



NCASP

NORTHUMBERLAND CHILDREN AND ADULTS
SAFEGUARDING PARTNERSHIP



NCASP Annual Report

September 2023 to September 2024

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Our commitment to safeguarding in Northumberland

We are proud to present this year's Annual Report, the second Annual Report of the Northumberland Children and Adults Safeguarding Partnership (NCASP); this Report satisfies the statutory requirements for both Children and Adults Safeguarding and outlines our progress so far in integrating our new arrangements.

This report outlines our commitment to ensuring the safety and well-being of Northumberland's children, young people, and adults. It reflects the collective work and actions taken by our partners, including agreed plans, priorities, successes, and challenges and provides an opportunity to celebrate the good work of the partnership and the achievements we have made over the last year.

Through our partnership, we demonstrate a whole family approach by collaboratively supporting and safeguarding adults, children, and families.

Over 2023/24, we have worked together to further strengthen and develop our practice. We have continued to evolve our governance arrangements, increasing our collaborative approach with wider partnerships and boards and the development of workstreams in relation to our priorities and areas of challenge.

Working together with us is our relevant agencies who are well represented within our partnership arrangements. Our wider partners work closely with us to understand the factors impacting on safeguarding of children, young people, and adults in Northumberland. Together, we identify the necessary actions, collaborate to enact positive change, and monitor the impact.

Our partnership's unwavering dedication and commitment to work together to safeguard children, young people, and adults in Northumberland is a core strength. Our adaptable approach allows us to effectively tackle new challenges and policy changes whilst continuing our planned work; this a key strength in keeping children and adults safe.

NCASP's vision is... to work together and provide added value across the safeguarding system, improve practice and outcomes and to safeguard, protect and promote the welfare of children, young people, adults, and their families in our community.



Sam Rennison

- Chief Superintendent - Area Commander
- Northumbria Police



Audrey Kingham

- Executive Director of Children, Young People and Education
- Northumberland County Council



Richard Scott

- Director of Nursing (North)
- North East & North Cumbria Integrated Care Board



Neil Bradley

- Executive Director – Adults, Ageing and Wellbeing
- Northumberland County Council

About Northumberland Children and Adults Safeguarding Partnership (NCASP)

While children and adults are subject to distinct safeguarding legislation and guidance, our safeguarding arrangements recognises the shared benefits of a joint, life-course oriented framework.

Statutory Requirements:

Children Safeguarding Partnerships must¹:

- Prepare and publish a report on work that has been done because of their arrangements (at least once in every 12-month period), including on child safeguarding practice reviews;
- Report on how effective the arrangements have been in practice and progress against agreed priorities;
- Evidence the impact of the work of the safeguarding partners and relevant agencies (including training) on outcomes for children and families;
- Include ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision;

Safeguarding Adults Boards (SAB) must²:

- Publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan
- Report on what each member has done to implement the strategy
- Detail the findings of any safeguarding adult's reviews and subsequent action

Multi-Agency Safeguarding Arrangements (MASA)

There is a shared and collective responsibility between organisations and agencies to safeguard and promote the welfare of children and adults. Responsibility for this joined up approach rests locally with three **Safeguarding Partners** (Children/Adults Local Authority, Integrated Care Board, Police), who have a duty to have robust arrangements in place.

Our [Multi-agency Safeguarding Arrangements](#) (MASA) set out how the Safeguarding Partners will work together, and with other agencies, to safeguard and promote the welfare of children, adults and families.

Leadership

Strategic leadership is provided by the three Safeguarding Partners who set the strategic direction, vision and culture of the safeguarding arrangements, including shared priorities and resources required. They work in collaboration with each other and other partnership boards to provide effective governance.

The lead members for adults and children are invited to observe the Business Groups. NCASP has delivered training to elected members to support them to understand their role in relation to safeguarding adults and children.

Revised statutory guidance³ outlines new roles and responsibilities relating to the three safeguarding partners (the local authority, the police and the health service). The head of each statutory safeguarding partner will be called the **Lead Safeguarding Partner** (LSP), who will appoint a **Delegated**

¹ Pg40: [Working Together to Safeguarding Children \(2023\)](#)

² [Section 43 of the Care Act \(2014\)](#)

³ [Working together to safeguard children 2023: statutory guidance](#)

Safeguarding Partner (DSP). It also introduces a **Partnership Chair** role, emphasises the role of education in safeguarding arrangements and strengthens accountability by clarifying expectations for information-sharing, independent scrutiny, funding, and reporting.

We have had a Partnership Chair since 2022. This role was previously undertaken by Graham Reiter who retired in September. Chief Superintendent Sam Rennison has agreed to take on the role of partnership chair for the next 2 years, from Autumn 2024; The role will then rotate to another DSP in 2026.

In the past year, we have seen organisational restructuring within two of our statutory organisations, as well as developments to the partnership itself. Notably, Northumbria Police have transitioned to a six-area command operating model. This means that Northumberland is now a standalone area command, with the Chief Superintendent for Northumberland serving as the Police representative on the Executive Group. This new model allows for a focused, community-based approach in Northumberland, with multi-agency relationships that address local priorities. The force safeguarding leads continue to support this model.

The North-East and North Cumbria Integrated Care Board (ICB) underwent a comprehensive review of its operating model and staffing structure throughout 2023-2024. The new organizational structure has been in place since 1 April 2024. As part of the changes, the ICB's specialist safeguarding and cared-for staff have been re-organised into six new teams across the North-East and North Cumbria region. Additionally, a new Director of Safeguarding position has been created.

NCASP governance

Our structure aims to reduce duplication and allows for multi-agency safeguarding practices that impact on children, young people and adults. This approach is reflected in the governance of each subgroup and the engagement of all statutory partner agencies.

NCASP subgroups act on behalf of the partnership in ensuring it fulfils its statutory responsibilities. Through their terms of reference⁴, the groups assume delegated responsibility for implementing their responsibilities. Members act on behalf of their individual organisations for making decisions and allocating resources to allow the groups to agree proposals to be escalated to the Executive group for approval. This allows for prompt governance and enables us to progress work at pace.

The arrangements enable partners to support and challenge from within the multi-agency system and operate in an environment where effective multi-agency practice can flourish. The structure includes a range of both joint (children and adults) and separate arrangements, all of which are accountable to the Business Groups (see: [Appendix 1](#)).

The Business Groups are chaired by an Independent Scrutineer, and membership includes the Chairs of the subgroups. The Independent Scrutineer provides a quarterly assurance report to the Executive Group highlighting key strengths, challenges and suggestions of where improvements could be made to strengthen the multi-agency safeguarding arrangements.

The Partnership is overseen by an Executive Group which includes the three statutory safeguarding partners and Cumbria, Northumberland, Tyne and Wear (CNTW) and Northumbria Healthcare NHS Foundation Trusts (NHCFT). Whilst the value of extending the membership of the Executive Group is recognised, the responsibility for decision making remains with the identified safeguarding partners (in accordance with statutory guidance).

⁴ An outline of the subgroups and their purpose is set out in our [Terms of Reference](#)

NCASP News⁵ is one of the ways we keep the children and adult's workforce informed about NCASP and work across the whole partnership. The first edition was published and circulated in June 2024; the next one will cover July 2024 – October 2024.

Scrutiny of arrangements

NCASP provides a blended approach to scrutiny, these include:



An Independent Scrutineer (IS) was appointed in June 2023.

The Independent Scrutineer role seeks assurance and assesses whether the three safeguarding partners are fulfilling their statutory obligations.

The Independent Scrutineer has included an appraisal of our arrangements within this report, see: [Independent Scrutineer Appraisal](#)

NCASP have developed a draft Scrutiny and Quality Assurance Framework, which will be considered and approved by the Executive Group for implementation and published in December 2024 alongside our revised MASA document.

Scrutiny activity during 2023-24

Questionnaires, Surveys, Case Studies

- Multi-agency audits
- Children and Young People's feedback survey
- Targeted audits: Domestic Abuse, CPVA, Neglect

Interviews, Learning Events, Workshops

- Twice yearly Independent Scrutineer meetings with individual safeguarding partners and subgroup chairs

Learning events

- Workshops to develop plans

⁵ [NCASP News](#)

*via Tyne, Wear and Northumberland Safeguarding Partnership, Association of Directors of Children's Services (ADCS) and Association of Directors of Adult Social Services (ADASS)

Secondary Analysis of Data

- Performance Framework developed focusing on core data with multi-agency KPIs and soft intelligence
- Local analysis/benchmarking of Police and LA Exploitation data

Observation

- Observations undertaken of all subgroup and Partnership meetings, to inform further development of NCASP

External Inspections

During this period there have been two external inspections for partners, [Ofsted](#) and [Care Quality Commission](#). Although these are single agency inspections, there has been a focus on safeguarding and how partners are working together to safeguard and protect children and adults.

A recent **inspection of Children's Social Care**⁶ evidenced strengths in our partnership working, from the frontline through to strategic leadership and commented on the impact of NCASP.

“A well-developed, competently led safeguarding partnership for children and adults has broken down barriers, enabling services to work together effectively and provide holistic services.”

The quality and impact of multi-agency working is highlighted throughout the report. Some examples include:

- Plans are underpinned by strong multi-agency partnerships that place children at the forefront of planning.
- Children in Northumberland receive a highly effective response when they are referred into the 'front door'/multi-agency safeguarding hub (MASH). Partnership working is consistently strong, and children are appropriately referred into the front door by partner agencies.
- Thresholds are well understood across the partnership, and this helps to ensure that children receive the right service according to their needs. Practitioners use the information provided to determine any issues of need and risks, and carefully consider these against any historical and known information.
- The strength-based model of practice is deeply rooted with partners, who fully contribute to the analysis of risks.
- The co-location of health, drugs and alcohol partners within the Northumberland Adolescent Service provides an invaluable support for young people transitioning to adult services at a time which is right to meet their individual needs.
- Children's services leaders have developed strong and effective working relationships to ensure that children are a priority across the whole council. This has led to significant investment in children's services, enabling the development of the multi-agency co-located family hubs, a high-quality pre-birth assessment team supporting early permanence decisions and a front door that has partners firmly embedded and is a strong example of working together to support children and families.

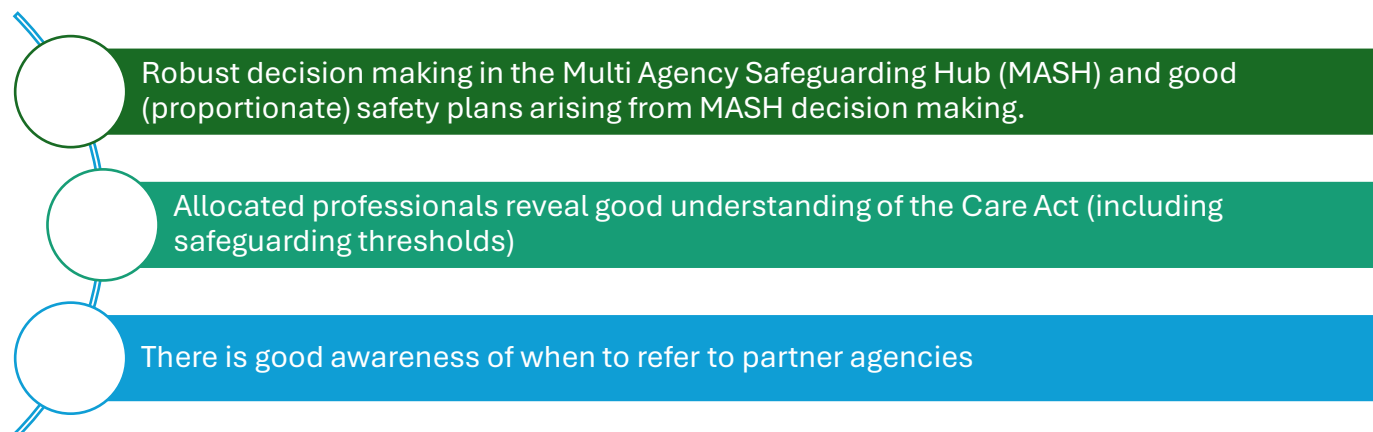
The impact of leaders, the experiences and progress of children who need help and protection and overall effectiveness was judged by Ofsted to be OUTSTANDING!

