and control over their current and future support.

The Stoke-on-Trent Transition Forum meets monthly with partners from education, health, post-16 year specialist learning providers, and children and adult social care services to discuss individual cases. Nationally Stoke-on-Trent’s transition processes are held up as a model of good practice within the Social Care Institute of Good Practice: https://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/early-comprehensive-identification/appendix/stoke-on-trent.asp

Plans for 2018 - 2019

- To be in a position where all young people reaching the age of 16 years have an allocated adult social worker.
- Improve Social Care input into Education Health Care (EHC) plans. The plans require everyone working with the new system to support children and young people in achieving the ‘best possible educational and other outcomes’.
- To re-tender the Aiming High Contract to build on the success of the scheme; further expand the provision and range of services for children with additional needs and disabilities; and ensure that the city wide support and local offer is clearly reflected within the Guide To Levels Of Needs.
- Develop a coordinated strategy to offer support to families where children display behaviour that goes beyond the current availability of accessible support within education, health and social care services. We are considering a number of ways to provide support and a strategic plan will be developed in 2018 - 2019

Young Carers

Young carers are children and young people aged from 5 – 18 years who provide regular or on-going care and/or emotional support to a family member who has an illness, disability, poor mental health, or misuses substances. A young carer becomes vulnerable when the level of care given and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances.

It is recognised that nationally there are many “hidden” young carers who aren’t accessing support. In order to address this, a large amount of promotional work has been undertaken within the Early

4 Email received from parent
Intervention Service, Children’s Social Care, Adult Services, Voluntary Sector, and Educational settings to ensure agencies have a clear understanding of young carers and the referral pathway into the service. This has led to a large increase in referrals and young carers identified across the city.

The role of the Young Carers Co-ordinator, employed by Stoke-on-Trent City Council, is to identify ‘hidden’ young carers and to safeguard all young carers from an inappropriate caring role. During the year that role has been combined to become the Early Help and Young Carers Coordinator aligning Early Help and Young Carers to ensure families are receiving the right support, at the right time, at the right part of the system.

In addition to the Early Help and Young Carers Coordinator, there are two Young Carers Caseworkers, one working in the North of the city and the other in the South to enable them to build partnerships in each locality. Their role is to identify the hidden young carers, to assess through a comprehensive young carers assessment the needs of the young carer and the cared for in line with the Care Act 2014. Following a young carer’s assessment being carried out a bespoke outcome and support plan is created to address the support needs identified with the young carer’s wishes and feelings at the centre of this.

It is a reflection of the progress made that during the year the number of young carers registered has increased from 566 to 682 as at 31 March 2018. Of these 51.6% care for a family member with a physical disability, 26.83% care for a family member who has poor mental ill health, 13.6% are for a family member who has a learning disability, 2.34% care for a family member who misuses substances, and 1.17% care for a family member who is terminally ill.

Of those 682 young carers, 219 (32.11%) have Early Help plans in place, 63 (9.32%) have a child in need plan and 22 (3.22%) have a child protection plan. Early Help promotes more effective earlier identification of children’s additional needs and helps to achieve best outcomes for children, young people and their families.

With individual support plans, 482 (70.6%) young carers are able to cope with their caring role through accessing appropriate support from universal services such as schools, health partners and community activities across the city.

A total of 200 (29.32%) young carers require short-term intensive support through a commissioned service The Carers Hub that delivers respite activities and the young carers are signposted to counselling and support through transition into adult caring. The support they have accessed includes, Dove counselling, Hub Clubs, YMCA sports club First Aid training, Manual Handling training and also access to the Personal Well-being Budget.

In partnership with The Carers Hub, there has been a six week programme called ‘You Can’ which has been delivered in schools to support young carers from all year groups. ‘You Can’ is a programme designed to help young people who have a caring role to build self-esteem and better peer relationships within the school setting. The idea behind ‘You Can’ is not just to support young carers in the short term but to leave a legacy and give them the skills and support networks in school, so that they feel able to manage their caring responsibilities. So far this year ‘You Can’ has been delivered in two secondary academies and is about to start in three primary academies. The feedback from young carers has been really positive.

**Plans for 2018 - 2019**

- Ensuring that ‘hidden’ young carers are identified at the earliest opportunity to prevent inappropriate caring
- Ensuring that young carers have the same opportunities as every other child
- Ensuring that young carers are supported at the correct level of need and encouraging the use of Early Help to prevent escalation into safeguarding
- Identifying young carers’ champions in partner agencies as well as schools to raise awareness across the city.
• Reinforcing the key message that when the best practice from the Early Help preventative model is followed, that it makes a positive contribution to the life chances of young carers.
• To promote awareness of the young carers in school award across the city and encourage schools to achieve this award.

**Private Fostering**

A child under the age of 16 (under 18, if disabled) who is cared for and provided with accommodation by someone other than a parent, a person with parental responsibility or a close relative for 28 days or more is privately fostered.

Children and young people who are living in a private fostering setting may in some situations be extremely vulnerable. There has continued to be a focus during the year on raising awareness and the key activities during the year are summarised below:

- The Section 175 Education Act 2002 Audit template completed annually by all schools includes a focus on private fostering.
- Level One Safeguarding training delivered to all school staff continues to include a focus on private fostering. The Safeguarding Education Officer has continued to raise awareness of private fostering in all training to staff in schools particularly those involved with pupil admissions.
- Information to raise awareness is provided to all professionals who engage in any of the SCB training opportunities.
- Information to raise awareness about private fostering has been tweeted from the SCB Twitter account on a regular basis.

Children and young people who are Privately Fostered remain a small cohort, representing less than 0.5% of the total cases open to the local authority. The number of children privately fostered during 2017 - 2018 is 13. There are natural fluctuations throughout the year as children’s circumstances change, placements end and new notifications for Privately Fostered children are received.

**Challenges**

Despite the extensive work to raise awareness the present low number of recorded privately fostered children in Stoke-on-Trent is concerning as it suggests that this cohort of children is not being recognised and brought to the local authority’s attention. National research evidences that this is also an area of concern for many other local authorities as the numbers nationally and regionally remain low.

The focus of raising awareness of local private fostering arrangements in all communities will continue in 2018 - 2019. The SCB will be seeking assurance that all agencies are vigilant and are confident in identifying such arrangements. This approach will include seeking to learn from innovative methods and good practice identified nationally.

A copy of the 2017 – 2018 Private Fostering Report is available on the SCB website.

**Allegations Against People Working With Children - Local Authority Designated Officer (LADO)**

The SCB has a duty to ensure that there are effective multi-agency procedures in place for dealing with allegations made against people who work with children and that all allegations are investigated in accordance with those procedures. The Local Authority Designated Officer (LADO) discharges these responsibilities.
The LADO activity and outcomes are reported through the Safeguarding Quality Assurance (SQA) monthly business review which includes the number of referrals; the employment sector of the person subject of the allegation; allegation by abuse type and the outcome of the investigation.

There were 177 referrals to the LADO during 2017 - 2018 which is fairly consistent with 174 in the previous year. The dedicated LADO role sits within the Safeguarding and Referral Team based alongside the Multi-Agency Safeguarding Hub (MASH). In addition to referrals, the LADO also advises on a significant number of situations which are recorded as contacts rather than referrals.

Education settings account for around 50% of LADO referrals on a monthly basis from a combination of schools, academies and colleges.

The added value of a dedicated LADO has been demonstrated in relation to work on non-recent abuse cases and a more thorough approach to identifying patterns of behaviour across employment settings.
THE KEY STRATEGIC PRIORITIES
The strategic priorities for 2015 - 2018 were developed following self-assessments, external scrutiny and evaluation. High profile national serious case reviews identified child sexual abuse as a significant risk factor for children regardless of where they live in the country. It is also known that children who are missing from home or from residential care settings are particularly vulnerable to the risk of internal trafficking and child sexual abuse/exploitation.

The SCBs have developed a cross agency approach to tackling child sexual abuse in all its forms and produced an overarching Child Sexual Abuse Strategy. The strategy sets out the vision, commitment and approach of the Stoke-on-Trent and Staffordshire SCBs.

This strategy advocates that the best way to tackle the sexual abuse of children is through effective, coordinated, inter agency and partnership working to a clear and coherent plan, doing everything possible to prevent child sexual abuse and as well ensuring that there is a swift and proportionate response with practical and tailored support provided to children and young people unfortunate to become victims. It has the following four key elements:

- **Prepare** – Provide strong leadership, effective systems and working with partners to tackle child sexual abuse
- **Prevention** – Raising awareness of child sexual abuse amongst young people, parents, carers, the community and potential perpetrators and provide help at the earliest opportunity. This includes building resilience with families and partners to understand and act together in preventing this form of abuse.
- **Protect** - Safeguard young people by providing targeted support in order to achieve good outcomes for those who are at risk of or already victims of exploitation and support professionals to do so
- **Pursue** – Disrupt, arrest and prosecute offenders wherever possible and appropriate

Multi agency work to tackle child sexual abuse is well established with a network of engaged partner agencies. The Stoke-on-Trent and Staffordshire SCBs have formed a Child Sexual Abuse Forum (CSAF) the key purpose of which is to share information; initiate action to implement the above mentioned Child Sexual Abuse Strategy; provide mutual challenge to connected partners and to ensure that work towards implementation is given continual priority. The CSAF reports to the respective SCBs. The governance structure showing links to connected partnership groups is at Appendix 3 on page 57.

Throughout the year the SCB has monitored and sought assurances from connected partners as to the actions being taken on a single agency and multi-agency basis to tackle child sexual abuse and the effectiveness of arrangements. These arrangements were independently evaluated by during a themed visit by Ofsted at the end of the year. The relevant extract from the Ofsted findings is reproduced below:

‘Strong partnerships and bespoke multi-agency locality hubs serve to protect the increasing number of children at risk of criminal exploitation or gang association. Children benefit from a well-coordinated array of services that provide help at an early stage. The pathway into targeted early intervention provision is clear, and higher risk cases are escalated swiftly. These services are underpinned by a coherent multi-agency strategy, and this is making a significant difference in sharing information and in the provision of suitable interventions’.

5 Letter dated May 2018 from OFSTED to DCS
The following sections provide an outline of what has been done and achieved during the year in relation to each of the elements of the Child Sexual Abuse Strategy.

**Prepare**

The updates to CSAF continue to cover operational arrangements; cross-cutting equality and vulnerability issues; training needs in the form of an analysis; considerations for education; mental health; public health; local gaps and concerns; key messages for service commissioners; and outcomes to be achieved. Close monitoring of the CSE Action Plan and CSE Panel statistics enables early identification of local trends and is used to inform decisions as to where changes to frontline practice are required.

CSE Awareness training - A basic awareness course targets everyone employed and engaged in school settings including lunchtime supervisors, cleaners, site supervisors, governors etc. The training content includes: what is Child Sexual Exploitation; the national and local picture; who is at risk; models of exploitation; recognising signs and indicators; why report it and who to. Members of staff that required more in-depth training were signposted to appropriate SCB courses.

Level 1 safeguarding children training is delivered or accessed by all school staff and these training programmes contain an input on the signs and indicators of CSE along with local profile information.

Specific CSE awareness training has been provided to all GPs by the Named GP Child Safeguarding.

The employment of the Joint Strategic CSE Coordinator, who plays an important role in driving the CSE agenda across Stoke-on-Trent and Staffordshire, has been reviewed and extended to March 2019 with funding provided jointly by the Staffordshire Police and Crime Commissioner (PCC), Stoke-on-Trent City Council and Staffordshire County Council.

The CSE Risk Factor Matrix Tool has been revised following feedback from frontline practitioners. The revised tool has removed duplication and ensures the child’s voice is central, allowing for the development of more focussed interventions which are initiated at the earliest opportunity. The revised tool was examined during the Ofsted visit in 2018 with the following finding:

*‘Timely risk assessments using a risk factor matrix tool ensure that children can be supported with the right intervention at the right time. Well established, multi-agency locality forums (observed by inspectors) provide effective early intervention to prevent risks escalating. Communication between relevant agencies and skilled practitioners is thorough. Decisions on thresholds for services are made by suitably qualified and experienced social workers and managers’.*

Multi-agency workshops were convened to prepare for the launch of the CSE and Missing Service provided by Catch 22. More than 170 professionals attended from a variety of connected partners.

The Chair of the CSE joint Commissioning Group continues to attend CSAF to update on needs-led service-wide commissioning priorities. Updates from the specialist provider delivering services to children at risk of or being sexually exploited are also provided to the SCB. This information is considered, scrutinised and where appropriate challenged by Board members in order to be assured that local safeguarding arrangements that are in place are robust, fit for purpose and helping to prevent sexual abuse.

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*Letter dated May 2018 from OFSTED to DCS 9 May 2018*
**Prevention**

There has been a major focus by safeguarding partners on raising awareness of and preventing child sexual abuse. Below is a summary of some key developments and achievements:

A CSE Communications Group was formed in 2017 chaired by the Joint Strategic CSE Co-ordinator with the aim of aligning partnership communications and making the best use of collective resources. A partnership CSA newsletter was launched in 2017, led by Stoke-on-Trent City Council, in partnership with Staffordshire County Council, Office of the Police Crime Commissioner, Staffordshire Police and Catch 22. The newsletter has been received positively by frontline practitioners, particularly within education settings and work to expand the content from partners is a key focus.

The development of the 360 video was completed during 2017 - 2018 building on the findings from the consultation with 200 children engaged through the 'Voice Project'. The feedback was presented to professionals and agreement reached as to the content. A video and classroom support package was developed which is to be trialled in a Stoke-on-Trent school in June and July 2018. Following evaluation of the pilot the aim is for the product to be rolled out further.

The Department for Education has re-launched its national ‘Say No to Sexting’ campaign. This campaign was developed as a result of internet safety research with young people. The campaign group worked with young people to design a simple solution to tackle perceptions and the likelihood of repeat sexting. The safety campaign locally has been aligned with the national material and safeguarding messages to promote a consistent approach to this issue.

The website www.knowaboutCSE.co.uk is well used and continues to help young people, parents and carers, and practitioners to access information around grooming, spotting the signs of CSE and reporting concerns. Some material on this website has been designed by young people for young people using ‘language’ and images that they will be familiar with. Within the website content a particular emphasis is placed on challenging and changing the mind set of young people with regards to sexting being ‘Ok’ through the ‘Say No to Sexting’ campaign.

The Safeguarding Education Officer has coordinated training as part of an ongoing training programme aiming incorporate all schools and academies across Stoke-on-Trent.

Girl Power is a prevention programme delivered by ARCH North Staffordshire that continues to help girls and young women to recognise and aspire to healthy relationships, enhancing their self-confidence to help to remove themselves from inappropriate relationships.

The NSPCC has initiated discussions with safeguarding partners and introduced “Together for Childhood”. This is an initiative to transform systems of prevention work with young people at risk of or exposed to child sexual abuse. The initiative will entail the long term commitment of a network of partners and be subject of a formal evaluation in due course. Progress on the initiative will be reported on in the 2018 - 2019 annual report.

Early Help services continue to be delivered through the local Children Centres. Advice and support is available for children and young people, parents, professionals, and the wider community to raise awareness of the risks, recognise the signs that a child may be vulnerable to, or subject to, abuse and to initiate appropriate interventions. Partners co-deliver from the sites to ensure parents and children receive holistic support within familiar settings that are easily accessible.

**Protect**

The CSE panel is a monthly operational meeting which has oversight of the number of children for whom CSE or risk of CSE has been identified. The panel helps practitioners understand the extent and nature of CSE through the sharing of intelligence and identifying local themes and trends. Panel meetings are well attended reflecting the strong and long-term commitment given by all agencies to tacking CSE.
In 2017 - 2018, the CSE Panel had oversight of 143 children. The number of children is fewer than the 171 in the previous year due to a change in working practice which provided for low risk cases to be managed by a lead worker with additional support and resources. Children assessed as being at medium and high risk are overseen by the CSE Panel. There was an adjustment in September 2017 when the level of risk was assessed as having reduced for a number of Children in Care who were placed outside Stoke-on-Trent.

Of the 143 children discussed at the CSE Panel in 2017 - 2018,

- 127 (88.8%) were female and 16 (11.2%) were male.
- 114 (79.7%) were white British
- 21 (14.7%) were other Ethnic Groups
- 8 (5.6%) the ethnicity was unknown/not provided.

Ages range from 9 - 19 years, most children (64.1%) is aged between 14 - 16 years.

The children who were overseen by the CSE Panel are supported by a range of plans and interventions. Those identified in the table below as ‘no plan’ are those not subject to a Children’s Social Care intervention plan. However, support for these children is delivered by the commissioned CSE and Missing Service or appropriate partner agencies. The percentages below are an average over the year:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child in Care</td>
<td>40%</td>
</tr>
<tr>
<td>Child in Need Plan</td>
<td>27%</td>
</tr>
<tr>
<td>Child Protection Plan</td>
<td>9.7%</td>
</tr>
<tr>
<td>No Plan</td>
<td>7.9%</td>
</tr>
<tr>
<td>Child and Family Assessment</td>
<td>7.0%</td>
</tr>
<tr>
<td>Early Help</td>
<td>5.9%</td>
</tr>
<tr>
<td>Pathway Plan</td>
<td>2%</td>
</tr>
<tr>
<td>Adults</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

As part of the CSE Outcomes Framework, there has been a self-assessment of the effectiveness of the CSE Panel which will inform future developments.

The local authority has continued to develop a good working relationship with local private children’s residential care homes. Quarterly meetings provide opportunities for information sharing, including the needs of children who have recently moved into local authority accommodation and have a history of going missing or are thought to be at risk of or experiencing CSE.

Staffordshire Police analysts routinely review information relating to organised crime groups, perpetrators, enablers/facilitators, victims and associates and have presented evidence-based findings to the SCB.

Refuge accommodation, provided through ARCH, has supported families where child sexual exploitation, child trafficking, female genital mutilation, honour based abuse, forced marriage, intra-familial sexual abuse and youth violence has been prevalent.

Staffordshire Police has continued to use Prevention Orders where it is appropriate to do so. Between April 2017 and March 2018 a total of 40 Child Abduction Notices were served in Stoke-on-Trent.
Missing Children

There is a joint protocol between Stoke-on-Trent and Staffordshire Local Authorities and Staffordshire Police for children and young people who go missing from home or care. This includes planning to prevent children from going missing; including assessing any risks, analysing data for patterns and trends associated with particular concerns and risks and taking a proactive approach to reduce missing episodes or to protect children when they do go missing. There is a daily electronic alert to children’s social care managers about missing children including escalation meetings when appropriate. Brighter Futures was providing the service for independent return home interviews until September 2017. Since then the service has been provided by Catch 22.

Annual data 2017 - 2018 indicates that there were 1,075 missing episodes relating to 388 children and young people. Analysis indicates that children open to Social Care are more likely as a proportion of the population to go missing. This is illustrated by children who were open to Children’s Social Care in Stoke-on-Trent representing 49.7% of the children going missing yet accounting for 721 (67.1%) of all missing episodes.

Children known to the CSE Panel generate a disproportionately high number of repeat missing episodes compared to the average. Of the 721 missing episodes of children open to Children’s Social Care, 284 related to children known to the CSE Panel at the time of their missing episode. The 284 episodes related to 34 children.

During the year Ofsted Inspectors as part of a focused visit evaluated the local authority’s arrangements for the protection of vulnerable adolescents. The following is an extract from the Ofsted findings.

‘The response to children who go missing from home, school or education and those who have been, or are at risk of being, sexually exploited is well coordinated, with evidence of effective multi-agency working and information sharing. The co-location of key staff enables highly effective gathering of information. For example, the child sexual exploitation social worker and the missing person coordinator work collaboratively with social workers and the police to analyse information, which informs prompt action. Data is carefully analysed to identify trends, patterns, hotspots and risky individuals or groups and to inform appropriate protective action. In the last six months, a 50% increase in abduction notices (14) has resulted in more alleged perpetrators being prevented from contacting vulnerable children.

Children who go missing are identified quickly, with prompt and effective action taken to address absences. An externally commissioned service engages well with children to complete return home interviews, including for those children placed in Stoke-on-Trent by other local authorities. Concerns are escalated and if necessary are presented to the multi-agency child sexual exploitation and missing panels, where appropriate safeguarding action is taken.’

Letter dated 9 May 2018 from OFSTED to DCS
Staffordshire Police tackles CSE through a combination of approaches including a specialist ‘online’ team Operation Safenet and an ‘offline’ Child Exploitation Team (CET). The CET work closely with two dedicated social workers from Stoke-on-Trent and Staffordshire local authorities to tackle protracted and complex CSE cases involving groups and gangs as well as lone offenders. The response to lower level concerns and the responsibility for collecting and developing intelligence around emerging CSE threats and activity rests with local police officers and community support officers.

The officers on the Operation Safenet Team are both proactive and reactive in dealing with CSE online. Proactive actions have included targeting groups or individuals who are seeking to distribute indecent images of children and young people online and those who are grooming children online with a view to meeting them to commit child sexual offences. The team works closely with regional, national and international law enforcement agencies sharing intelligence to safeguard victims and prosecute offenders.

During April 2017 – March 2018, there has been significant enforcement activity in offences related to child sexual exploitation in Stoke-on-Trent and Staffordshire:

- 102 warrants have been issued
- 110 people have been arrested
- 40 people charged
- 32 voluntary interviews (where arrest was not required)
- 165 children safeguarded

Challenges

The activity that surrounds CSE requires a coordinated and consistent approach in order to ensure that children are safeguarded. This activity sits within a number of arenas and as such requires clear lines of accountability and assurance. Structural changes within organisations has been recognised as a challenge, however agencies continue to be committed to drive the activity forward.
Neglect

The need for this priority was based on national learning and local evidence which highlighted neglect as a recurring theme in serious case reviews and is known to be the most prevalent form of abuse for children subject of a child protection plan in Stoke-on-Trent.