⁶ [Inspection of NCC LA Children's Services \(May 24\)](#)

We are very proud of our multi-agency workforce who deserve our heartfelt appreciation and gratitude. Through their collaborative efforts, they work tirelessly every day to safeguard children and achieve the best possible outcomes for children and their families, even in the face of significant challenges.

The **CQC inspection of Adult Services** took place in August 2024 however, the outcome has not yet been published. As part of the preparation for this new inspection, Dr Carol Tozer⁷ undertook a peer review of Adult Social Care (ASC) in February 2024.

This review highlighted several examples of strengths in partnership working, including:



Dr Tozer also identified some **recommendations for NCASP**:

- NCASP could explore whether care providers' experiences of hospital discharges (as reported to this Review) are shared more widely. It could then agree any further action needed with care providers and the local NHS: this might include a review of where care providers are represented on the Partnership's various groups and feedback from the NHS.
- The NCASP website needs to be quality assured and updated so that members of the public can understand how partners are working together to safeguarding adults at risk.

Work has begun on implementing these recommendations; membership of NCASP groups is currently under review and will be re-published by the end of 2024 and the NCASP webpages are being redeveloped with a focus on user experience to ensure our communities are fully informed about the work of the partnership and the information is easily accessible.

Regional Collaboration

There are several ways we work with partnerships regionally. There are established Business Manager Networks (regional and national) for both children and adults, and the safeguarding partners attend regional forums providing good links with NCASP. Two of our safeguarding partners work across 5 other LA areas, which is also a benefit to us.

The Tyne, Wear and Northumberland Safeguarding Partnership (TWNSP) brings together all independent scrutineers, organisation safeguarding leads and independent chairs/srutineers across 6 areas. The partnership exists to share learning and collaborate on regional pieces of safeguarding activity (children and adults).

The TWNSP membership and terms of reference have recently been reviewed (in response to revised WT2023). Consideration is being given to how it can support the LSPs (covering multiple areas) to fulfil

⁷ [Dr Carol Tozer: Lead for Strategic Planning - IMPACT \(bham.ac.uk\)](https://www.bham.ac.uk/impact/lead-for-strategic-planning/)

their statutory obligations and to meet at a more regional level to discuss arrangements within their remit and ensure consistency of funding and resources.

The children's [multi-agency procedures and practice guidance](#) are a regional collaboration. Amendments to procedures/protocols agreed locally are shared across the six areas and incorporated into the shared procedures, where possible. This offers consistency for partner agencies working across the wider region. This also means that any changes because of learning from practice reviews can be considered and implemented across the six areas.

Learning from reviews

Our practice reviews are adequately resourced to enhance learning, to embrace contextual as well as individual and family concerns and to involve the full range of strategic and operational staff to extract and embed learning. Learning from local and national reviews is cascaded and used to improve outcomes for children, adults and families. Learning from reviews is also integrated into safeguarding training, policy and practice.

Safeguarding Adult Reviews

In accordance with section 44 of the Care Act 2014 Safeguarding Adult Boards have a statutory duty to carry out Safeguarding Adults Reviews (SARs). The SAB is required to undertake reviews when an adult in its area has died because of abuse or neglect, and there is concern about how the partner agencies have worked together to safeguard the adult.

Rapid Reviews

NCASP's rapid review process for children has now been extended to include considerations for adult reviews. A Rapid Review meeting is now convened following notification of a SAR referral and a decision made within 15 working days. All agencies who have (or had) involvement are required to contribute to the Rapid Review and attend the meeting.

For an overview of the rapid review process and timescales please see: [Rapid Review FLOWCHART](#)

Lessons Learnt from 2022-23 referrals

In our 2022-23 Annual report we highlighted lessons learnt were ongoing in relation to the deaths of two adults and these can now be shared.

Adult AQ

Adult AQ was diagnosed with bi-polar and lived alone with their 15-year-old who has ASD and additional needs. There were concerns regarding poor conditions in the home, and potential self-neglect of adult AQ and neglect of the child.

Key themes identified from the lessons learnt included a lack of professional curiosity and the needs of the young carer not being carefully considered.

Actions taken following the lessons learnt exercise included:

- AQ's lived experience was reflected within Young Carers training to staff.
- An access anytime webinar in relation to Professional curiosity was produced and shared with professionals
- A [7 min briefing](#) was produced and shared at staff Forums.

Adult AS

Adult AS was found to have died at home after neighbours raised concerns for his welfare. His wife, who had dementia and for whom he was carer, was found alone in poor home conditions.

Key themes identified from the lessons learnt included the Mental Capacity Act (MCA) not being followed, a lack of professional curiosity, carers assessments not being considered and a lack of multi-agency working.

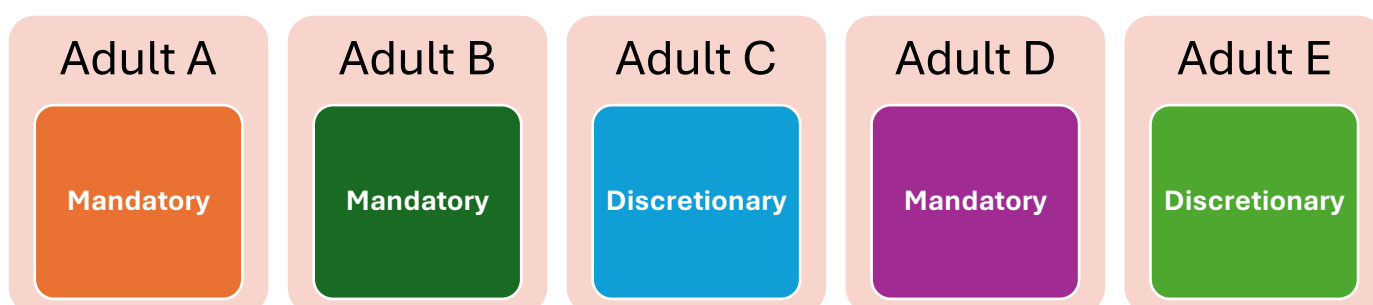
Actions taken following the lessons learnt exercise included:

- An access anytime webinar in relation to Professional curiosity was produced and shared with professionals (as above)
- Development of an MCA Toolkit and Competency framework
- A multi-agency task and finish group with a focus on MCA was established and reported assurances back to NCASP within 6 months - see update on MCA

Self-Neglect Thematic SAR

During 2023-24, a number of referrals with elements of self-neglect were considered by the Safeguarding Adult Review Group (SARG). Referrals relating to three adults (two of whom had died) were determined to meet **mandatory criteria** for a SAR.

Two further referrals relating to adults who had died were not determined to have met mandatory criteria, in one instance because the adult had not died because of abuse or neglect and the other as there were no concerns about how partner agencies had worked together to safeguard the adult.



Due to the ongoing concerns about self-neglect in Northumberland, it was agreed that a **Thematic Safeguarding Adult Review** should be undertaken and that all five adults should be considered by the SAR. Professor Michael Preston-Shoot⁸ has been appointed as the Independent Author for this review; this work is progressing.

Practitioner Events planned for November 2024 will hear the lived experiences of practitioners and will help us identify and learn from good practice along with identifying any areas of learning and actions required to reduce future risks. Details of the outcome will be published in due course and will be included in the 2024-25 Annual Report.

SAR with involvement of services working with children

This review concerns the death of a 64-year-old adult. At the time of their death the client was living in the community with their two adult children and had the care of two grandchildren. The main carer for the adult was their teenage grandchild and services for both adults and children were involved with the family. Multiple agencies were working with the client due to their health needs and in the 12 months prior to their death concerns were raised by professionals in relation to self-neglect.

⁸ [Professor Michael Preston-Shoot, Professor Emeritus - beds.ac.uk | University of Bedfordshire](https://www.beds.ac.uk)

This referral was found to meet **mandatory criteria** for a SAR and although it did not meet criteria for a child safeguarding practice review partners felt involvement of agencies who worked with the children and a whole family approach would be beneficial to the learning. This review will commence imminently with the outcome published in due course; findings will be reported in the 2024-25 Annual Report.

Other referrals for consideration of a SAR

In the 2023-24 period covered by this Annual Report two other referrals were considered for a SAR. Both involved adults who had died from choking whilst living in care homes and therefore the referrals were considered in relation to potential neglect.

In one instance evidence showed that all appropriate steps had been taken and partners had worked together to safeguard the adult as much as possible however despite best efforts the adult sadly died. As there was no evidence the adult was neglected, this did not meet mandatory criteria for a SAR, and some good practice was shared.

In the other circumstance learning was identified for the care home in relation to how the adult died as well as learning for adult services (which was not specifically related to the death). There was no reasonable cause for concern that partners did not effectively work together. There was however clear learning more broadly which had been promptly implemented.

For this reason, this referral was determined not to meet mandatory criteria for a SAR however the partnership did request an **assurance review** be completed by the Independent Scrutineer to ensure all learning and the impact of this has been captured and shared. NCASP have also committed to seeking assurances about choking as a theme of SAR referrals, and this work will follow the assurance review.

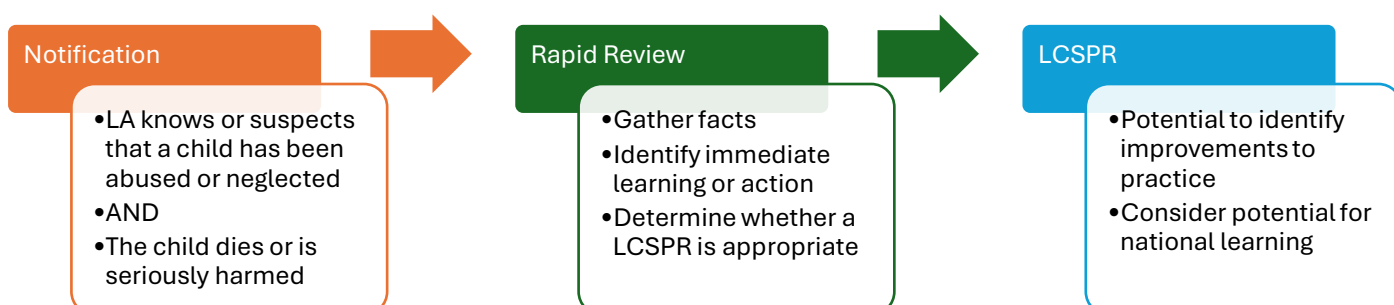
Child Safeguarding Practice Reviews (CSPR)

The purpose of serious child safeguarding case reviews, at local and national level, is to identify improvements that can be made to safeguard and promote the welfare of children. Learning is relevant locally but has a wider importance for all practitioners working with children and families and for the government and policymakers.

Responsibility for how a system learns lessons from serious child safeguarding incidents rests at a national level with the Child Safeguarding Practice Review Panel (the National Panel) and at a local level with the three Safeguarding Partners (integrated care board, police and local authorities).