Around half of all children looked after by the Local Authority are known to have experienced harm as a result of neglect. Arising from the knowledge of local factors the SCB has a particular focus on the impact of parental behaviours and influences that can often lead to neglect of the welfare and safety of children and young people specifically, domestic abuse, drug and alcohol misuse and parental mental ill-health. In combination these factors are known locally as the ‘toxic trio’.

The SCB has developed a multi-agency approach to improve partnership effectiveness in tackling neglect. This approach has a specific focus on the impact that parental behaviours have on the welfare and safety of children and young people. Working to the SCB strategy the aim is to ensure there is both early recognition of neglect and through strong multi-agency leadership and governance improve agency responses to children and young people affected by neglect.

The following sections illustrate the focus of the SCB on the toxic trio with an outline of what has been undertaken in partnership during the year to tackle neglect, the challenges that have been highlighted and are being addressed and concluding with a summary of further actions to be undertaken in 2017 - 2018.

Domestic Abuse

There is extensive evidence illustrating the harm caused to children and young people who live with domestic abuse. The Adoption and Children Act 2002 extended the definition of harm to include ‘impairment suffered from seeing or hearing the ill-treatment of another’. The term ‘children living with domestic abuse’ includes:

- Children who are currently living where there are incidents of domestic abuse, or where there is risk of domestic abuse, taking place
- Children seeing or hearing domestic abuse outside of their home
- Children witnessing the effects of domestic abuse on others

Throughout the year the focus of the SCB has been on seeking assurances from connected partner organisations that:

Domestic abuse cases are screened in a timely manner and children in these settings are identified and referred to statutory services

The Multi Agency Safeguarding Hub (MASH) provides an integrated approach where connected partner agencies work together in one place, sharing information and making collaborative decisions to promote the welfare and safety of vulnerable children and adults so that any required interventions can be put into place at the earliest opportunity.

Children who live with domestic abuse experience a child-centred approach from all professionals and the risks to them and their needs are assessed effectively and responded to appropriately. A team of domestic abuse support workers from ARCH has been based in the Accident and Emergency Department of the Royal Stoke University Hospital to improve early identification of domestic abuse.
This arrangement has had a positive impact on victims. By way of example all victims identified a need for safety and in all cases the presenting needs were met. 58% of victims had particular needs for their children and in all cases these needs were met.

Staff including all new doctors working within the Accident and Emergency Department of University Hospital North Midlands (UHNM) receives training from ARCH. The Accident and Emergency Department has a specific clinic for victims of domestic abuse and also provides support for staff that may be subject to domestic abuse.

The UHNM has a midwife specially trained to provide for support for victims of domestic abuse. All pregnant mothers are asked about domestic abuse at the time of assessments.

Professionals and support staff see incidents through the eyes of the child and are trained, confident and knowledgeable to deal with the impact of domestic abuse.

As part of the Early Help Assessment the introduction of the Parenting ‘understand me conversation’ (UMC) ensures every child’s voice in the family is captured as part of the initial assessment. One-to-one work with children provides a greater understanding to the wider family context and what life is like for each of the children in that family.

In recognition of the potential harm caused to children and young people who experience domestic abuse, Stoke-on-Trent has been piloting an initiative ‘Asking About Adverse Childhood Experiences’ (ACEs). The initiative involves three key organisations ARCH, Stoke-on-Trent Youth Offending Services and Brighter Futures.

Staff engaged through ARCH, are asking about Adverse Childhood Experiences as part of their routine assessment with people accessing services. There is early evidence that as ARCH are embedding this practice it is providing a more thorough assessment process and improving the effectiveness of support plans. The initiative will be subject of evaluation across all three organisations to assess the impact on outcomes.

As part of the planning and awareness raising for this initiative around 400 professionals have engaged with the programme. Further focused workshops are planned to help practitioners who are aware of the approach to ACEs to put training into a practical way of working with their more challenging and complex service users.

The evaluation findings of this pilot will be shared in 2019 and any positive outcomes and best practice will be disseminated.

Children living with domestic abuse receive the right help and protection because application of appropriate thresholds, effective information sharing and timely intervention takes place.

- Between April 2017 and March 2018 there were 728 families identified to the Families Matter programme. Of these 291 families were identified against the domestic abuse criteria (40%)
- The support service provided by ARCH received a total of 208 referrals for one to one support for those children and young people
- A total of 127 children received one-to-one support
- 751 children received the Relationships without Fear school education programme
- 10 girls completed the Girl Power programme

The risk of harm to children is reduced through the identification and assessment of the risks that perpetrators and adult offenders pose.

The learning from Domestic Homicide Reviews in Stoke-on-Trent and Staffordshire continue to be shared directly with practitioners through a series of briefings, newsletters, amendments to existing policies, procedures and processes and the inclusion in appropriate SCB training. The common themes of which are mental ill health, substance misuse and domestic abuse.
All staff in the National Probation Service completed mandatory training covering Safeguarding and Domestic Abuse. There is an additional e-learning package and a two day attendance event for Officer Grades. The impact of this collective work is demonstrated through a greater level of consistency, knowledge and understanding across the workforce.

Staffordshire Police continues to provide training and professional development for officers and staff. An internal and external communications campaign has been delivered to raise awareness of coercion and control domestic abuse. Specialist training has been delivered to develop professional understanding of stalking including risk assessment, investigation and safeguarding practice. The S-DASH stalking risk assessment tool has been introduced to assist in the assessment of risk and implementation of appropriate safeguarding measures.

**Multi Agency Risk Assessment Conferences (MARACs) - support the protection of children through developing effective action plans, timely sharing of information, and assessment of risks to children.**

It is a benefit that the Multi Agency Risk Assessment Conference (MARAC) team are based within the MASH. Cases that are assessed in the MASH are usually sent direct to MARAC enabling a swift response. The MARAC caseload for the comparative periods April 2015 to March 2016 through to April 2017 to March 2018 is shown below:

<table>
<thead>
<tr>
<th></th>
<th>April 2015 – March 2016</th>
<th>April 2016 – March 2017</th>
<th>April 2017 – March 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Cases</td>
<td>485</td>
<td>822</td>
<td>692</td>
</tr>
<tr>
<td>Female Victims</td>
<td>460</td>
<td>764</td>
<td>656</td>
</tr>
<tr>
<td>Male Victims</td>
<td>25</td>
<td>58</td>
<td>36</td>
</tr>
<tr>
<td>Children Involved</td>
<td>511</td>
<td>886</td>
<td>777</td>
</tr>
</tbody>
</table>

The table above demonstrates the changes made across Staffordshire Police over a 3 year period. In the period December 2015 – March 2016 Staffordshire Police changed the way domestic abuse incidents were dealt with. At that time it was recognised that a more structured and consistent response was required to protect those most vulnerable in our communities. During this period Operation Liberty was introduced which required DIAL risk assessments to be completed at all domestic incidents, with supervisory reviews being completed for all domestic abuse incidents to ensure victim and family focus. Local Policing Team Vulnerability Hubs would then refer to partners agencies as required to support the victim and their families or escalate the case to the MASH for MARAC consideration. These changes resulted in an increase in referrals through the 2016-2017 period.

The data shows the referral rate to MARAC for the Stoke-on- Trent area was 6% in 2015 - 2016, increased to 8.5% in 2016 – 2017 and 2017- 2018 this reduced to 6.5% per domestic abuse incident.

During the same period the domestic abuse incident repeat rates were 28% in 2015 - 2016, 33% in 2016 - 2017 and 35% in 2017 - 2018. This means if the case has been heard at MARAC and the interventions provided by this forum exhausted, then repeat cases can be sent for a Professionals’ meeting outside of the MARAC arena.

The male referral rates for Stoke on Trent area to MARAC are recognised as low at less than 1% and have remained percentage wise almost static over the 3 year period for this category. This is in line with the 25% male victim rate for the same period. This is an area being explored as part of the Police response to domestic abuse and referral to Partner agencies.

The impact of domestic abuse on children is reduced because they, their families and perpetrators can access a sufficient range of commissioned local services.
During the year ARCH received referrals in relation to 33 perpetrators (all male). The number of men who received a service was 53 (some men having support carried over from the previous year). The support offered includes first and second suitability assessments; the 30-week Domestic Violence Perpetrator Programme (DVPP); and post-group support for those men who completed the programme. During the year ARCH reported a 66.6% completion rate for those men who were assessed as being suitable for the behaviour-change programme.

ARCH has provided a variety of targeted support some of which is outlined above. In addition the Freedom Programme which helps survivors of domestic abuse to help them to make sense of and understand what has happened to them and improve self-esteem received 163 referrals with 118 families engaging and completing the programme.

A total of 96 community outreach clinics have been delivered with 292 individuals receiving brief intervention support.

Children and young people aged 4 - 18 years have continued to receive specialist one to one support, based around their individual needs. Dedicated YPVAs (Young Person's Violence Advisors) support children and young people who are at high risk, this includes children and young people who have lived or are living with Domestic Abuse or young people in their own abusive relationships.

Data from the existing domestic abuse service in Stoke-on-Trent shows that 64 children have been successfully supported and exited the service in 2017 - 2018. Of these, 99% reported an increase in safety, freedom from harm and improved well-being.

**Challenges**

- Meeting the increasing demands on local service provision given the prevalence of domestic abuse where a significant proportion occurs in households with children.

- Breaking the cycle in families with a history of inter-generational domestic abuse.

- Improve the information sharing process with schools to raise awareness of pupils living in a household where domestic abuse has occurred.

**Plans for 2018 - 2019**

By working collaboratively with colleagues in Staffordshire County Council and the Police and Crime Commissioner's Office, additional investment has been secured for domestic abuse services within Stoke-on-Trent. A joint Stoke-on-Trent and Staffordshire domestic abuse commissioning exercise is underway that seeks delivery of provision ranging from prevention and early intervention to targeted, specialist support for those with more complex needs and tailored support for children and young people to increase safety and help to break the cycle of domestic abuse.

Staffordshire Police is developing a new domestic abuse data dashboard. The new dashboard will be a live system which can extract data at a ward level that will allow for the local tactical analysis of levels and trends of domestic abuse. The plan is for the data from the successful tenderer for the domestic abuse contract to be included in the dashboard from the start of the newly commissioned services.
The Neighbourhood Partnership Hubs provide a direct level of support and scrutiny around the local response to domestic abuse incidents. The Staffordshire Police Change Programme and MARAC Project will influence the future operating process of the Partnership Hubs in relation to domestic abuse in terms of victims, their family and perpetrators. The Partnership Hubs will maintain strong links with the MASH to deal with the complexities of domestic abuse.

**Drug And Alcohol Misuse**

Public Health England collects national data on the number of drug and alcohol service users who are parents. In 2011 it was estimated that around one third of people receiving treatment were parents and had children living with them. Whilst the extent to which difficulties impact on parenting varies enormously it is clear from a variety of sources that exposure to their parent’s harmful drinking leaves children vulnerable to a host of problems both in childhood and later in life.