As outlined in Working Together 2023, there are **three key stages** in the process of learning from serious cases:

- Serious Incident Notification to the Panel (shared with Ofsted and the DfE)
- Rapid review
- Local Child Safeguarding Practice Review (LCSPR)



Decisions around whether to proceed to an LCSPR (and the recommendations and action plans arising from rapid reviews and LCSPRs) are agreed by DSPs.

Sophia’s Safeguarding Review

This review was undertaken using [Appreciative Inquiry](#) (AI) approach. As an approach, AI does not apportion blame. It embraces professional curiosity and challenge, by asking open questions about what worked well alongside what might and should be different in the future.

[Sophia's Safeguarding Review](#) was completed in February 2024 and published in March 2024 (along with a [storyboard](#) as a summary).

Sophia's safeguarding review process...



The review identified **6 themes**:





These themes are interlinked. For example, how workers/agencies seek and understand a child’s daily experiences will influence how it is recorded. Or the quality of a worker’s supervision will influence how good practice is encouraged, supported and celebrated.

The review includes **possibility statements** describing what practice will look like for each theme (if the aspirations set out are consistently happening). The actions then explain how each statement will be achieved.

There were **19 recommendations** from Sophia’s review. These included:

- Understand what difference the developments between 2020 and 2023 in agencies, services or the NCASP have made and how.
- Consider how to introduce shame sensitivity and shame sensitive practice.
- Gather detailed family histories, including roles and responsibilities of important people.
- Reflect the detail within the six theme statements across single agency and/or NCASP policies and procedures.
- Record information about a child to the child.
- Review procedures for information sharing in the front door arrangement.
- Clearer discharge planning expectations.
- Guidance about the lead professional role for any type of plan for a child.
- Guidance about healthy child developmental milestones.
- Information for families about the support they can expect to receive from a service and the purpose of interventions.
- Key focus areas for supervision discussions across the NCASP.
- Safeguarding supervision for DSLs.
- Multi-agency group learning and reflection.

A multi-agency action plan has been developed and is overseen by SPRG, with regular updates to Business Groups and Executive Group.

The review also identified **35 examples of good practice**; some examples included:

- The creative and flexible ways to try and build a relationship with Sophia to support her back into school.
- The persistent but respectful follow up of identified actions after Sophia’s discharge from a service.
- Clear records of discussions and observations.
- Recognition that specialist services needed to be involved.
- Exploring concerns from different perspectives, rather than assuming or accepting a single source of information.

The [storyboard](#) is a summary of the full safeguarding practice review

Why the review is written in the way it is:

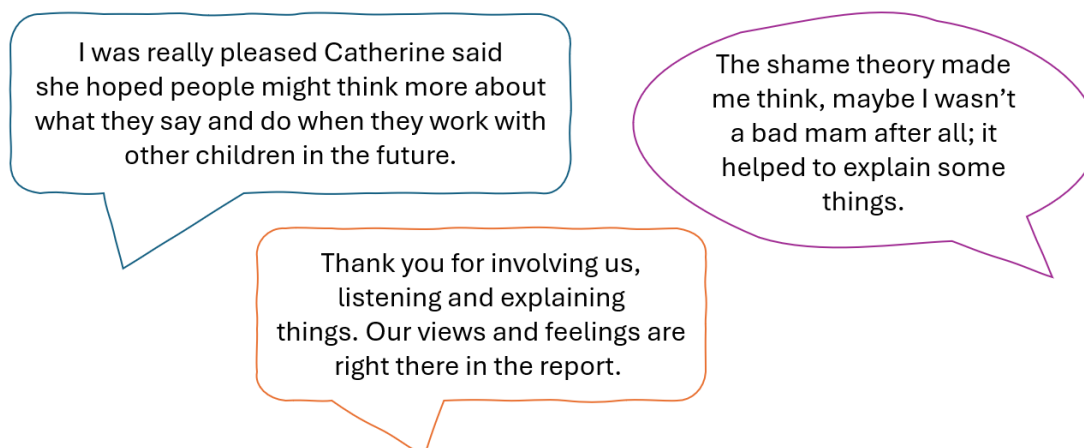
- ❑ **Sophia was not seen or heard for such a long time.** So, the review has been written in the first person to remind people they are reading about Sophia and the events that have happened in her life.
- ❑ **It was important to give Sophia the opportunity to be involved in her review.** This was not possible initially due to other enquiries. It was constantly reviewed to reflect the learning that she was not always spoken to or that her views were often presented by other people. Speaking with Sophia offered some insight to her thoughts and feelings.
- ❑ **The documents are written using clear and simple language.** This is so they are easy to read and so everybody can understand the information, even Sophia at a time in her life when she feels ready. Writing in this way avoided key events being open to interpretation, which was learning from the review.
- ❑ **Relationships are identified with words children use and reflect how they speak about the important people in their lives.** This reflected one of the recommendations - to write in a way a child and their family can relate to, because it is a record of their life.
- ❑ **The storyboard was used instead of an executive summary, so the information is more accessible to everyone.** This is a successful way of explaining complicated information using simple words and pictures, which was confirmed by Sophia's family.

Read [Sophia's Safeguarding Review](#)

What people involved in Sophia's Safeguarding Review told us...



When Sophia's family read the review, they said:



Sophia: Learning, delivery and change

NCASP wanted to hold a series of multi-agency sessions to raise awareness about Sophia's review and engage colleagues in discussions about future practice with children and families based on the learning and recommendations within her review.

The session objectives are:

1. To support people in the partnership to feel more confident if they are invited to be part of a child safeguarding practice review in the future.
2. To increase the awareness of appreciative inquiry as a tool to reflect and learn.
3. To support the partnership to become shame informed, to complement developments towards a trauma informed approach to work with children and their families.
4. To share and celebrate good practice and learning identified in Sophia's review.
5. To hear the views and ideas from within the partnership about what is happening or what will happen to help evidence progress with the recommendations within Sophia's review.

We have held **4 sessions** so far, with **148 attendees**. We had workers, managers and leaders from **Children's Services** (safeguarding locality teams, family help teams, Family Placement teams, First Contact, Northumberland Adolescents Service, Disabled Children's Team, Children's Safeguarding Unit) **Harrogate and District NHS Foundation Trust, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Virtual School** (education welfare, education psychologist), **Northumbria Police** and **Schools**.

Attendees are sent a bespoke resource pack following each session, which includes some reflections shared at the session – example: [RESOURCE PACK - Sophia- learning, delivery and change](#)

Two more sessions are scheduled for November/December. We are evaluating each session and collating all the activity feedback about what has already changed and what we can do to support future practice.

People have been very positive about the sessions, describing the delivery as “excellent” or “great”, with “interesting” and “informative” material whilst appreciating opportunities to network and interact with multi-agency colleagues. We're already seeing an impact on practice including a noticeable shift in the language we use about children and families and how we record information.

The Lead Reviewer has also been asked to attend local, regional and national forums to talk about the process and methodology used and share the learning. Example of feedback about the review from Designated Safeguarding Lead (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board)..

- 🗨 It is such an insightful read that has made an impact on me and the colleagues I have shared the report with.. I would be delighted if you are able to talk to a wider, regional group of colleagues to talk about Sophia's review.

Other referrals considered at Safeguarding Practice Review Group (SPRG)

SPRG considered two families, referred to Children's Social Care, where home conditions were of serious concern. Initial scoping was undertaken to identify agencies' involvement and any potential learning.

Similar themes were identified and we agreed to undertake a themed audit. The themes identified have informed the key lines of enquiry for the audit.

NEGLECT AUDIT - Key lines of enquiry

1. *Was the child's voice sought and documented and what was known about their day-to-day life, include evidence of how this is done?*
2. *Was Dad included in any assessments and how was this done?*
3. *Were your own agency assessment tools used, and were any concerns or omissions followed up?*
4. *Was action taken to address parental needs (mother and father) including self-neglect or any care and support needs?*
5. *Is there evidence of multi-agency planning, decision making, contingency plans, and did this include evidence of consideration of past concerns?*
6. *Was there evidence of consideration of cumulative effect of the impact of neglect and how is this considered?*
7. *a. Was there evidence of the child(ren) demonstrating behaviours that challenge, was this explored and how? b. Was consideration given to this behaviour being a form of communication by the child?*
8. *If the child had a disability, did the impact of the child's disability on the family take the focus from considering the environmental factors impacting on the child?*

The findings from the audit will feed into the neglect/self-neglect task and finish group.

Other Reviews

Domestic Homicide Reviews (DHR)

During this reporting period one DHR has been published in relation to 'Richard'⁹. Although DHRs are managed by SNP, this review identified some recommendations for NCASP which were:

Northumberland Domestic Abuse Partnership (DALP) and NCASP ensure that the conclusions and learning from this review are embedded for agencies and professionals across the County. This should include a focus on the **potential increased risk of domestic and economic abuse in older people** both because of the growth of this population sector and the impact of age on cost-of-living resilience.

DALAPB, NCASP and OPCC consider further development of the understanding and **public awareness of domestic abuse and coercive control (including in relation to financial control and economic abuse) in older people**. This should include public awareness campaigns and consideration of user voice of this group in planning services.

Northumberland Children's and Adult Safeguarding Partnership promote further the importance of routine consideration of **carers assessments**.

The findings of this review were also presented to the Northumberland Carer's Partnership Board. An emerging priority for the revised Northumberland Commitment to Carers Strategy¹⁰ is to 'increase opportunities to identify carers and reduce barriers to accessing report'. In addition, Adult Social Care is prioritising improvements to carers assessments.

A DHR Management Group has been established and will now have oversight of all reviews being managed by SNP. The group, through their regular scheduled meetings will be appraised on all the local reviews, progress and emerging issues for all cases regardless of what stage of the process the review may be at.

⁹ [RichardDHRfinalpublication.pdf \(northumberland.gov.uk\)](#)

¹⁰ The revised strategy will be published in 2025. The previous strategy is available [here](#).

SNP have also adopted NCASP's Rapid Review process for consideration of DHRs to promptly review the facts of the referral, identify any immediate actions, consider the potential for improvements to safeguard and mitigate risk and identify key local learning that can be quickly acted upon.

Northumberland is a pilot site for the Domestic Abuse Commissioners Domestic Abuse Related Death Reviews (DARD) Oversight Mechanism. The purpose of this mechanism is to bring independence to the DHR process post publication of reviews to ensure that there is local and national accountability for the implementation of DHR recommendations, as well as identifying common themes and trends and supporting change at a national level.

Child Death Reviews

There is a statutory requirement¹¹ for Child Death Review Partners¹² to ensure arrangements are in place to carry out child death reviews, including the establishment of a Child Death Overview Panel (CDOP).

The purpose of CDOP is to:

- Ascertain why a child has died by a thorough but proportionate review of the facts and circumstances surrounding the death,
- Determine the contributory and modifiable factors,
- Make recommendations to all relevant organisations where actions have been identified which may prevent further deaths or promote the health, safety, and well-being of children,
- Provide detailed data to NCMD which is analysed nationally and regular reports are produced e.g. on the impact of deprivation on child deaths,
- Produce an annual report highlighting local trends and patterns and any actions taken by the panel. Contribute to wider learning locally, regionally, and nationally.

Child Death Overview Panel – Annual Report (2023-2024)

The annual report of the North & South Tyne CDOP contains a summary of the activity carried out by CDOP across the 6 LA areas represented: Northumberland, North Tyneside, Newcastle, Gateshead, South Tyneside and Sunderland.