From the latest available information there were an estimated 2,654 opiate and/or crack users (aged 15-64 years) in Stoke-on-Trent in 2014 - 2015, a rate of drug use significantly higher compared with the national average. In 2016 - 2017 there were 1,688 adults in drug treatment with the majority of people (83.8%) in treatment for opiate misuse. 15% of people in treatment in were living with children compared with 20.2% nationally.

The latest information estimates that nearly one third (31.7%) of adults in Stoke-on-Trent were drinking more than 14 units of alcohol per week, compared with 25.7% nationally. In 2017 over 40% of adults were drinking at levels of increasing or higher risk, which equates to around 80,000 people. There were a total of 1,108 adults receiving treatment for alcohol use in Stoke-on-Trent in 2016 - 2017 with 80 of those living with children.

The focus of the SCB has been on seeking assurances that commissioners of drug and alcohol services have systems in place to monitor the extent to which providers of those services meet their responsibilities to safeguard and protect children.

**Activity and Progress**

The Alcohol Harm Reduction Strategy 2016 – 2020 and action plan, which includes a focus on prevention and early intervention for children and young people at risk, was approved by connected partners at the Responsible Authorities Group and with Lead Member support was also approved by Stoke-on-Trent City Council Cabinet.

It was confirmed to the SCB during the year that commissioned drugs and alcohol treatment services are compliant with local SCB guidelines.

A Tier one and Tier two young people’s drug and alcohol service has been developed which works specifically with young people vulnerable to hidden harm.

A Tier three young people’s drug and alcohol service has been commissioned and is delivered by the same provider of the adult drug and alcohol treatment which brings the added benefits of enhanced information sharing and joint care-planning.

Safeguarding policy sets out the standards, strategies and approaches to safeguard vulnerable service users and their children and families.

ARCH raise awareness and train staff to look for signs of risk to health of each child and young person as well as the impact upon them if they are witnessing family and friends engaging in substance misuse. The referral form and assessment tools help to identify any concerns/needs and prompt a response for tailored support.

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8 The most recent data available is for 2014-15: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#gid/1000042/par/E12000004
Though adult drug and alcohol prevalence in Stoke-on-Trent remains high, trends in young people's drug use and alcohol consumption have encouragingly started to show signs of decline. For example, the number of pupils aged 11 - 16 years who reported drinking alcohol in the last week or month has reduced from 48% to 27%\textsuperscript{10}.

Substance Misuse Prevention Officers within the Public Health team support schools in the delivery of drug and alcohol education to young people. They have extended their offer and can also deliver parenting sessions.

Dedicated preventative and early intervention support continues to be funded by Public Health via the SAFE team (previously known as Young People’s Drug Project), with a specific focus on hidden harm and working with parents and families. A recent Ofsted review has recognised the positive impact of the SAFE team and in particular the close links with the Early Intervention programme.

In relation to substance misuse, services are currently in place to provide prevention through to intensive support and detoxification. In terms of longer term impact, Stoke-on-Trent City Council commissions a dedicated recovery service which provides flexible, tailored support in all aspects of a person's life to increase chances of maintaining long term recovery and improved outcomes.

The focus of the Responsible Authority Group is on enabling more people to become and remain abstinent from substance misuse through recovery focused treatment and support for dependent drug and alcohol users and increasing the visibility of recovery communities.

**Challenges**

The Safer City Partnership does not have a dedicated research and information analyst which limits the capacity to collate and analyse relevant data.

It is estimated that a maximum of only 15% of dependent drinkers will ever engage in formal treatment (national research). This illustrates to some extent the problems associated with identifying hidden harm.

Resources available to tackle drug and alcohol misuse are often outweighed by the high level of need. This has to be mitigated by closer working with partners and a strong focus on prevention and sustained recovery.

**Plans for 2018 - 2019**

The Alcohol Harm Reduction Strategy 2016 – 2020 and action plan, which includes a focus on prevention and early intervention for children and young people at risk, will be expanded during 2018/19 to include all substances. This will help ensure that there is a ‘joined up’ approach to all substance misuse in Stoke-on-Trent and help support new integrated commissioning plans.

**Parental Mental Ill-health**

**Activity And Progress**

Living in a household where parents or carers have mental health problems doesn't mean a child will experience abuse or negative consequences. It is important to remember that most parents or carers who experience mental ill health will not abuse or neglect their children. However, there is a risk that parental mental health problems can have a negative impact on children and mental health problems are frequently present in cases of child abuse or neglect.

\textsuperscript{10} Schools Health Education Unit (SHEU) and Stoke-on-Trent City Council *Stoke-on-Trent Young People’s Lifestyle Survey (2009-2017)*, [Internal: unpublished].
The focus of the SCB has been on seeking assurances that commissioners of mental health services have systems in place to monitor the extent to which providers of those services meet their responsibilities to safeguard and protect children.

All referrals made to North Staffordshire Combined Healthcare Trust (NSCHT) as the main adult mental health service provider in Stoke-on-Trent are monitored at a team level and reported to the Clinical Commissioning Group as part of the routine arrangements.

NSCHT has systems in place to monitor cases where parents with mental health difficulties have children or there are children living in the household. Caseload management reviews are conducted monthly and where cases identify children this is discussed within caseload management.

A new risk assessment tool has been introduced in primary care (‘child safe’ tool) which covers all potential risk indicators and triggers a risk assessment in person if any indicators are present. This has been incorporated in the map of medicine (now known as CDS Clinical Decision Support) which is a one stop child safeguarding resource for primary care professionals.

Case file audits have provided assurances that there are systems in place to record appropriate information on children within the care of adult service users. This information includes children’s names, date of births and links to other agencies that may be involved when a parent is referred to an adult mental health service.

NSCHT carry out regular safeguarding audits where compliance with the ‘think family’ agenda is reviewed. This aims to provide ongoing assurance, raise awareness of gaps in knowledge and ensures that the ‘think family’ approach is embedded within clinical practice across the organisation.

The importance of identifying and supporting young carers is covered on internal training and on the SCB multi agency training. The Stoke-on-Trent and Staffordshire SCB Policy and Procedures on parental mental ill health include guidance in relation to young people who are caring for a parent with mental health needs. There are internal systems in place to record if children have a caring responsibility for their parents.

NSCHT has an established process for sharing lessons learned from serious case reviews and serious incidents. Information is cascaded through electronically transmitted news items, directorate reports and within both informal and formal training and supervision events.

NSCHT training compliance is monitored and reported upon quarterly by each directorate. This is discussed at quarterly safeguarding meetings with governance leads from all directorates to provide assurance of compliance.

The Safeguarding Team provides safeguarding supervision to staff both as part of organised regular team supervision sessions and on an individual case by case basis. The Specialist Safeguarding Practitioner receives supervision from the Designated Lead who in turn receives supervision from the Clinical Commissioning Group Designated Lead.

**Plans for 2018/19**

The NSCHT Safeguarding Team will:

- Contribute to the training of multi-agency staff around safeguarding and parental mental health by continuing to facilitate training sessions as part of Stoke on Trent Safeguarding Children Board’s training provision.
- Continue to make an effective contribution to the Stoke-on-Trent Children and Young People’s Strategic Partnership Plan by actively engaging in partnership working at both a strategic and operational level.
- Continue to provide assurance and support the Stoke-on-Trent Safeguarding Children Board in achieving its strategic priorities.
Transition to Adult Care and Support

The transition process within Stoke on Trent continues to evolve in line with the original aims identified in 2015 and further enhanced to incorporate the recommendations made as part of the commissioned report published by National Institute for Health and Care Excellence (NICE).

The process embedded within the local authority is that all transition referrals go to one team, The Enhanced Transition Team, to ensure that the approach to transition is consistent for all young people. This team has, and continues to develop close working relationships with the key referring teams from within Children’s Social Care, including the Children with Disabilities Team, Safeguarding Teams or Children in Care Teams.

Referrals may also come from specialist education providers where the young person may not have been known to services until the point at which they turn 18 years. The approach to transition incorporates all influencing legislation specifically the Children and Families Act 2014, The Care Act 2014 and the Children (Leaving Care) Act 2000 within an overall process that engages with the young person at the most appropriate time for them from the age of 14 years.

The work of the Enhanced Transition Team links directly to the Preparation for Adulthood Strategic Group, which should deliver significant benefits to the Education, Health and Care Planning process at the point at which the young person leaves education.

The Transition Forum, which meets on a monthly basis, is a particularly helpful multi-disciplinary team where transition pathways which appear unclear are discussed amongst professionals in order that the most appropriate transition pathway is identified. This has been demonstrated to be valuable in supporting transition between CAMHS and Adult Mental Health.

In addition to the processes that support direct involvement of Adult Social Care in a young person’s transition, there are additional processes involved that support the commissioning of services relevant for young people. Demand capture for current and future cohorts is actively analysed to identify gaps in key areas such as suitable accommodation, employment and opportunities for people with Autism Spectrum Disorder (ASD).

Plans for 2018 - 2019

- To seek feedback from young people and their carers’. A questionnaire has been developed and is currently being evaluated by the Preparation for Adulthood Strategic Group. The intention is that this will be publicly available on the local authority website for anyone to access and give feedback
- Workforce training has been identified as crucial in supporting the transition within families, which can sometimes be one of the most difficult aspects of casework
- Continued development of specialist community resources
- Continued development of the Demand Capture database
EARLY HELP
Early Help

Early Help means: ‘…providing support as soon as problems emerge, at any point in a child’s life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan when a child has returned home to their family from care.’  

(Working Together to Safeguard Children, 2015)

It is well recognised amongst safeguarding partners that Early Help is more effective in promoting the welfare of children than reacting later. Early Help services in Stoke-on-Trent are delivered by the Children and Family Services Directorate and partners including schools, a wide range of health services and the community and voluntary sectors.

The vision for Early Help is that all children and young people in Stoke-on-Trent are happy, safe and healthy, inspired and enabled to succeed. For some children this can only be achieved with additional support. Our vision is to make Stoke-on-Trent an “Early Help” city by helping families at the earliest point, enabling them to access the right service, at the right time, from the right part of the system.

Governance Arrangements

The overarching governance arrangements for the co-ordination of Early Help in Stoke-on-Trent are under the Children and Young People’s Strategic Partnership Board (CYPSPB). The SCB has established a scrutiny and challenge role and there is a standing agenda item at quarterly meetings to examine activity and progress and to seek assurances in relation to the quality of assessments and overall management of practice and performance in relation to Early Help. The Early Help Strategy, which outlines the responsibility of all partners to offer early help, was ratified by the SCB and published in September 2017.

The Strategy document and its accompanying action plan were developed with partners and have since been fine-tuned based on extensive feedback. A bi-monthly Early Help Strategy Group is well established and well attended by a range of partners. The group is collectively responsible for the delivery of the Early Help Action Plan with a range of partners taking a lead role on the various priorities within the strategy.

Early Help Assessments 2017 - 2018

Figure 6 The numbers of Early Helps open by month end throughout the year.

<table>
<thead>
<tr>
<th>Month</th>
<th>Internal to Local Authority</th>
<th>External to Local Authority</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2017</td>
<td>314</td>
<td>592</td>
<td>906</td>
</tr>
<tr>
<td>May</td>
<td>290</td>
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<tr>
<td>June</td>
<td>293</td>
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<tr>
<td>July</td>
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<td>614</td>
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</tr>
<tr>
<td>August</td>
<td>323</td>
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<tr>
<td>September</td>
<td>330</td>
<td>615</td>
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<td>October</td>
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<tr>
<td>January 2018</td>
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<td>738</td>
<td>1109</td>
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<tr>
<td>February</td>
<td>361</td>
<td>771</td>
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<tr>
<td>March</td>
<td>352</td>
<td>799</td>
<td>1151</td>
</tr>
</tbody>
</table>
**Activity and progress**

There has been a consistent monthly increase in the number of registrations that have been recorded from services external to the local authority. The majority of these have been from school settings, including an increasing number of Early Help Assessments being registered by nurseries.

The increase in Early Help activity coincides with every school in Stoke-on-Trent now having a named Early Help Champion. More than 80% of the Early Help champions report that they feel confident in the delivery of Early Help and are actively engaged in disseminating information within their organisation.

Analysis also illustrates positive impact from Early Help Assessments that started at Level 2 resulting in a 52% reduction in need. In 14% of the cases that started at Level 2 the needs were escalated. Cases that started at Level 3 resulted in an 80% reduction in need with 9% escalating.

Work has continued to support partners to identify families eligible for support under the Troubled Families Programme. Delivery of the programme is governed by the Department for Communities and Local Government (DCLG) who set annual targets for the number of families each authority must identify and support within that year.

The local targets exceed those set by the DCLG, reflecting the aspiration to offer support to those families with multiple, previously unmet, support needs. This work will continue throughout the life of the programme which should result in improved outcomes for children, young people and their families through greater information sharing, earlier identification of families with multiple support needs and a more comprehensive offer of support to a wider cohort of families.

The Early Intervention workforce is trained in Signs of Safety and Wellbeing. There are a total of 19 practice leads in the service. Through a series of recent practice observations it is clear that managers and practitioners are making full use of the range of tools available to them to engage children and families. Through Early help champions forums and the Early Help strategy group, partners are also supporting each other in their own use of the Signs of Safety tools.

The Stoke-on-Trent Guide to Levels of Need is currently being reviewed. Partners have been involved in the early stages of that review and provided useful feedback. A new draft document, which will incorporate the Signs of Safety framework, will be consulted upon before being presented to the SCB for ratification.

**Challenges**

Whilst Early Help has made significant progress in the past 12 months, there remain some challenges to consistent delivery from all partners. Achieving the vision of making Stoke-on-Trent an Early Help city relies heavily on the commitment of the whole partnership. Engaging and supporting partners in the implementation of the strategy and delivery of the action plan will remain a focus for the coming year.

**Plans for 2018 – 2019**

- To support all schools and early years settings to offer Early Help to children in their care and their family networks
- Develop, implement and embed the Signs of Safety methodology for all Early Help Professionals
- To strengthen the reporting of outcomes from the Early Help Assessments while continuing to make use of the Signs of Safety Risk Assessment framework
- Develop specific forums for – children and young people and parents and carers to seek feedback on their experiences and effectiveness of the services and support they have received
- Develop Early Help forums on a locality footprint.
- Establish consistent parent representation at the strategy group so that the voice of parents is able to influence and shape services
- Monitor and analyse the effectiveness of Early Help in particular the impact on statutory services, where escalation of need has been prevented and how outcomes for families receiving Early Help have improved sustainably
THE WORK OF THE SUB COMMITTEES
What we have done

This section outlines the work done in partnership during the year to safeguard children. It also highlights some of the key challenges and consequent actions.

Communication and Publicity Sub Committee

A key part of the SCB functions is to communicate to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so. The SCB has formed the Communications and Publicity sub committee to co-ordinate key messages and activities.

During 2017 - 2018 the sub committee has:

- Appointed a Chair with the skills, knowledge and expertise to help drive the work of the sub committee.
- Co-ordinated a rolling online campaign ‘Be Activities Wise’, which predominately helps parents and carers who are supportive of signing their children and young people to take part in after school such as sport and other social activities.
- Developed a multi-agency communications plan to link national and local initiatives, hot topics and the SCB key strategic priorities.
- Identified and developed a process to evaluate the outcomes of local campaigns.
- Helped to raise the profile of safeguarding awareness in the community by engaging in campaigns such as ‘Know About CSE’, domestic abuse, Safer Internet day, Safer Sleeping, Sexting and the risks to individuals, tips for staying safe on line, Road Safety week.
- Updated information leaflets covering a wide range of safeguarding related topics.
- Used a variety of methods including E-bulletins, SCB newsletters, briefings, flyers, twitter and training to convey key safeguarding messages.
- Co-ordinated local activities in the promotion of the Safer Internet Day linked to the national campaign.
- Updated the SCB website on a monthly basis to ensure the website remains a useful resource for children, young people, adults, carers and professionals.

Challenges

- The reliance on the SCB administrator to keep the SCB website updated remains a continuous challenge due to the range of competing demands and limited capacity.
- There is only a small budget available for campaign resources. The sub committee is reliant on the expertise and support of partner agencies that help to contribute to the promotion of the wider safeguarding agenda using innovative methods.
- Whilst there is a welcome increase in membership of the sub committee regular attendance is not consistent which can create capacity issues due to the over reliance on certain members to undertake actions.

Plans for 2018 - 2019

- Active engagement in promoting key safeguarding messages across the partnership on Twitter, text, E-bulletin, SCB newsletter and fliers.
- Promote the safeguarding newsletter designed specifically for the wider community.
Policy and Procedures Sub Committee

The Staffordshire and Stoke-on-Trent Joint LSCB Policies and Procedures Sub group is a formally constituted part of both the Stoke-on-Trent Safeguarding Children Board and the Staffordshire Safeguarding Children Boards. It is responsible for developing policies and procedures for safeguarding and promoting the welfare of children and young people across Staffordshire and Stoke-on-Trent.

Achievements

- Safeguarding partners have continued to respond to changes in national legislation to keep frontline practitioners informed of new procedures needing to be introduced locally.
- A business plan monitoring tool is used to identify key requirements of the group. Progress summaries evidence a risk assessment including a Red/Amber/Green rating of progress made.
- A schedule of policies and procedures are reviewed at every meeting to help ensure that sub-committee members are responsive to frontline issues and manage any potential risks.
- Produced and developed legislatively compliant multi-agency policies and procedures for safeguarding and promoting the welfare of children and young people.
- A revised ratification process has been agreed and embedded that will see policies and procedures ratified by the Executive Group. This process will prevent delays in both the dissemination and publication of all policies and procedures.

The following policies and procedures have been published during 2017 - 2018

Stoke-on-Trent Procedures
- C05 Initial Child Protection Conferences
- C06 Child Protection Plans
- C07 Review child protection conferences
- C11 Supporting children – child protection plan
- D09 Young Carers
- D10 Responding to Concerns about Unborn Children
- F01 Recording Incidents
- F02 Mental Health – Parental
- G02 Resolving Inter Agency Disagreement Policy – (Escalation)

Joint Staffordshire/Stoke-on-Trent
- C10 Bruises in on None Mobile Babies
- D03 Sexting
- D06 Fabricated or Induced Illness
- D14 Child Sexual Exploitation
- D20 Reduce Prosecution of Looked After Children
- F09 Female Genital Mutilation (FGM)
- F10 Safeguarding Sexually Active Young people

Challenges

- The work of this particular committee is demanding of time as all policies and procedures are compiled and revised by frontline staff from partner agencies. Whilst this work doesn't impact directly on the SCB budget, clearly there is an expectation that all partner agencies will nominate staff to attend the quarterly meetings and undertake the required duties as required.

Plans for 2018/19

- To ensure policies and procedures are relevant and up to date through the most cost effective methods.
Serious Case Review Sub Committee

The key focus of the sub committee is on the learning from national, regional and local serious case reviews (SCR) as well as cases not reaching the criteria for a SCR but from which it is likely that lessons can be learned.

Activity

- All serious incidents are carefully considered and all key decisions as to whether a review should be initiated are ratified by the Independent Chair of the SCB.
- The subcommittee has a consistent membership and there is good support at scoping panels and the learning reviews by members whose agencies are not operationally involved in the review but perform an important “critical friend” role.
- Two Scoping Panels were held in 2017 - 2018. The panels determined that the criteria for a serious case review were not met in either case, but recommended that there would be important learning from each of these cases. The Independent Chair agreed with the recommendations that the individual cases did not meet the threshold for a serious case review and that learning reviews should be undertaken on each of these cases. The learning reviews were completed in 2017 - 2018.
- Lessons learned from the learning reviews have been widely disseminated to frontline professionals through a programme of learning events and briefings.
- Learning review findings have been used to influence changes to SCB multi agency training, joint policy and procedures and also some areas of front line practice.
- Learning from the Stoke-on-Trent reviews has been shared with the Staffordshire SCB to consider local impact.
- There has been discussion regarding the consistency of cases referred to the SCR subcommittee – in view of the review of Working Together, this will be considered when the new guidance is published.
- Progress on individual action plans have been monitored through the serious case review subcommittee. Evidence outlining progress against specific actions have each been considered, scrutinised and in some cases challenged prior to agreement being reached that the action plans could be formally signed off.
- The decision making of the SCB and the SCR subcommittee is monitored through the national panel of independent experts who have a key role in ensuring that appropriate action is taken to learn from serious incidents in all cases where the statutory criteria are met. The national panel reviewed the decisions in all cases in the year 2017 - 2018 as well as all cases from the previous year. In all cases the national panel agreed with the decisions made locally.
- The chair of the subcommittee became a member of a Domestic Homicide Review Panel held by the Staffordshire and Stoke-on-Trent Safeguarding Adult Partnership to ensure the circumstances of the children in the household were considered.

Challenges

- Ensuring that the learning from SCR and learning reviews is acted upon by frontline practitioners with evidence which demonstrates improvement in practice.
- The subcommittee needs to work with the Performance subcommittee to ensure the outcomes are reviewed through audit.
- The challenge is about keeping the outcomes and messages fresh for frontline staff, for example, demonstrating use of the escalation policy.
- The forthcoming changes to Local Safeguarding Children Board arrangements are likely to pose an operational challenge during the transitional period of change.
Practice Sub Committee

The SCB Practice sub committee is a multi-agency forum which facilitates communication between the Board and practitioners and is a positive way for practitioners to engage directly with the Board’s priorities.