An example of action taken to reduce child deaths across the CDOP footprint:

New Bereavement Service

- NHCFT have developed a new service where each family receives a named keyworker after the death of their child.
- The service is staffed by **4 advanced paediatric nurse practitioners** and to date has supported **12 families**.
- Standard Operating Procedure has been developed and links made with outside agencies (including the police and coroners' service).
- A dedicated family room allows families to spend time with their child before leaving the hospital.
- Teaching has been provided to other members of the MDT on the child death process and has been extended to staff across the region (as part of the North-East and North Cumbria Critical Care and Surgery Operational Network).
- The team have recently joined the national end of life care education group (in partnership with Northumbria University) to ensure student nurses have access to teaching on child death and end of life care.
- The service was awarded the "best improvement initiative" at the 2024 Northumbria Healthcare staff awards.

See [full report](#) for more information (including data and modifiable factors).

¹¹ [Child Death Review Statutory and Operational Guidance / Chapter 6: Working Together to Safeguard Children 2023](#)

¹² Local Authority & ICB (6 Local Authorities and 1 ICB in our footprint)

What else has been achieved?

Whilst we have been working hard to develop and implement our new safeguarding arrangements, we have continued to make progress against our priority areas of work and operate business as usual to improve safeguarding of children and adults and meet its statutory obligations.

Performance Framework

We have developed core data sets (children and adults) which we monitor via our joint Performance Management Group. The data provides a window on how the safeguarding systems are working and (alongside single agency's scrutiny of multi-agency data) helps us to identify any emerging or escalating issues.

Some headline data for 2023-2024..

Child Protection

- **24432 contacts received** – 15% (3241) increase from last year - Police account for majority of contacts (60%) followed by Health (15%) and Schools (9%).
- **2871 referrals received by Children's Social Care** – 5% (160) less than last year (21% were repeat referrals). 26% (750) referrals were from Police, 20% (585) from Health, 18% (517) from schools and 17% (480) from LA services. 238 referrals were received from individuals, 116 were anonymous, 12 referrals received from Housing and 161 were from other sources.
- **609 MASH assessments** – 13% (87) decrease from last year. 73% assessments converted to strategy discussions, 65% to S47 and 25% to ICPCs.
- **588 children subject to ICPCs** – 3% (15) more than last year.
- **506 new CPPs started** – 1% (3) increase from last year (so stayed about the same). Neglect is the main reason for CPPs (88%)
- **536 CPPs ended** – exact same number as last year – 2% (13) of CPPs ended had a duration of 2 or more years.

Adult Safeguarding

- **3607 Low Level Safeguarding Adult concerns received** – 37% (966) increase from last year - 36% related to physical abuse, 14% were about medication and 13% account for concerns about neglect (5% self-neglect)
- **39% of low level concerns** related to female, 28% to male
- **63% of low level concerns** related to people over the age of 65, 37% aged 18-64
- **1101 Section 42 enquiries made** – 32% (515) less than last year - 20% were for domestic abuse, 18% self-neglect, 15% physical abuse, 13% neglect and 12% for financial abuse
- **Police account for 34%** of Section 42 enquiries made, followed by Social Care staff 12% and Hospital staff 9%
- **'Making Safeguarding Personal'** - Of the people who expressed the outcomes they wanted, 100% had their outcomes were fully or partially met
- **37% of Section 42 enquiries** made related to female, 28% male
- **41% of Section 42 enquiries** related to people over the age of 65, 59% aged 18-64

The PMG scrutinises the core data (quarterly) and reports into the Business Groups on its findings, making recommendations for any areas of scrutiny. This is then reported to the Executive Group by exception so that they have oversight and consider any actions.

Examples of this include the work to better understand the conversion rate of referrals (children and adults) and the impact of re-referrals. The neglect task and finish group was set up in response to data scrutiny and this has also informed wider quality assurance work around child protection conferences and MASH.

Strategic Priorities

A new joint Children and Adults [Safeguarding Strategic Plan](#) was created for 2023-24. This is being reviewed and refreshed for 2024-2025

Priority 1

Risks outside of the home (ROTH)

Priority 2

Complex Mental Health

Priority 3

Neglect (including self-neglect)

Priority 1: Risks outside of the home (ROTH)

Area of focus:

- Developing contextual safeguarding approach to understand and respond to children and adults risks of significant harm experienced beyond their families.
- Ensuring effective multi-agency practice to protect those at risk of extra-familial harm, in all its forms.
- The particular vulnerabilities of disabled CYP to extra-familial harm should be recognised and evident in multi-agency strategy, training and practice

What we have done:

- Contextual safeguarding pilot (children) – agreed by executive.
- Learning from the pilot will be shared through the Strategic Exploitation Group (SEG).
- MSET review – new PREM (all age) includes ROTH.
- DCYP audit – findings shared with SEG and used to inform delivery plan.
- Multi-agency training re contextual safeguarding rolled out – this has been extended.
- Other training has been updated to reflect ROTH (including transitional safeguarding)
- DA&YP task and finish established

What we need to do:

- Finalise SEG delivery plan – make sure ROTH is properly reflected (for both children and adults).
- SEG to oversee CS pilot
- Continue to develop our training offer re CS
- DCYP to continue to work with SEG re disabled CYP
- Promote and support the implementation of PREM
- Improve partnership links with Safer Northumberland for joint delivery against this priority area

Contextual Safeguarding

There is a commitment within Children’s Services and NCASP to developing a safeguarding approach that supports practitioners to recognise and respond to worries and danger in contexts outside of a child or young person’s family, whilst promoting the principle that safeguarding is everyone’s responsibility.

Harm can occur outside of the family context, in spaces and places often identified within community settings and from people who are not a family member. Considering harm in this way encourages

insight into the risk being contextual. This supports a shift in our approach and interventions, which enables us to focus our attention on supporting parents and carers by creating disruption and managing risk in the community.

Northumberland Children's Services use the term **contextual safeguarding** to describe its response to any identified harm outside of the family context.

- ❑ Contextual safeguarding guidance was produced in September 2023 that outlines the new approach.
- ❑ The guidance was agreed at the NCASP executive group in January 2024.
- ❑ A phased approach is being taken to working in this new way with children, young people and families where there are concerns outside of the family context.

For further information see [Contextual Safeguarding Guidance](#)

Exploitation and Missing

Support for children missing from home and care sits within the Northumberland Adolescent Service (NAS) with far reaching input across the county. Input includes practical responses to missing episodes in the form of Return Home Interviews (RHI). Exploitation support is multi-faceted including practical 1:1 intervention with young people, consultations for Children's Social Care and Early Help, training, contribution to wider service delivery including multi-agency groups.

The Strategic Exploitation Group receives an annual report (for scrutiny and assurance) about the local offer of support and risk management. The annual report provides **data** (and supporting narrative), highlights **key issues and emerging themes**, and **identified actions**.

Some key issues and emerging themes:

- ❑ NRM numbers remain consistent with the previous year, however, there remains inconsistencies in the recording and monitoring of this with the case notes and case status's not being applied for the new NRM referrals. Further training is being developed to improve the recording on case notes as case statuses on ICS. *For more info about the NRM see [National Referral Mechanism \(NRM\)](#)*
- ❑ There remains a key correlation between young people who are reported missing and those who are at risk of or have been exploited. The respective leads for both missing and exploitation regularly meet and share data and information to build a current picture and ensure collaborative working.
- ❑ There continues to be a focus on place-based responses specifically on child criminal exploitation (CCE) cases where multi agency working is focused on disrupting specific locations and places to support safeguarding. This is seen in various working groups including Victim Offender Location (VOL)s and task and finish groups.
- ❑ There remains a focus on continued improvements in multiagency working relationships with partner agencies across Northumberland with a particular focus on disruption and the implementation of contextual safeguarding. There are plans to continue with the multi-agency training offer which commenced in 2023 for NAS staff and partners agencies throughout 2024/25. These agencies need to include community safety, licensing and trading standards.
- ❑ Online Exploitation – increased use of screentime for young people and this has coincided with an increase in reports of online grooming, sharing and distribution of indecent images. Due to the various pressures, many parents have welcomed their children being busy online and have been less inclined to challenge this. Parents also tell us they do not always feel well equipped with sound knowledge of technology to monitor and disrupt these concerns.
- ❑ Prominent areas for substance misuse continue to be focused in South East region. The substances most frequently reported are Alcohol and Cannabis. Nitrous Oxide cannisters continue to be found in areas known for youth congregation i.e. parks. The exploitation team work closely with SORTED (Substance Misuse Team) to address these concerns.

Northumbria Police has worked with partners to review the Missing, Slavery, Exploitation and Trafficked (MSET) approach and standardise the process across all 6 Local Authorities.

The aim of MSET was to have a shared approach throughout the 6 areas to safeguard and protect those children who were regularly going missing and at risk of or suffering from sexual exploitation. MSET provided a value-added multi-agency response; however, there was an inconsistent approach to children transitioning and adults. In addition, increased concern around County Lines and criminal exploitation and a lack of focus on perpetrators and hot spot locations meant an updated approach was needed.

The new PREM model (Partnership Reduction, Exploitation and Missing) will be introduced in October 2024 to ensure both children and adults at risk of exploitation are considered. PREM is a Police-led, multi-agency problem solving meeting to reduce identified risk and harm of exploitation and missing episodes. PREM will not only focus on the victim, but also on the offender and location to remove/resolve the issue.

In addition, the Northumbria Police prevention department introduced a dedicated missing from home investigation team which has seen positive results in the reduction of missing episodes and time missing.

What Ofsted inspectors said about exploitation:

- Children who go missing from home and in care, and those at risk of exploitation, receive a very effective multi-agency response from workers in the Adolescent Service.
- Skilled workers provide reflective, child-centred consultations, with children's allocated workers working alongside them when required, to provide added value and a flexibility in approach. As a result of this, risks to children are addressed through an effective coordinated response from partners.
- Return home interviews are timely, detailed and show an understanding of children's experiences.
- The intelligence from these interviews is shared across the multidisciplinary team to inform what actions need to be taken to keep children safe.
- This high level of oversight ensures that children continue to work with people who know them and who are well informed about contributing risk factors. As a result, risks to children are managed and mitigated.
- Leaving Care Workers provide strong support to those care leavers at risk of exploitation. There is effective multi-agency oversight where there are concerns about the safety of young people who are missing.

Safer in Education

A multi-agency working group of volunteers from the Safer in Education Group (SiEG) reviewed Northumberland's multi-agency strategy for safeguarding children who are electively home educated (EHE). Terms of Reference for the review covered national work re EHE since 2019 (including DfE consultations), current safeguarding arrangements in Northumberland, what some of our regional local authorities do, what we are worried about, and consideration of 3 local case studies of children who are EHE. An action plan has been developed and included in the subgroup Actions Log.

In May 2024 the Child Safeguarding Practice Review Panel published a report on Safeguarding Children in Elective Home Education. In Recommendation 3 the Panel recommended that safeguarding partnerships assure themselves about the effectiveness of their local systems pertaining to the safeguarding practice for children electively home educated. The SiEG chair presented an assurance paper to NCASP's executive board in June and feedback has informed the action plan for the multi-agency review of arrangements to safeguard this group of children.

The Violence Reduction Unit launched a new education strategy through the DSL network and SiEG.

Regular briefings (including contextual data) were delivered to the SiEG regarding children not in school and the associated risks that presents in terms of vulnerability to exploitation, and the impact of emotional based school avoidance (EBSA). Partners have developed a better understanding of education attendance as a protective factor. The Independent Scrutineer is considering further work that could take place across the partnership on this theme.