Achievements

- Generally good attendance and representation from multi agency partners ensures that the sub committee is credible and proactive and can recommend evidence based changes to frontline practice and process.
- An open and constructive discussion arena has been created to share and learn about front line practice issues.
- The Practice subcommittee works well with other subcommittees to influence particularly Communications, Training and Policy and Procedures.
- Members have been proactive in highlighting the need for change to a local process following concerns expressed by partner agencies regarding the circulation of invitations to initial child protection conferences and core groups.
- The Signs of Safety model is being introduced across all areas of practice. The SCB is committed to using this methodology in front line practice and is supported by connected agency partners. Partner agencies have attended briefing events and training opportunities.
- Evidence demonstrates that those partners who have engaged in the process are embracing the Signs of Safety model.
- Facilitated multi agency discussions involving front line practitioners in respect of outcome focused planning considers how we can improve existing child protection and child in need plans and incorporate a consistent model across all types of planning including early help. These discussions have been positively complemented through the introduction of the Signs of Safety model.
- A review of the Written Agreement process has been completed. At the time of compiling this annual report a proposal has been put forward that the Signs of Safety Plan should replace the Written Agreement document.
- Multi-agency learning reviews are completed and initial learning is disseminated across the partnership.
- There is positive partnership engagement at multi agency case file reviews.
- There are clear communication lines to the SCB where there are areas of concern.
- Actions are monitored for progress and completion within timescales. Any agency that does not make acceptable progress on their areas of improvement is held to account by the SCB.
- Robust evidence in respect of front line practice continues to indicate how we have achieved positive outcomes.

Challenges

- Members continue to undertake specific work on behalf of this subcommittee – in addition to their ‘day job’. At times, capacity to complete this work has created problems through the absence of engagement.

Performance Sub Committee

The Performance Management sub committee is a formally constituted part of both Staffordshire and Stoke-on-Trent Safeguarding Children Boards. It is responsible for monitoring and evaluating the effectiveness of what is done by each of the respective Board partners, individually and collectively, to safeguard and promote the welfare of children and young people.
**Section 11 Audit**

- The Section 11 Audit tool has been reviewed and re-developed to ensure that the collection of information is streamlined, more user friendly for partners to complete self-assessment judgements to be more helpful and to identify areas where improvements are required. This mechanism has enabled partners to provide evidence for serious case review action plans and the multi-agency Child Sexual Exploitation framework as well as supporting the identification of training needs for partner agencies for 2017 - 2018.

- There was a comprehensive response from all Board partners, with all agencies assessing themselves as either meeting standards or meeting them with recommendations for improvement. Wide ranges of supporting examples were given highlighting follow-up actions, with timescales for completion, where judgements were ‘met with recommendations for improvement’. See Appendix 5 Page 59.

- There is clear evidence of a nominated lead representative from each agency. Attendance and contribution from the majority of SCB partner agencies is assessed as good. Most partners are able to demonstrate ways in which information from the SCB is cascaded to staff via emails, on the intranet, included in training events and team meetings as standard agenda items.

- Commissioners for Stoke-on-Trent Children’s Social Care identified that there was a need to improve commissioning tendering and implementation of safeguarding standards with all commissioned services as well as better monitoring of contracts.

- Many areas of good practice were identified for having a culture of listening to children and young people and using information to develop services: especially by both children social care providers and health partners, detailing various innovative ways of gaining service user feedback, using it to evaluate provision and incorporate into service development.

- Information sharing protocols were in place for all partners and there was good staff awareness of how to share information with partners to ensure that children and young people were kept safe and to allow a full account of circumstances to ensure the right provision and support was offered.

- The majority of partners have: Safer Recruitment; Allegations Against Staff who Work with Children; and Whistleblowing policies in place and the relevant officers have received appropriate training, DBS and other checks take place before staff are appointed. Partners have appropriately qualified officers to manage and have oversight of allegations against people working with children and have good links with the Local Authority LADO.

- A Training Strategy/Plan is in place for most agencies with evidence of appropriate staff accessing mandatory level 1 & 2 safeguarding training or there are plans in place to ensure that this is consistent throughout services and training is refreshed every three years in most organisations.

- Partners identified multi-agency priority training for 2017 - 2018 that reflects the LSCBs' priorities including Child Sexual Exploitation, Domestic Abuse, Alcohol and Substance Misuse, and Mental Ill Health (Toxic Trio).

- There is reporting of auditing activity taking place that should reassure the Board that service areas are working towards safeguarding children and young people. Staff surveys, inspection findings, internal audit and staff feedback demonstrates a good understanding of awareness of safeguarding responsibilities and priority issues, who to contact in their organisations for advice and guidance and making appropriate referrals to Children’s Social Care Services and Early Help is evident for most agencies.

**Plans for 2018 - 2019**

- An improved understanding of the Threshold Guide to Levels of Need for some agencies will ensure that referrals expressing safeguarding concerns are made at the appropriate level to prevent any delay in response. A review of the existing threshold document will take place in May 2018.
Stoke-on-Trent and Staffordshire Joint Child Death Overview Panel (CDOP) – 2017-18

It is the responsibility of each Safeguarding Children Board to ensure that a review of every death of a child normally resident in their area is undertaken by a Child Death Overview Panel (CDOP). The Stoke-on-Trent SCB and the Staffordshire SCB have shared and jointly funded the CDOP since 2008.

The overall purpose of the CDOP is to undertake a multi-disciplinary review of child deaths, in order to understand how and why children die and use the findings to take action to help prevent other deaths and improve the health, safety and wellbeing of our children and young people.

CDOP Summary

- There have been 20 deaths of children and young people who lived in Stoke-on-Trent during 2017 - 2018.
- From the 20 deaths in 2017 - 2018, three deaths were unexpected compared to 14 deaths in 2016 - 2017. A decrease in sudden and unexpected deaths was also seen in Staffordshire.

Reviewed Deaths during 2017 - 2018

The process of systematically reviewing all children’s deaths is grounded in respect for the rights of children and their families and geared towards preventing future child deaths. As part of its functions, the CDOP is required to categorise the preventability of a death by considering whether any factors may have contributed to the death of the child and if so, whether these could be ‘modified’ to reduce the risk of future child deaths.

- The CDOP reviewed a total of 76 deaths during 2017 - 2018. The deaths reviewed occurred from 2014 onwards. 40 deaths were of children living in Stoke-on-Trent. Of these, modifiable factors were recorded in 11.

All of the 11 deaths related to children under one year old. Some deaths had multiple modifiable factors identified. Modifiable factors related to unsafe sleeping arrangements were identified in four deaths and in nine deaths the modifiable factor of adult smoking was present.

CDOP Activity and Achievements

Throughout 2017 - 2018 CDOP has continued to work with partners locally and nationally to continue to improve child safety, child welfare and develop the functions and effectiveness of CDOP. The following is a summary of the key activity and achievements:

The CDOP Safety Booklet entitled ‘Protect Your Little Bundle… From Birth and Beyond’ to raise awareness of potential hazards in and around the home and to prevent unintentional injuries to babies and children continues to be circulated and promoted. It is in its third print. Funding has been provided by Stoke-on-Trent and Staffordshire Public Health for at least another two years. An evaluation of the booklet was carried out with professionals which fed into the updated booklet, including the removal of TICKS, and sepsis awareness.
The CDOP has continued to promote the Safe Sleeping Campaign to raise awareness amongst parents, carers and practitioners of the importance of safe sleeping arrangements (this is included within the safety booklet). Safe sleep workshops were held to continue to promote to staff the safe sleep assessment, more are organised for 2018.

The CDOP created and circulated 11 issues of the newsletter – now entitled ‘Child Death Prevention Newsletter’. This is designed to raise awareness of key issues picked up from local child death reviews and campaigns including asthma, road safety week and immunisations.

- Staffordshire and Stoke-on-Trent CDOP is a member of the National Network of CDOPs. This network shares best practice, exchanges information and collectively supports each other to prevent and reduce child deaths. An abstract and poster created by two of the CDOP’s Designated Doctor’s and other colleagues was submitted and exhibited at the last conference on the 23 May 2017.
- West Midlands Regional CDOP Network shares local best practice, collation of statistical information and regional working groups to look at shared procedures, learning development days. With the proposed new national changes to CDOP’s, Staffordshire and Stoke on Trent will remain as locally agreed and will not be merging with other panels. Government policy will transfer from DfE to the Department of Health, as recognition that there is a medical cause in more than 80% of child deaths. Elements of the programme are a national child mortality database (expected late 2019), new statutory guidance, and a new guide for families. Currently CDOP reviews all deaths from 23 weeks gestation to 18 years; this will change to 22 weeks gestation in future. How best to support the family remains at the core of the multiagency guidance.
- CDOP has continued to work with regional colleagues in the palliative care network to improve the quality of Advanced Care Plans to support children and young people and their families in circumstances where there are life limiting conditions. The Staffordshire Child and Family Bereavement Alliance held a second study day at Staffordshire Police Headquarters, support by the CDOP on 2 November 2017.
- Support the process in relation to review of the deaths of children and young people with learning disabilities.
- Alert circulated ‘Bed Side Cribs’ created by CDOP with ROSPA and agency professionals. Two ‘alerts’ were created, one for professionals and one for parents identifying the dangers of bedside cribs. Information was circulated to agencies working with new parents regionally and has also been shared with child safety equipment providers, and other NHS partnerships.
- Contribution to Warwick Medical School study into Unexpected Deaths and push for development of cardiology guidelines.
- Closer working with Suicide Prevention. Targeted work to home schooled children, information and advice given on wellbeing and mental health support
- Continuation of circulation of ‘Safer sleeping in unwell babies’ leaflet created by the CDOP. Following identification that several SIDS deaths had previously attended hospital unwell, then been discharged home prior to death. Parents/carers had changed their usual sleeping habits into identified unsafe practices.
The leaflet is given to all babies under 12 months on discharge from hospital and minor injury units following illness. This leaflet provides advice and guidance around safer sleeping practices to improve awareness.

**Plans for 2018/19**

- Support the national CDOP review and ensure that local arrangements align with national guidance. The UK has fallen behind comparable countries on rates of infant and child mortality and it is recommended that policy is transferred from the Department of Education to the Department of Health. Liaise regionally to identify themes, i.e. suicide and self-harm.
- Working with bereaved parents continues to evolve bereavement support and bereavement support planning, in line with ‘SWAN’ model of care. A ‘Developing Collaborative Bereavement Services’ day was organised at Staffordshire Police HQ on the 24 April 2018 with speakers from Manchester to raise awareness, network and promote the joining up of services.
- Continue to raise awareness of unintentional injuries in and around the home through the ‘Protect you little bundle’ safety booklet. Target vulnerable communities with awareness messages.
- Bid to access external funding streams for promotional campaigns.
- Support the process in relation to review of the deaths of children and young people with learning disabilities.
- Respond to demand from professionals to continue to deliver Safer Sleep Awareness Workshops to support practitioners in their role in preventing and reducing Sudden Infant Death Syndrome. To continue to promote safer sleeping and update and promote awareness material. Greater emphasis on antenatal health, healthy lifestyle, smoking etc.
- To build on the work previously undertaken and use learning to inform a refresh of procedures, streamline reports and align with national guidance and database. With the support of multiagency working, learn from each agency to improve co-ordinated responses to SUDIC’s.
- To continue to develop the support available to bereaved families through working with local services to develop support networks (the ‘Star Café’).
- To respond to recommendations relevant to CDOP from the national review of SCBs.
- Create ‘app’/safeguarding page aimed at teens/young people.

The CDOP Annual Report 2017 - 2018 is available from the respective SCB websites using the following links:

- Staffordshire:  [www.staffsscb.org.uk](http://www.staffsscb.org.uk)

**Training Sub Committee**

Training opportunities offered through the SCB are designed to meet the diverse needs of staff at different levels within the wide range of organisations that work with children, young people or adult family members. Supported by the SCB approved multi-agency Training Strategy, the SCB training programme focuses on key strategic priorities, with learning from local and national Serious Case Reviews being fully integrated into the training material. A Training Needs Analysis is completed annually; this along with consideration of attendance data, waiting lists and course evaluations informs the effective training programme for the following year.

**SCB Multi-agency Training Programme Summary 2017 - 2018**

- 89 planned sessions at the start of the year (a reduction of 7 from 96 in 2016-2017)
- 83 sessions delivered
- 30 Course topics
- 1,931 places taken a reduction from 2337 in 2016-2017
149 people did not attend training when a place had been booked, a reduction from 183 in 2016 - 2017
18 courses were cancelled during 2016-2017 an increase from 7 the previous year
85 people attended without advance notice on a par with 2016 - 2017
Four new topics offered:
- Safeguarding Children and Cultural Awareness (Commissioned Trainer Carter Brown Consultancy)
- Single opportunity Counselling (NSPCC)
- Signs of Safety briefing sessions (SCB Training team)
- Signs of Safety (1 day) (Children’s Social Care)

There has been a decrease in attendance at training this year of 17%, with 1,931 places taken compared to 2,337 in 2016 - 2017. This is considered by the SCB to be attributable to a range of factors, including the increased amount of cancelled courses, due to the weather, and specifically the cancellation of four sessions of Level 2 training due to the rewrite of the programme to reduce to a two day session from a three day session and to incorporate the Signs of Safety model being rolled out in the local authority and across the partnership. However, it should be acknowledged that partner agencies do facilitate training opportunities in their own setting which could also attribute to the reduction in training applications.

Where a person does not attend a training session that they have booked a place for, there is a follow up procedure that may involve the levying of a charge. This has helped to sustain a relatively low non-attendance rate for SCB training.

Attendance by Agency at SCB Multi-agency Training

The SCB has continued to provide a consistently high standard of training opportunities for our safeguarding workforce. Details of training attendance can be found in the Stoke-on-Trent Safeguarding Children Board Annual Training Evaluation Report April 2017 – March 2018. See Appendix 4 (page 58) for Training Team details.

The 2017/18 SCB Training report is available on the SCB website.

http://www.safeguardingchildren.stoke.gov.uk/ccm/navigation/professionals/training/annual-quarterly-reports/2017-2018/

Evaluation and Impact of Training

The SCB has a clear quality assurance strategy to carry out this function. This includes both a short-term evaluation (forms distributed to delegates on the day of the training) and a longer term evaluation process of sending attendees an e-questionnaire to complete three months following their attendance at the training event. In addition to this, a dip sample is carried out by the training team whereby the impact of training is captured in discussions between delegates and line managers during supervision. Through this process, the SCB is able to evaluate the quality of training at a range of levels and clearly evidence the impact SCB training has towards the achievement of improved outcomes for children, young people and their families.

The SCB recognises that training is only one way in which practitioners develop expertise; with learning often being the result of a complex set of experiences that include the quality of line management, effective and reflective supervision, peer support and self-learning. However, whilst it will invariably be challenging to judge a direct correlation between the training a practitioner/manager has received and its sole impact on safeguarding skills and improved outcomes for children, the SCB Training Quality Assurance Strategy identifies a range of mechanisms to secure accurate assessments of the positive impact of training. On the basis of the evidence gathered from good practice found in regular audits, the scrutiny of partnership performance data and comments from training participants themselves the SCB remains assured that the training programme improves the partnership response to safeguarding. An example of participant evaluations is set out in this summary.
The SCB Annual Training Evaluation Report 2017 - 2018 provides comprehensive information on the evaluation of individual courses and can be accessed via the SCB website.

**Same-day evaluations summary**

Improvements in understanding between pre- and post-attendance at training were achieved for all courses; with greatest improvements (above 4.5 on a scale of 0 to 10) were observed for FGM July 2017, Challenging Extremism, MARAC, Hidden Men, Legal Highs x 2, and Sexually Harmful Behaviour.

The average scores for improvements in understanding of the subject area were as follows:

![Average Increased Understanding of Subject - all courses](image)

The improvements in levels of knowledge and understanding are clearly evidenced by the information supplied by delegates.

- The average level of understanding per training topic increased from 5.88 to 8.98 on a scale of 0 to 10 – an average increase of 3.1.
- Average score 5.81 / 6 achieved for trainer style of delivery
- Average score of 5.76 / 6 for trainer resources
- Average score of 99.4% would recommend the courses to a colleague
- All but two of the courses met the 75% or above threshold for quality assurance for learning objectives and overall rating of the course. These were Safeguarding Children and Cultural awareness and Signs of Safety 1 day. Feedback was given to both trainers and improvements made for subsequent delivery of the course.

**Initial Evaluations – comments from delegates on their assessment of impact of training**

- **Hidden Men** – “Will give me the confidence to engage with men on the periphery of a family which will help support families better.”
- **Safeguarding Children and Domestic Abuse** “It’s motivated me to fight and challenge for my children – ensuring they’re always at the centre.”
- **Sexual Exploitation** - Asking young people more questions including what their online world looks like. Having better understanding of CSE & interventions to support young people involved or at risk.”
- **Safeguarding Disabled Children** - Allow these children a voice, opportunities and help me to educate parents and carers.”
- **Female Genital Mutilation** - “In keeping this issue prominent in order to impact on everyone’s understanding, giving opportunity for conversation, question rather than follow tradition and hope for change in culture.”
Post-course longer-term evaluations

As part of a more focused approach to assessing the impact of training, the SCB also makes effective use of post-course evaluations to further test the impact and influence on outcomes for children, young people and their families. These evaluations take place a number of months after the training had been received, with participants being asked to provide statistical and narrative evidence to support their response.

Long-term surveys were carried out in respect of 42 training events staged by the SCB during the period April 2017 to January 2018. 1,174 participants were contacted via the Snap Survey electronic survey tool, three months after receiving training, seeking responses about the development of their learning and skills. 236 individuals responded, equating to a response rate of 23.4%.

The following is a summary of the survey findings:

- Increased Knowledge, Skills and Confidence (averaged over all courses on a scale of 0 to 10)
- Delegates who responded identified significant improvements in levels of knowledge, skills and understanding, having put their training into practice over the intervening period, as follows:
  - The chart below demonstrates the reported increases over the range of improvement and also the average across the 48 training events evaluated:
    - Knowledge increased in a range of between 3.5 and 9.67 – an average increase of 8.08
    - Confidence increased in a range of between 3.75 and 9.67 – an average increase of 8.05
    - Skills increased in a range of between 3.75 and 9.67 – an average increase of 7.98
Key actions undertaken following training - and impact on colleagues/organisations

- Improved open discussion amongst the team
- Improved discussion between agencies
- Improved awareness of other agencies involved and their roles
- Improved confidence to work together and understanding broader perspective
- Raised awareness and information sharing in the team
- Shared knowledge and priority throughout team
- Increased support amongst colleagues
- Improved the accuracy of advice and options available
- Greater knowledge of local contact information amongst team
- Greater knowledge of local procedures and paperwork for staff
- Improved quality of service to be delivered that meets the needs of CYP
- Staff recording examples of potential referrals more frequently
- Informing commissioning and preventative and early intervention work with families
- Continuing to promote Think family approach with colleagues
- Staff made to see value in their concerns
- More understanding of LADO across team
- Team shared importance of planning ahead, discussing outcomes and debriefs

Comments on impact of SCB training on individual practice

- Improved professional curiosity
- Improved knowledge of procedure and referral route
- Using the signs of safety on the iPad for children
- Increased knowledge and confidence in delivery
- The understanding of when to refer and who to refer an e-safety issue to.
- Understanding there is no one size fits all
- Ensuring the child's voice is always heard and the adult difficulties do not mask this
- Increased communication with other agencies
- Knowledge of signs to look for
- Organisation of files and safeguarding identification of training needs
- Improved systems
- Adopting a more child/family centred approach
- Greater self-awareness in one’s approach when dealing with families in delicate situations, ensuring that conflict is reduced and non-judgemental
- Arrange appropriate support more frequently
- Understanding the “bigger picture” perspective
- Improved overall skills on assessing complexities and possible concerns
- Using honest language, being non-judgemental of people’s experiences
- Increased awareness of the impacts on a young person’s behaviour and attitudes
- Increased skills with regard to inclusion of the child
- Understanding of the potential barriers to Child Safeguarding
- Non direct roles able to see their impact
- Increased reflection on practice through long term evaluation

Impact contributing to improved outcomes for children, young people and their families

- Confidence in managing an ever wider range of complex student needs
- Able to assist our families with problems through a greater knowledge of the wide range of YP services
- Access the right support for young people and their families
- The panel activity has enabled me to understand what this means for families when they have to attend them.
- Help to understand the impact on the child as well as the family as a whole.
- Children have opportunity to talk knowing how to help them move forward
- Greater understanding of the impact on wider family and how to support their child to talk and reduce anxiety about what has happened.
- Greater understanding of YP emotional health, emotions can be portrayed in different ways, and wellbeing with regard to referral
- Greater involvement for dads.
- Extra time spent with families where there may be a barrier to communication
- Understand from families perspective
- Voice of the child being addressed whilst speaking to parents
- Increased children’s broader understanding of Safeguarding issues
- Increased knowledge of vocabulary amongst young people
- Children involved in our correspondence, forms, invitations, feedback services etc.
- Greater understanding of the child’s perspective/voice

Figure 7 – taken from Annual Training Evaluation Report 2017 - 2018) identified improvements in knowledge and skills as a result of the training received.