Schools and education providers have accessed training regarding contextual safeguarding (ROTH), delivered by the Schools’ Safeguarding Team. NCASP’s novel approach, guidance and pilot have all involved education providers.

Priority 2: Complex Mental Health

Area of focus:	What we have done:	What we need to do:
<ul style="list-style-type: none"> Continuing to develop, promote and evaluate Trauma Informed Practice. Developing our partnership response across all tiers of intervention (including safeguarding those with complex needs but no mental health diagnosis) – right support at the right time. Considering impact of parental mental health. Safeguarding disabled children and young people with complex mental health needs, including in residential settings. 	<ul style="list-style-type: none"> Understanding Trauma training has been reviewed and updated to include recent learning from SAR's/CSPR's. Currently looking to link the shame containment theory into this (Sophia). Strengths based assessment (adults) and assessment and analysis (children) training includes being trauma informed. Hoarding Disorder training developed by CNTW and training team T&F group has been set up to consider learning from the National Panel’s review (Safeguarding Children with Disabilities and Complex Health Needs in Residential Settings) – this will inform our work re CMH. 	<ul style="list-style-type: none"> Explore how we can evaluate impact of training and trauma informed practice Agree who will lead on this priority and who will attend T&F group (and set up meeting asap). DCYP T&F will report into the CMH T&F group. We will continue to ensure that trauma awareness/strengths-based practice is embedded in other training subjects <i>(for example, Mental Capacity Assessment in Practice; MCA & Substance Misuse; Alcohol Change; Are you Writing for me; Record Keeping in ASC, SA Sec. 42 Training; Child Protection, Sec 47 etc)</i>

Right Care Right Person

Northumbria Police have fully embedded three phases of Right Care Right Person (RCRP):

phase one	<ul style="list-style-type: none"> missing adults
phase two	<ul style="list-style-type: none"> concern for welfare
phase three	<ul style="list-style-type: none"> Police hospital handover form

This approach has enabled partners to work together to embed this new way of working and allow Northumbria Police to make informed decisions to not to deploy to incidents as they are not the agency that would give the right care to the public.

During the implementation of RCRP, mental health police Subject Matter Experts (SMEs) worked in the control rooms alongside the North East Ambulance Service (NEAS). The control room also benefits from [Everyturn](#) mental health workers during core hours.

Street Triage continue to give a service jointly with CNTW and Northumbria have seen the implementation of a new Mental Health Strategic support team with the new Prevention Department which consists of police officers who work across all the area commands and link in with partners. In addition, street triage within Northumberland has a partnership with [Safe Haven – The Bothy](#) which is a local mental health service where officers/street triage can refer those requiring Mental Health Support but not in crisis.

Northumberland’s Mental health pathway continues to meet 4 weeks wait for treatment which is an amazing achievement meaning that when a child requires specialist mental health input this is timely. The service continues to enhance their workforce through specialist training to ensure we have the appropriate skills set to meet the changing complex needs of children and young people (CYP).

Over the last 12 months there has been a real focus on CYP emotional and mental health needs being met by the graduated response whilst on the Neurodevelopmental diagnostic pathway and ADHD monitoring within CNTW. Good progress has been made to promote relational and trauma-informed practice with education providers, health partners and children’s social care. SiEG was regularly updated by the senior leaders of the initiative from the Virtual School, BeYou and NEWST teams.

A well attended 1.5 days of a Relationships Still Matter conference took place in May, keynote speaker and training provider was again Paul Dix, author of *When the Adults Change and When the Parents Change*. The 10 pilot schools reported back on their 12 months of training and support. The impact is starting to emerge, and professionals are highly motivated by the relational approach. The NCC lead, Deputy Virtual School Headteacher, will continue to brief the SiEG.

Priority 3: Child Neglect and Adult Self-Neglect

Area of focus:	What we have done:	What we need to do:
<ul style="list-style-type: none"> • Adults • Raising awareness of self-neglect and its impact • Hoarding • Substance misuse • Informed decision making and behaviours • Consider pathway for those that don’t meet threshold (and/or non-engagement) • Children • Impact and response to complex chronic neglect (including disabled children) • Impact of parental substance misuse • Learning from summit and multi-agency audits 	<ul style="list-style-type: none"> • Neglect T&F group established (children and adults) • ToR agreed and an action plan in place. • Partnership neglect audit planned (children) – KLOEs agreed. • Thematic SAR review agreed • Developed a 6 month plan with area of focus for each month • SA Training for Managers (Adult Services) has recently been completed with the focus on self-neglect. 	<ul style="list-style-type: none"> • Learning from audit and reviews to inform work.. • Introduce impact measures • Update resources and training - go back to basics • Promotion of 'safeguarding is everyone's business' and importance of professional curiosity - focus of Safeguarding Adults week • Further develop MA training for practitioners (as part of the Neglect/Self-Neglect T&F group)

Adult self-neglect continued to increase throughout 2023 and 2024 from being the 7th highest type of abuse reported in adult services to being the 2nd highest. There has also been an increase in the number of referrals in relation to self-neglect which met significant/critical thresholds leading to further s42¹³ enquiries being undertaken.

In November 2023, a review was undertaken on behalf of the Practice Learning Group (PLG). This review highlighted several areas in which agencies had implemented and developed good practices in relation to Neglect following the summit held in May 2022 particularly around thresholds, toolkits and processes.

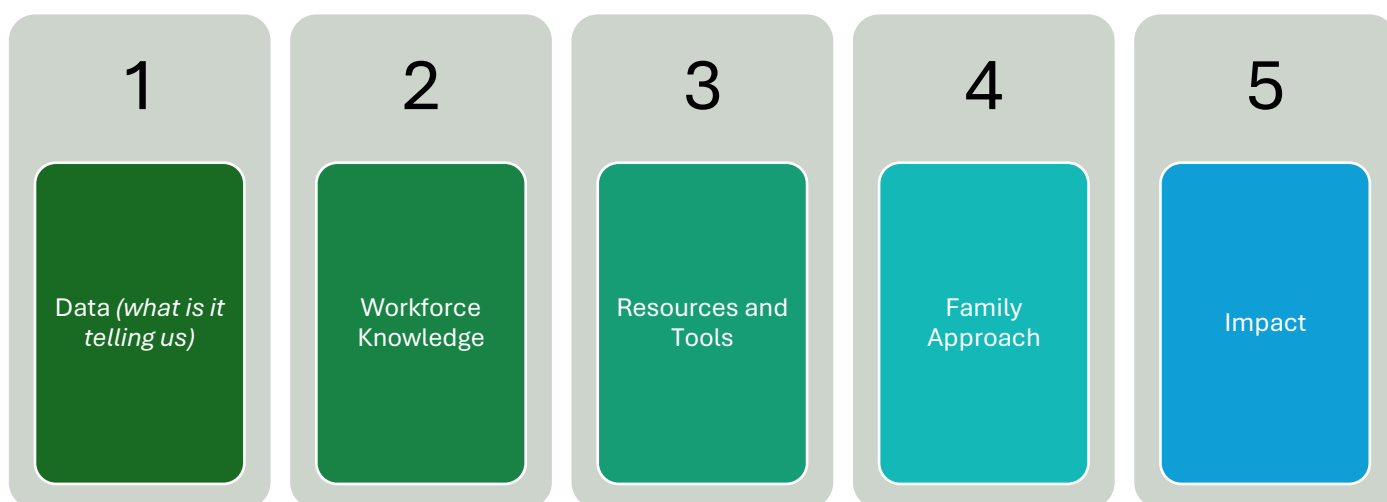
The impact of this directly on children and families remained unclear at the time of the Audit Review and there were several actions identified for the partnership to consider further which led to the creation of the Neglect and Self-neglect Task and Finish Group.

There is a strong multi-agency commitment to developing the approach towards neglect in Northumberland throughout childhood and into adulthood. In particular, the transitional safeguarding training being offered within Northumberland was identified as key to ensuring that adverse childhood experiences are considered within adult assessments to support in the reduction of repeated cycles of neglect and provide an understanding into the impact of child neglect and link to self-neglect into adulthood. To further this approach, it was agreed the Task and Finish Group would be joint between Children and Adults and would look at both neglect and self-neglect, taking a Think Family approach.

The Task and Finish Group was established in March 2024 with the following strategic aims:

- To determine how we work (multi-agency) and explore our response to neglect.
- To develop a whole family approach to neglect and self-neglect.
- To set the focus and direction for work on this priority area. This should incorporate the areas of focus identified in our Strategic Plan

To achieve this work a 6-month focus plan identified the following areas which needed to be considered and evaluated against our NCASP strategic drivers.



Data scrutiny was identified through our Performance Management Group (PMG), which is now a joint children and adult meeting. A survey has been shared widely amongst practitioners across all services including statutory, voluntary and domiciliary to understand the current workforce knowledge which will inform our multi agency training offer.

¹³ [Care Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk)

Our multi agency self-neglect policy has also been updated and will be launched during [Safeguarding Adults Week](#) in November 2024.

In addition to the multi-agency work outlined above, partners have enhanced their single agency response to neglect and self-neglect in a number of ways.

We continued to implement our multi-agency [Eyes on the Baby](#) programme in recognition that many of the families most at risk of SUDI were sometimes unable or unwilling to receive the information traditionally delivered by health professionals. The programme equipped staff from inside and outside of these traditional health roles with the skills and confidence to work with families as part of their everyday practice to prevent SUDI.

NHCFT Substance Misuse MDT continues to bring together multi-agency partners to support and enhance the care of pregnant women who are misusing substances within the antenatal period. This ensures that all available support is given to this patient group, so they understand the impact of substance misuse on unborn babies and have the support they need to safely stop use. In addition, the Team work together to ensure that appropriate and clear planning is in place for a safe birth and care postnatally.

NHCFT have implemented a robust **mental capacity assessment** within all paediatric services for young people aged 16+ and adults. This supports staff to identify and appropriately consider capacity within the realms of neglect and self-neglect, including complexities around decisions deemed 'unwise'.

The Child to Parent Violence and Abuse (CPVA) notification and gatekeeper process is not a direct service, however by having oversight and reviewing case history we can identify any concerns we have in families where we feel the child or young person's needs are not being met, including where neglect may be a concern.

Following an increase in self-neglect referrals meeting critical or significant thresholds in December 2023 the Local Authority Adult Safeguarding team completed a review which indicated an increase particularly where drug and alcohol use was a contributing factor or where the adult was elderly.

In response, Level 5 safeguarding training focussing on Self Neglect was completed with Senior Managers and Team Managers to ensure front line staff are supported when working with clients who may self-neglect. Additional scrutiny was introduced within the triage process to identify risks of self-neglect at the earliest opportunity. From March 2024 all self-neglect referrals are also reviewed by the safeguarding team to apply safeguarding threshold and support with interventions and planning.

A number of deaths were referred to the Safeguarding Adults Review Group (SARG) where self neglect had been a feature. More detail is provided below in Learning from Reviews below.

Example of multi-agency working (from NHCFT)

Patient A

- Patient was open to safeguarding due to concerns re self-neglect, the risk of death and the risk to self in community.
- They had multiple attendances at NCHFT, brought in by police and NEAS often intoxicated after being found in public places.
- There were also concerns re aggression and violence toward health professionals when intoxicated.
- Other concerns re pressure damage and noncompliance with medication, and the risk of sepsis.

- ❑ Multiagency working via safeguarding meetings was in place and evident, a shared plan was implemented in the emergency and urgent care departments.
- ❑ Capacity was considered and assessed at every attendance.
- ❑ Safeguarding concerns reduced, and they were therefore close to safeguarding.
- ❑ Patient A is no longer in the top 10 of attenders at the trust.
- ❑ Due to the multi-agency working and the frameworks in place staff had the ability to ‘think outside of the box’ in respect of how we approached patient A, whilst maintaining their dignity and human rights.
- ❑ We incorporated making safeguarding personal in how we approached the situation and instilled the importance to trust staff of using the shared plan as an aid, re-assessing capacity at every attend.

Substance and Alcohol Team (SaAT)

The Northumberland Substance Use and Alcohol team (SaAT) has been in operation since March 2024. The aim of SaAT is to reduce the dependence upon crisis responses which often include hospital admissions, respite care or residential/home care packages. SaAT sits under the remit of Safeguarding within the Local Authority.

SaAT offers support within legislative guidelines under the Care Act Needs Act to service users having issues around substance use and alcohol where there is evidence of self-neglect. The intervention plan is time limited and goal oriented and likely to have positive outcome for the individual. The team aims to provide person centred interventions which enable individuals to achieve their potential, based on the pillars of prevention, harm reduction, treatment and support.

SaAT is an expanding specialist social work team, undertaking assessments for suitability for residential rehab for adults. The team also case manage and offer advice/support to adults who use substances including those who are open to formal safeguarding processes where the abuse or neglect is linked to their alcohol and/or substance misuse.

Example of a positive outcome for a SaAT client:

Client with substance use

- ❑ Client in breach of his Probation Order resulting in Court Proceedings being initiated
- ❑ Client had been withdrawing from support available to him and had a poor relationship with his probation officer.
- ❑ During proceedings, the judge unexpectedly requested that his Social Worker provided an oversight of her involvement along with plan of support
- ❑ Social Worker explained the strength based approach she was using with the client and his ability to engage with the service.
- ❑ As a result, the judge did not send the client to prison which was the expected outcome and instead, provided him with the opportunity to keep engaging with the service
- ❑ One of the SaAT Team outcomes is to reduce criminal activity whilst supporting clients through engagement, empowerment and accountability.

Other updates

Mental Capacity

In our [Strategic Plan 2023-26](#) we committed to a focus on the Mental Capacity Act and in particular understanding and application of the act, ensuring this was embedded across systems.

This work followed on from a meeting of the Tyne, Wear and Northumberland Safeguarding Partnership where it was noted that locally, regionally, and nationally Reviews continue to highlight that Mental Capacity Act (MCA) is an area of challenge for partner agencies. NCASP has a key role in ensuring that learning from these reviews is embedded in front-line practice and to prevent recurring learning being identified in subsequent reviews.

A task and finish group were established with the following aims:

- ❑ To ensure that learning from Reviews where MCA has been highlighted, is embedded in front-line practice.
- ❑ To ensure that practitioners have a thorough understand of MCA and are confident in its practical application.
- ❑ To empower staff to be confident in their decision making
- ❑ To ensure that MCA is appropriately applied during transition from children to adult services where applicable.

Information from single agency audits fed into the group and provided evidence of practice and culture change whereby MCA was more effectively considered. There was evidence of good joint working within the front door, particularly regarding CPVA and transitional safeguarding where knowledge had been strengthened.

A sway document was produced (by the task and finish group) to inform professionals of the rationale behind the work and the need for promotion of MCA including learning from Reviews.¹⁴

Domestic Abuse

The [2024 Northumberland Domestic Abuse Needs Assessment](#) has recently been published and provides an overview of the nature, extent and impact of Domestic Abuse and Sexual Violence in Northumberland. It also monitors progress on the recommendations made in the previous needs assessment in 2021 including addressing gaps in local data.

The Domestic Abuse Data Dashboard came into operation in July 2023 and has been further developed to include monitoring of data in relation to older and young people to support targeted work for these groups.

Although these workstreams are separate to maintain the focus on the key demographic groups, they are both underpinned by the same key aims:



Domestic Abuse and Older People

In 2023, the Joint Northumberland Children and Adults Safeguarding Partnership (NCASP) and Northumberland Domestic Abuse Board (DALP) committed to working together to explore the nature and prevalence of Domestic Abuse and Older People.

This work aimed to directly inform Northumberland’s response and support sharing of best practice and awareness raising. For this purposes of benchmarking and monitoring data an ‘older person’ was defined as anyone aged 65 years and older.

¹⁴ [NCASP MCA SWAY March 2024](#)

HIDDEN HARMS

older adults and domestic abuse



In Safeguarding Adults Week 2023 the group launched the 'Hidden Harms' video to raise awareness of this issue, particularly as a concern that is often under recognised and underreported.

Click on the image to watch the video..

Other achievements of the workstream to date include:

- Meeting with service users to identify and understand the barriers to reporting
- Presentation by Dr Hannah Bows¹⁵ from Durham University highlighting what the research tells us about the domestic abuse of older adults
- Highlighting and sharing the learning from local Safeguarding Adult Reviews and Domestic Homicide Reviews where the victim was an older person to inform our local response
- Development and delivery of a dedicated training package focussing on DA and Older People
- Provision of temporary safe accommodation including bungalows
- A planned interactive learning event for front line practitioners in November 2024

Domestic Abuse and Young People

Learning from a Rapid Review identified promotion/awareness raising around recognising harmful behaviour in relationships (and what to do about it) as an action. Scrutiny of police (and other) data has highlighted an increase in DA in teenage relationships (16–17-year-olds). Schools are also reporting an increase in DA and unhealthy relationships and the need for additional support/training.

Young people have told us that there is a lack of support and those working with young people tell us they do not always feel equipped to respond to young people using harmful behaviours, or where to get support.

NCASP agreed Domestic Abuse and Young People would be a key area of work for 2023/2024, with specific focus on healthy relationships and recognising harmful behaviour. This also links with the 'Risks outside of the home' thematic priority.

We consulted with workforce to find out about current support services/provision in Northumberland so that we know where to focus our work/resources. The findings from this survey¹⁶ (and other consultations) have informed an action plan, developed by a task & finish group.

As part of this work (and in response to the consultation) NCASP and DALAPB will be hosting a [Young People and Healthy Relationships Summit](#) in October 2024 with speakers from Rape Crisis, Worth Educating and Changing Relations¹⁷.

What Ofsted inspectors said: *Children who are exposed to domestic abuse receive a highly effective response. Daily meetings provide a multi-agency consideration of risk, with an immediate safeguarding response if needed. Well-established links to community organisations enable adult and child victims of domestic abuse to access the support directly when this is required. A well-coordinated partnership initiative to address domestic abuse means that schools are made aware of police notifications, providing additional oversight of children and offer additional support when needed.*

¹⁵ [Dr Hannah Bows - Durham University](#)

¹⁶ [Summary: Mapping Support/Provision](#)

¹⁷ [Speaker and Facilitators / Table Activities - Summary](#)

Child to parent violence (CPVA)

CPVA project uses therapeutic approaches to engage parents in a program of work which aims to change their response to their child, in turn changing the child's behaviours. It can include physical violence from a child to a parent or other behaviours like damage to property, emotional abuse or financial abuse.

Parents are often reluctant to discuss the abuse due to fear of being blamed or misunderstood by professionals, alongside the risk of their child being criminalised. CPVA overlaps with the victim perpetrator dynamic and is therefore a complex area of work. The underlying causes for CPVA are often misunderstood.

The project has been successful in reducing violence in the home, improving communication and reducing the need for Police involvement. As the project is based in YJS the team can complete OOC assessments where CPVA is the main issue. This allows a holistic assessment with interventions which reframe ideas around offending.

Since the project was established, **689** notifications have been received, approx. **28%** have been referred to a specialist worker (either RYPP or NAS CPVA worker).

CPVA continues to be embedded within Northumberland with a clear pathway in place whereby cases are identified and discussed between Adult Safeguarding and Children's Safeguarding within the Multi Agency Safeguarding Hub.

The partnership continues to be committed to raising awareness of a coordinated approach in response to CPVA; data tells us that identification is improving as reported issues have increased highlighting:

There is a 60-40% gender split (male:female) – reflects national data

The majority of young people referred are aged 13-15 years

43 attended virtual briefing

46 attended toolkit sessions

CPVA briefings and toolkit sessions continue to be delivered on a virtual basis to a multi-agency audience.

While most CPVA notifications come via Police (CCNs) or allocated workers, schools, CYPs, voluntary services and others have contacted the CPVA gatekeeper for advice.

Two examples of CPVA work (one where NAS CPVA worker was allocated, one where they were not)

10 year old male

- Family Worker completed the RIC
- Mum was scared of the young person – he would hit her and also pick up objects and throw them. He would attempt to hurt his brother to challenge mums authority
- Conflict between parents who lived separately
- Attendance was poor and had begun the process of Neurodevelopmental assessment with CYPs
- CYPs work began, initially focussing on attachment and anxiety
- Change in days and times young person spent with mum and dad.
- Dad was not aware of the violence - this was openly discussed

- Work done with mum around her authority in the home
 - Closed with significant reduction in violence and aggression
- Gatekeepers closed notification – support in place from another source

16 year old female

- Family Help Worker completed the RIC
- Mum reported there was no relationship left, had been threatened with scissors, was violent or aggressive daily, not attending school
- This escalated to social work as younger siblings were witnessing violence
- Initial work on baskets (choosing main issues) and de-escalation – mum interrupting often led to escalation
- Mum was tasked with focussing on positive interactions and spotting these.
- Once mum focussed on her role in creating a positive relationship the young person quickly responded to this
- Young person attended school for her exams, work closed with positive atmosphere in the home
- Gatekeeper closed notification – outcome met with NAS CPVA

Some feedback from families about NAS CPVA workers:

- 💬 It has helped me deal better with my son in a totally different way I found the Non-violent resistance a fascinating way to look at dealing with children that present with behaviours like my son.
- 💬 [the worker] delivered this brilliantly in such a caring and supportive way.
- 💬 [the worker] works in such a non-judge mental way it helped me as I was very afraid that he was going to criticise the way I have been Parenting my child.
- 💬 [the worker] was fantastic with my son as he does not like anyone new and it takes time for him to trust anyone due to his needs. But after the first visit my son felt very comfortable and was able to talk to him which I have never seen my son do before so quickly.
- 💬 Getting [child] to engage with social services so quickly I have not seen him respond like that before.

CPVA - What has *worked well* over the year?

- The work that has started on the adult interface has been productive
- The training of FHWs in NVR principles at a lower level is a preventative offer
- National and regional meetings have encouraged us that Northumberland is in a positive place in terms of CPVA
- The graduated response is now defined

CPVA - What could be *developed* in 2025?

- There is work to be done on the adult response at the tiers below significant harm
- Work with the other 5 LAs in our region on a regional oversight of CPVA
- Ensure the NVR principle work in Family Help Teams is clearly defined in terms of where this sits in the offer
- We need to redevelop the training offer

See: [CPVA 7-minute guide](#) (updated)

Family Help

In the last 12 months the Family Help service (previously early help) has been restructured alongside the Family Hubs, to ensure that the service is in the best position for current and future shifts in policy and the support needed for families.

Northumberland's Family Help teams (4 teams, one per locality) are based in Family Hubs, and provide an early help service to families identified as needing early help or who are identified as requiring continuing support after having been involved with statutory social work services.