<table>
<thead>
<tr>
<th>Positive impact/outcome for children, young people and their families</th>
<th>% of delegates</th>
</tr>
</thead>
<tbody>
<tr>
<td>I now more appropriately involve children, young people and parents and carers in discussions and decisions that affect them.</td>
<td>31.47</td>
</tr>
<tr>
<td>I am able to write better outcome-focused child protection plans which are measurable and allow parents to understand the goals we are trying to reach with them</td>
<td>15.95</td>
</tr>
<tr>
<td>I know much more about the subject matter and therefore I am now more confident to speak with parents and carers and children and young people about it.</td>
<td>67.24</td>
</tr>
<tr>
<td>I feel more confident to challenge non-compliance</td>
<td>49.57</td>
</tr>
<tr>
<td>I am able to make better comprehensive detailed child protection referrals which ensure children are safeguarded in a timely manner.</td>
<td>32.33</td>
</tr>
<tr>
<td>I now ask more questions rather than accepting everything at face value</td>
<td>61.21</td>
</tr>
<tr>
<td>Records are more effectively kept up-to-date, done in a timely manner and are regularly reviewed.</td>
<td>27.59</td>
</tr>
<tr>
<td>I have a better understanding of the child protection system and therefore an improved ability to assist and support those going through the system.</td>
<td>36.21</td>
</tr>
<tr>
<td>My organisation has amended our internal policies and procedures in light of knowledge gained from this training.</td>
<td>11.64</td>
</tr>
<tr>
<td>I take the time to speak to children alone.</td>
<td>22.41</td>
</tr>
<tr>
<td>I consider how best to provide information to parents and carers such as having information readily available</td>
<td>43.53</td>
</tr>
<tr>
<td>My record keeping has improved and my file now captures the child’s voice and the child’s journey more effectively.</td>
<td>19.4</td>
</tr>
<tr>
<td>I have made myself more available to parents/carers</td>
<td>26.29</td>
</tr>
<tr>
<td>I continually develop links with other professionals via the Early Help process; this has meant less repetition for children and families</td>
<td>25.43</td>
</tr>
</tbody>
</table>
Business Plan Priorities 2018 - 2019

- Continue to promote the SCB Training Strategy expectations and standards across SCB partner agencies, including the voluntary and community sector and other community groups.
- Local practitioner safeguarding training needs will continue to be identified by the SCB and responded to appropriately.
- Work with agencies to identify and support staff that are accessing and attending the appropriate level of safeguarding children training.
- The SCB Training Plan 2018 - 2019 will offer responsive training to partner agencies.
- Ensure that appropriate multi-agency safeguarding training is available – with a focus upon the key strategic priorities of the SCB.
- Continue to monitor and evaluate the effectiveness of training, including multi-agency training for all professionals in the area - this training should include how to identify and respond early to the needs of all vulnerable children. (This includes unborn children, babies, older children, young carers, disabled children and those who are in secure settings).
- Safeguarding training is accessible to members of the City Council Overview and Scrutiny Committee.
- Maintain a review process for the revised SCB level 1 safeguarding children training package to help to provide a local resource that has been quality assured by the SCB.
- The Training Sub Committee will seek to have a consistent training team which calls upon local practitioner expertise, skill and knowledge.

Acknowledgement of Training Team activity 2017 - 2018

The SCB wishes to thank those agencies and the individual members of staff whose commitment to SCB training has been so invaluable. The successful delivery of the SCB Training Programme is wholly dependent on the contributions of members of staff representing the range of SCB partner organisations. Of the 83 training events delivered during the year, 57 directly featured contributions in programme delivery from colleagues who gave their time and expertise. The names of the trainers to whom the SCB is most grateful are shown on Appendix 5 on page 59.

The contribution of SCB core staff who work to facilitate the staging of SCB training programmes is also recognised here and the SCB would also wish to express our gratitude in particular to Claire Roberts, Leonie Pepper, Dawn Casewell, Claire Myatt, Sangita Mishra for their commitment and dedication.
PARTNER AGENCIES’ FINANCIAL CONTRIBUTIONS
Partner agencies continued to make financial contributions to the work of the SCB in addition to providing a variety of resources, such as staff time to help facilitate and deliver the multi-agency training and offer venues to hold both training sessions and workshops.

Total contributions £220,095
APPENDICES
# Appendix 1 - Agencies of the Safeguarding Children Board

<table>
<thead>
<tr>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAFCASS</td>
</tr>
<tr>
<td>City of Stoke-on-Trent</td>
</tr>
<tr>
<td>Elected Representative for Voluntary and Community Services</td>
</tr>
<tr>
<td>Further Education</td>
</tr>
<tr>
<td>National Probation Service, Staffordshire Cluster</td>
</tr>
<tr>
<td>NHS England – North Midlands</td>
</tr>
<tr>
<td>North Staffordshire Combined Healthcare NHS Trust</td>
</tr>
<tr>
<td>NSPCC</td>
</tr>
<tr>
<td>Primary Schools</td>
</tr>
<tr>
<td>Public Health and Adult Social Care</td>
</tr>
<tr>
<td>Safeguarding Children Board Manager</td>
</tr>
<tr>
<td>Staffordshire and Stoke on Trent NHS Partnership Trust</td>
</tr>
<tr>
<td>Staffordshire and West Midlands Community Rehabilitation Company</td>
</tr>
<tr>
<td>Staffordshire Fire and Rescue</td>
</tr>
<tr>
<td>Staffordshire Police</td>
</tr>
<tr>
<td>Stoke-on-Trent Clinical Commissioning Group</td>
</tr>
<tr>
<td>Stoke-on-Trent Association of Secondary College and Academy Leaders</td>
</tr>
<tr>
<td>University Hospitals of North Midlands NHS Trust</td>
</tr>
<tr>
<td>West Midlands Ambulance Service</td>
</tr>
</tbody>
</table>
Appendix 2 – Stoke-on-Trent Safeguarding Children Board Structure

Stoke-on-Trent Safeguarding Children Board Structure

Stoke-on-Trent Health and Wellbeing Board

Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board

Stoke-on-Trent Responsible Authorities Group

City of Stoke-on-Trent Children and Young People Overview and Scrutiny Committee

Stoke-on-Trent Children and Young People’s Strategic Partnership Board

Executive Group

Domestic Abuse Partnership

Joint Child Abuse Forum (CSAF) (With Staffordshire LSCB)

Joint Child Death Overview Panel (CDOP) (With Staffordshire LSCB)

Practice sub committee

Joint Performance Management Sub Group (with Staffordshire LSCB)

Serious Case Review sub committee

Joint Policy and Procedures sub committee (with Staffordshire LSCB)

Training sub committee

www.safeguardingchildren.stoke.gov.uk
Appendix 3

Child Sexual Abuse Forum – Structure Chart 2016

Stoke-on-Trent Safeguarding Children Board

Staffordshire Safeguarding Children Board (SSCB)

Executive Group

Executive Group

Child Sexual Abuse Forum

FGM

CSE

Youth Violence

Missing Children

Children who are trafficked

Forced Marriage

"Honour"-based violence

Inter-familial abuse

CSE Joint Commissioning Group
### Appendix 4 - Acknowledgement of Training Team activity 2017 - 2018

<table>
<thead>
<tr>
<th>Topics</th>
<th>Trainers</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 2 – Multi-agency Working Together</strong></td>
<td>Simon Brereton, Dawn Casewell, Keith Pagett, Sam Matthias, Emma Brown, Glenys White, Nicola Hill, Laura Ikin, Jackie Kilding, Jenny Haines, Louise Cooke, Gaynor Gee, Ros Negrycz</td>
<td>Staffordshire and Stoke National Probation Service, Safeguarding Education Officer, Staffordshire Police, City Council (Early Help), City Council (Children’s Social Care), Conference &amp; Review &amp; Stoke-on-Trent Partnership NHS Trust, City Council (Conference and review), City Council (Children’s Social Care), University Hospitals of the North Midlands Trust, City Council Conference &amp; Review, Staffordshire &amp; Stoke-on-Trent Partnership NHS Trust, University Hospitals of the North Midlands Trust</td>
</tr>
<tr>
<td><strong>Challenging Extremism - WRAP</strong></td>
<td>Dawn Casewell</td>
<td>Safeguarding Education Officer</td>
</tr>
<tr>
<td><strong>Safeguarding Disabled Children</strong></td>
<td>Laura Ikin, Jen Lomas</td>
<td>City Council (Children’s Social Care), City Council Strategic Manager for Inclusion</td>
</tr>
<tr>
<td><strong>Introduction to Child Sexual Exploitation</strong></td>
<td>Julie Burrows</td>
<td>Staffordshire Police</td>
</tr>
<tr>
<td><strong>Designated Safeguarding Lead</strong></td>
<td>Dawn Casewell</td>
<td>Safeguarding Education Officer</td>
</tr>
<tr>
<td><strong>Effective Communication with Children</strong></td>
<td>Chris Dyas</td>
<td>National Society for the Prevention of Cruelty to Children</td>
</tr>
<tr>
<td><strong>Hidden Sentence – working with prisoners’ families</strong></td>
<td>Simon Brereton</td>
<td>Staffordshire and Stoke National Probation Service</td>
</tr>
<tr>
<td><strong>Managing Allegations Against Staff &amp; Volunteers</strong></td>
<td>Emily Dempsey, Louise Warrillow, Sam Brown</td>
<td>City Council (Children’s Social Care), City Council (Schools’ HR), City Council (Schools’ HR)</td>
</tr>
<tr>
<td><strong>Parental Mental Ill-health</strong></td>
<td></td>
<td>North Staffs Combined Healthcare NHS Trust</td>
</tr>
<tr>
<td><strong>E Safety</strong></td>
<td>Glenys White</td>
<td>Staffordshire &amp; Stoke-on-Trent Partnership NHS Trust</td>
</tr>
<tr>
<td><strong>Parental Substance Misuse</strong></td>
<td>Natalie Harp, Jillian Thelwell</td>
<td>Young People’s Drug Project, Young People’s Drug Project</td>
</tr>
<tr>
<td><strong>Signs of Safety 1 day</strong></td>
<td>Tracey Ellison</td>
<td>City Council (Children’s Social Care)</td>
</tr>
<tr>
<td><strong>Signs of Safety 2hr briefing session</strong></td>
<td>Dawn Casewell</td>
<td>Safeguarding Education Officer</td>
</tr>
<tr>
<td><strong>Teenagers at Risk of Suicide &amp; Self-harm</strong></td>
<td>Chris Dyas</td>
<td>National Society for the Prevention of Cruelty to Children</td>
</tr>
<tr>
<td><strong>Single Opportunity counselling</strong></td>
<td>Chris Dyas</td>
<td>National Society for the Prevention of Cruelty to Children</td>
</tr>
<tr>
<td><strong>Impact of Sexual Abuse</strong></td>
<td>Chris Dyas</td>
<td>National Society for the Prevention of Cruelty to Children</td>
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### Appendix 5 Performance sub committee

Section 11 audit
The following table gives the full results of self-assessed judgements from all respondents.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Standard 1 Accountability Structure</th>
<th>Standard 2 Listening to Children/YP</th>
<th>Standard 3 Information Sharing</th>
<th>Standard 4 Safe Recruitment</th>
<th>Standard 5 Staff Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAFCASS</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
</tr>
<tr>
<td>Staffordshire Fire and Rescue</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
<td>Met with recs</td>
<td>Met with recs</td>
</tr>
<tr>
<td>Staffordshire Police</td>
<td>Met with recs</td>
<td>Met with recs</td>
<td>Met with recs</td>
<td>Standard Met ✓</td>
<td>Met with recs</td>
</tr>
<tr>
<td>Stoke-on-Trent City Council (Safeguarding &amp; Quality Assurance)</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
</tr>
<tr>
<td>Stoke-on-Trent City Council (Life course)</td>
<td>Met with recs</td>
<td>Met with recs</td>
<td>Standard Met ✓</td>
<td>Standard Met ✓</td>
<td>None given</td>
</tr>
<tr>
<td>Stoke-on-Trent Youth Offending Service</td>
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<tr>
<td>University Hospital of North Midlands NHS Trust (UHNMT)</td>
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