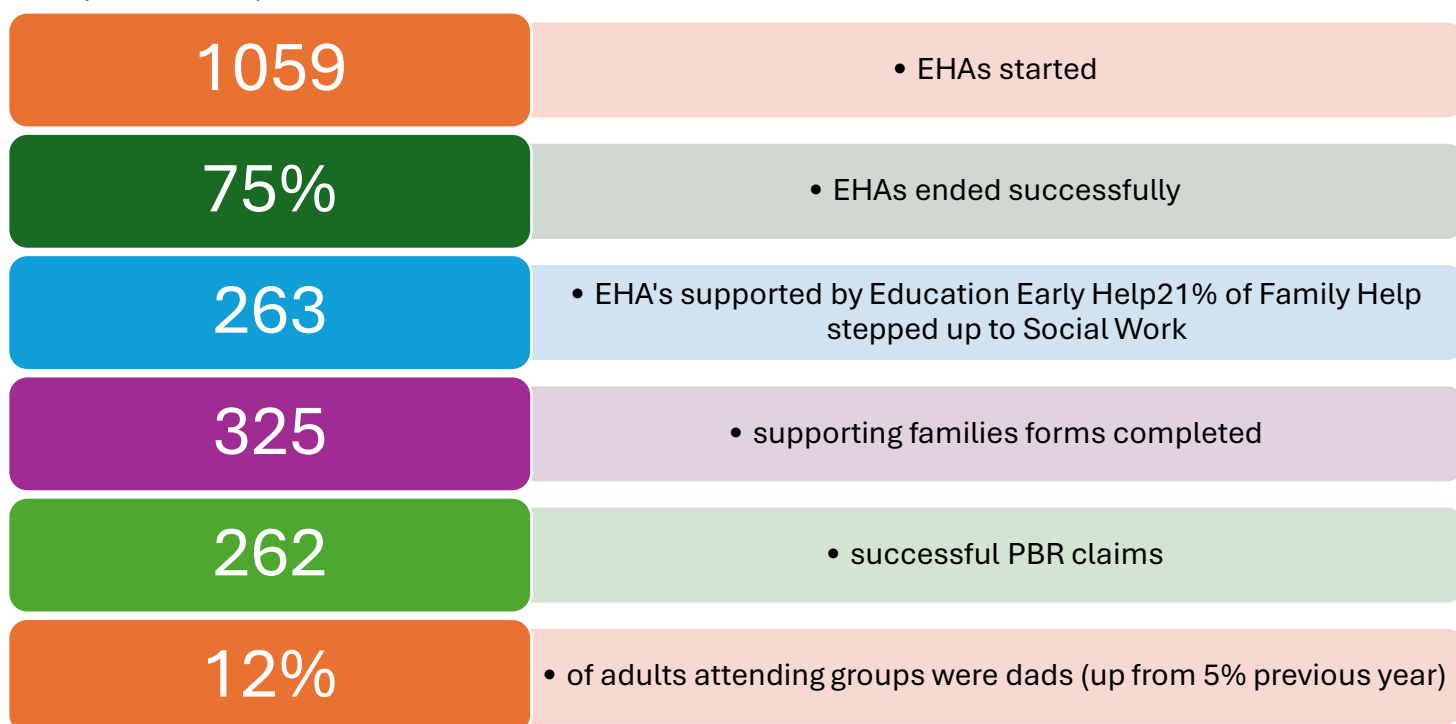
Working in a 'whole family' approach, staff undertake Early Help Assessments (EHA) with families to agree a clear plan with written actions, outcomes and responsibilities for all family members including the adults. Plans are reviewed through Team Around the Family (TAF) meetings chaired by a lead professional. Staff work closely with partners including health visiting, midwifery and other health teams, as well as early years and education. Often, a Supporting Families Employment Adviser will also attend to help the family with any financial issues. Family Help Workers also deliver Interventions.

Working alongside both Family Help and social care teams is the Early Help First Contact team which triage approx. 4000 families each year to ensure families are supported in a coordinated way by the right partner at the right time.

Sitting underneath Early Help First Contact is the Education EHA team which support education settings to increase their knowledge, understanding and confidence in using Early Help Assessments and the TAF process to enable effective, coordinated and multiagency responses to the presenting needs of children, young people and their families.

Financially underpinning early help support is the Supporting Families programme which relaunched in 2021 and sets out 10 criteria that families can meet to enable financial claims to be made against positive outcomes being met, as well as providing guidance which supports the creation of an 'Early Help system' that we are required to assess ourselves against each year.

A snapshot of the performance:



Recent developments include:

Referral Criteria

In October 2023, revised Standard Operating Procedures were developed (officially launched in February 2024). These tighten up on timescales (preventing drift and delay), improve step down processes from social care, clarify responsibilities and streamline closure processes.

The most significant change is that the Early Help Coordination and Family Help teams will now use the [Threshold Guidance](#) which sets out the local criteria for support in a way that is transparent, evidence-based, accessible and consistent. Referrals can be made to Family Help if the family falls within level 2 of the guidance. Prior to this the criteria for family help were related to Supporting families, namely that the family had to meet 3 of these criteria to be offered support. Changing the criteria to using level 2 threshold of need simplifies the referral criteria as well as widening the net to ensure that more families will be able to access family help support. There has been a 50% increase in family help episodes since the launch of the new SOP's in January 2024.

Early Help Partnership Board

The Family Hub Implementation Group has been replaced with the Early Help Partnership Board, (which will report to the Children and Young People Strategic Partnership). The Board's purpose is to oversee a partnership approach to prevention and early help provision across Northumberland (including Family Help, Family Hubs, Supporting Families, Young Peoples offer etc.).

The Board will have several workstreams reporting to it, which are;



The workstreams have relevant partners such as HFDT, Public Health, Northumberland Communities Together and Thriving Together, which will continue to strengthen knowledge and partnership working across voluntary and community groups to ensure that the prevention and early help offer for children and young people of all ages is further developed within a whole system approach.

Early Help First Contact Team

There continues to be a stable integrated front door which ensures that advice and guidance for families is appropriate, as well as the right proportionate support given. This also puts the department in a good position to develop and embed changes in policy and practice coming from Stable Homes, Built on love.

The team has adapted to the changes in criteria for the Family Help Service and to the restructuring and development within the Family Hubs. The 0-19 Service Community triage team is now embedded, work with partners around the emotional health graduated approach is ongoing, and several services continue to be gatekept such as Young Carers, CPVA, CWP

There has been an impact on the number of families requiring advice and guidance with the abolition of Parenting Support calls. Extra support will be put into the team temporarily to mitigate this. There have now been 748 children that have had Education EHA initiated and work is beginning to analyse at the data from the EHAs that are now closing, including the improvement made and onward referrals completed.

From April 2024 for a trial period of 6 month initially, First Contact will sit within the Family Help arena which will allow for greater interface and development of the service, specifically the Education EHA team.

Work is ongoing to develop a multi-agency Team Around the School model which will sit with the Early Help Assessment Team.

Public Health

The [Public Health annual report 2023](#) focusses primarily on ageing well in the later part of our lives.



The report recognises that health and wellbeing in later years is strongly shaped by our opportunities, experiences, behaviours, as well as our social, economic and environmental conditions during earlier life. There is also acknowledgement that Northumberland is changing and there is a shift towards a much older population that we must adapt and prepare for by boosting older people’s health and wellbeing and preventing ill health.

It is recognised that in the poorest parts of Northumberland, residents are dying earlier than they should and spending longer living in poor health. [The Northumberland Inequalities Plan 2022 – 2025 ‘Bringing People, Place and Policy Together’](#) is a 3-year Plan which has a clear focus on culture and leadership change. The plan was developed by senior leaders from Northumberland County Council, NHS, voluntary and private sector and businesses, who worked together to ensure the plan sets out how we can collectively take a community strengths and asset-based approach to tackle inequalities.

The [Northumberland Joint Health and Wellbeing Strategy 2018-2028](#) was reviewed and updated in 2023 to refresh the actions and indicators of progress to ensure the whole system works collectively to tackle inequalities and start to reduce the gap in healthy life expectancy.

Community Safety / Safer Northumberland

NCASP work closely with the Safer Northumberland Community Safety Partnership (SNP) to lead on the development of strategic work in relation to all aspects of exploitation, including but not limited to; Sexual Exploitation, Criminal Exploitation, Modern Slavery and Trafficking and Missing.

In July 2024 SNP published their [Strategic Plan](#) which sets out the priorities for the partnership for 2024-27. These are:



Through the joint Strategic Exploitation Group (SEG), we will work across our partnerships to seek to identify and safeguard both victims and those vulnerable to exploitation and its associated impact. This will support safer communities by the provision of positive multi-agency intervention, proactive disruption, and promotion of community vigilance.

Northumberland Emotional Wellbeing support team (NEWST)

NEWST is a specialist clinical team that we have located in Children’s Social Care. This promotes changes with system approaches and invites relational safety and overtime, relational healing.

This has an impact of repeated referrals to CYPS that are often not accepted (causing frustration between agencies) and/or ‘discharge due to non-engagement’ as the needs are met with support from NEWST.

Feedback from social workers utilising the service:

- “I find NEWST clinic a valuable resource to my practice, as a social worker in a short-staffed team often firefighting and not having the time to think and reflect about the families I work with. When in Clinic I am given the opportunity to explore so many parts of work with that family, the history, other professionals to enable me to come up with ideas to move the case forward but also how to move enable me to come up with ideas to move the case forward but also how to put ideas to other professionals involved”
- “As always, very useful and informative clinic. It will help me with my future supervisions of the foster carers”

Children’s Homes

Working together guidance states “Where there is a secure establishment in a local area, safeguarding partners should include a review of the use of restraint within that establishment in their report..”

Kyloe House is a Secure Childrens Home in Northumberland. Kyloe is governed by the Local Authority and approved by the Department of Education to restrict the liberty of young people between the age of 10 and 17 years old to prevent harm to themselves or others.

See: [Annual Review of the use of Physical Intervention in Kyloe House](#) (also includes an update about our open homes).

Education – Safer in Education

What has *worked well* over the year?

- Current priorities of NCASP for children align well with the safeguarding priorities education providers have identified for their sector/agency relating to young people’s mental health (and that of their parents/carers), SEND and disabilities, substance misuse by children and parents/carers, peer on peer violence, use of sexualized language and harmful sexual behaviour (including social media) and cyber security.
- The matrix structure of education as a Safeguarding Partner has worked well – the Safer in Education group (SiEG) has oversight of workstreams related to safeguarding priorities and meets 3 times in the academic year; the Designated Safeguarding Leads have a strong and established communication and operational network that meets 6 times in the academic year; a Safer in Education briefing is distributed to DSL, Designated Teacher and Attendance Lead networks 6 times in the academic year; the workstreams initiated by the SiEG work operationally through the networks and report to the Safer in Education Group. The SiEG in turn reports to the Business Group and Executive Board.
- Learning from a themed review of the Section 175/157 Safeguarding Standards Audit, carried out through a workstream convened through the SiEG and Designated Safeguarding Lead (DSL) network, has informed the refreshed version for 2024-25. The audit is delivered through a custom-built online resource unique to Northumberland and has had a positive impact on the monitoring and improvement of safeguarding standards across the education sector.
- Improved integrated working is emerging from activities to strengthen relationships between Children’s Social Care (CSC) and DSLs, with plans developing to shadow each other’s roles to develop lived experience ‘day in the life’ stories to promote better mutual understanding.
- Communication across the sector and partnership is regular and effective. The half termly safeguarding briefing for education providers has been updated and broadened to reach DSLs,

Designated Teachers and attendance leads. It has been re-named **Safer in Education** (in sway format) and is also distributed to senior leaders in the local authority and NCASP and SiEG members. Half termly network meetings for school leaders (DSLs, DTs and attendance leads) continue and are well attended.

- During the recent Ofsted visit, the Virtual School Headteacher (chair of Safer in Education group) lead 2 days' of inspection with HMI (education) focusing on outcomes for cared for children and care leavers, children missing education and elective home education. The published report and verbal feedback highlighted strengths in the systems for identifying and safeguarding children not in school, which is a priority of the SiEG. SiEG also had positive feedback from Ofsted at the Annual Engagement Meeting with the Executive Director in March 2024.
- The SiEG is evolving and relationships between partners represented on the group are strengthening. The SiEG chair met with group members representing partners other than from education to ensure that all group members feel the priorities of the group have value to their agencies.
- The Independent Scrutineer has taken an active interest in the SiEG and feedback is shaping the further evolution of priorities and actions for the new academic year. Themes such as national child safeguarding practice reviews, vaping and DSL supervision will be introduced.

What could be **developed** in 2025?

- Persistently high numbers of children are not in school (or not in school full time) due to emotional and mental health needs. Education attendance as a protective factor needs to be prioritized across the partnership. A review of education provision for children with health needs will contribute positively to their safeguarding and welfare.
- The workstream to introduce a protocol for resolving concerns about school safeguarding standards and DSL practice will continue as a priority. Good progress was made this year drafting the protocol, but a period of consultation and plan to implement the protocol still need to be done.
- Relationships are developing more positively with safeguarding support providers in the private sector. However, a better understanding of the quality of advice and monitoring of safeguarding practice that is in line with NCASP policies and procedures (and therefore the Northumberland safeguarding context) is needed.
- Education could be more involved in actions to improve understanding of adult mental health.
- Develop new and review existing protocols at the front door to children's services for management of information that safeguards children in education, and develops education as the 4th safeguarding partner (response to learning from the Sophia review).

Multi-Agency Training & Impact Evaluation

Multi-Agency Training

Throughout the year NCASP receives ongoing updates in relation to multi-agency training offered on behalf of the Safeguarding Partnership by Northumberland County Council Social Care Training and

Learning & OD Teams¹⁸.

Between September 2023 and March 2024, 51 training sessions were delivered to 726 individuals across subjects including safeguarding awareness, criminal exploitation, understanding trauma and transitional safeguarding.



In addition to the core training offer we continue to support the safeguarding adult team and offer in-house training to services that are in organisational safeguarding procedures.

The team continue to deliver ‘specialist’ learning events across a range of services as highlighted below:

- Excellence in Management Programme (NCC and external agency)
- Recognising and responding to harm and abuse – Private Sector Landlord briefings via NCC
- Housing Team
- Exploitation Briefings – Taxi Driver Awareness (NCC Licensing requirement)
- Economic Abuse Briefing – SAFE Week and 16 Days of Action


Impact Evaluation

The table below identifies the courses that were impact evaluated during the period. It is still difficult to obtain responses from external agencies but the response rate is slowly improving.

Subject	No of events evaluated	Impact Evaluations sent	Impact received	Evaluations
Alcohol Change Blue Light	2	26	5	
Understanding Trauma	2	52	13	
Criminal Exploitation	1	19	4	
Complex PTSD & Personality Disorder	1	12	0	
MCA Fundamentals	3	33	8	
Transitional Safeguarding	1	7	1	
SA for Manager and Supervisors in PVI	2	33	11	
SA Awareness & Alerting L1	4	73	13	
Vulnerability not Age	1	14	3	
SA Multi Agency Referral & Decision Making	3	51	12	
TOTAL	20	320	70	

The overall response rate for the period was 22%. From April 2024, All courses on the Core Programme will be evaluated.

Comments Received:

-  The ‘Tricky Friends’ video was very helpful to us in helping our client understand the concerns we had about one of his friendships. (SA for Managers and Supervisors in the PVI)

¹⁸ Full report available on request

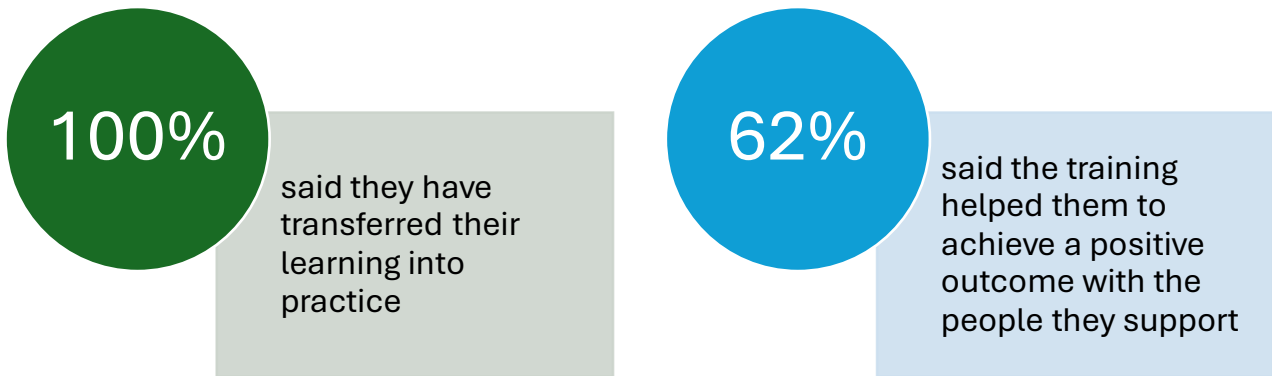
- 🗨️ I do not work directly with children or young people, but it has been good to get an overview and be mindful in meetings with parents and schools in TAF meetings. ([Vulnerability not Age](#))
- 🗨️ It was an interesting course. I learned so much about County Lines and the things you might see in our communities. ([Criminal Exploitation](#))
- 🗨️ The training has allowed me to think about suitable strategies to use when working with young people who may have experienced childhood trauma. ([Understanding Trauma](#))

Are You Writing for Me?

In recognition of the importance of good record keeping, helping children to understand themselves and why important decisions were made through children’s social care interventions, these sessions have been made available to workers across children’s social care and family help.

Evaluation after 4 months:

‘Are You Writing for Me?’ Sessions took place in April, May, June, and July 2024. The sessions are designed to be reflective; they allow consideration of current work and give time to plan for future work. An evaluation of these 4 events demonstrates an eagerness to attend and satisfaction of the session design, ability to contribute and overall knowledge increase.



Some comments:

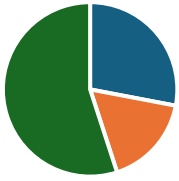
- 🗨️ It has made me think about the words I use to describe the child’s behaviour and the impact that my words could have
- 🗨️ using ‘Are you writing for me’ feels more personal

Voice and lived experiences of those who use our services

The Voice of children and adults: NCASP Subgroup Survey

Working Together 2023 states that the independent scrutiny role should ensure that the voice of children, families and adults is considered as part of scrutiny and that this is at the heart of local multi-agency safeguarding arrangements through direct feedback, informing strategies, priorities, policy and practice.

To help with this, the independent scrutineer sent out a survey via subgroup chairs/vice chairs. The survey’s purpose is to evaluate how much the voice of children, families and adults is embedded in the work of the NCASP subgroups and informs strategic and operational safeguarding arrangements.



■ Yes ■ No ■ Partially

When asked if confident that voices effectively inform the work of the groups, **5** (28%) said ‘yes’, **3** (17%) said ‘no’ and **10** (55%) said ‘partially’.

All subgroups now have the voice of children and adults as a standing agenda item; however, the partnership accepts more work needs to be done in this area and are committed to ensuring our safeguarding arrangements are informed by those who use our services.

Children’s Services

Children’s Voice Project

A summary of Phase 1 of this project was included in our last annual report (2022-2023). In March 2024 we launched a second phase.

The project objectives are to:

- Explore how seeking regular feedback from families improves engagement with the work in a child's plan and how they have a greater understanding of it.
- Explore the difference using technology can have to families feeling more like partners in the work in the plan.
- Explore how technology can help workers to record the important work they do.
- Explore the difference using technology can have on saving workers times.

Alongside this, we are considering how to implement a proposed national dataset to reflect the child's voice, shared with the DfE in November 2023.

Workers that have tried this new way of working have told us:

- It made life so much easier as the work was uploaded directly into the record which saved time.
- The tablet worked well and helped engage a child much better because they were more relaxed and keener to use it.
- I liked using the app with the child during the visit. Some children like to write their own words.
- The young people liked it because it was more interactive than just me asking questions.
- The prompts helped me to think about the impact on the child/parents but also how it was connected to the plan.

Ofsted inspectors said: **“Assessments are enriched by skilled direct work with children. Social workers use creative means such as the child’s voice tablet to help workers gain a good understanding of their experiences.”**

Auditing has identified good practice evidencing preparation, the voice of the child/adult, how the information has been understood and used in future intervention. The pilot will end on 27 September and there will be an evaluation phase to consider the next steps for the service.

Some feedback from Ofsted about how we engage children, young people and families:

- “The quality of direct work is impressive. Social workers build meaningful relationships with children consistently using direct tools to gather their views and help them understand why decisions have been made. This practice is embedded in their work to give children a voice and to support children to communicate in a variety of ways and express themselves.”

- “Cared for children who participate in ‘Voices Making Choices’ feel listened to by leaders. They speak proudly of their work producing a video about stigmatising language and representing Northumberland children in Parliament. They are seeing some initial impact in how their work influences language used by their social workers and carers. The participation group is well established, with purposeful work continuing, including their development of The Placement Game and Northumberland Promise, helping senior leaders understand cared for children’s experiences.”
- “There are a wide range of participation opportunities available to care experienced young people. They have been involved meaningfully in the recruitment process for senior leaders. Some have attended regional and national care leavers’ events, which have contributed to service development. Leaders are committed to continuing to represent the voice of the care-experienced young person to develop the service further.”
- “There is a high level of meaningful participation from children and care-experienced young people which influences the development of children’s services. Children and care-experienced young people are engaged in a wide range of participation groups that inform the corporate parenting board of their views on services and practice. Their voices are valued and heard. Some children told inspectors they can describe how they feel and consider that the adults in their lives are proud of them and their achievements. The message from care experienced young people is, **‘Keep doing what you are doing, you’re doing mint’.**”

Virtual School

This year the Virtual School used the new role of Virtual School Learning Mentor to listen to what children with a social worker say their barriers to education, specifically good school attendance, are. This work informed the ROTH priority.

These are some of the things that children told us:

Relationships are not good with staff in school, particularly classroom teachers

- I don’t go to that lesson because he hates me, he always kicks me out, so I hide in the toilet instead.
- I’ll just end up suspended again, he doesn’t like me.
- I’m just waiting to be PEX like all of my other siblings.

Being at home is a protective factor

- Bad things don’t happen at home when I’m not there.
- I need to help look after my brother.

Financial constraints, uniform, school trips

- We’re the poor kids, we have the second-hand washed-out jumpers.
- My free school meal only gets me a drink or a dessert, I’m not allowed both so have to drink the water from the dining hall, it makes me stand out.

Mental Health

- My counselling is going to end, and I can't cope without it.
- I get really anxious and there isn't anywhere to go.

Not having access to a safe space to regulate

- I like my Head of Year, but I can never find them when I really need them.
- The time out passes have been taken away, so I end up kicking off
- I can only go there with an appointment; I can't just go when things are going wrong and I need some help.

SEN(D) needs

- I have dyslexia and autism. I have a student passport that I helped write but staff aren't reading it.

This feedback has been used to develop guidance for social workers on planning for attendance improvement, and used with schools so that they can identify more accurately explain the underlying reasons for children not being in school. This workstream has had an impact already and will continue to be a priority next year.

CNTW

A pilot for the Youth involvement bank within CNTW has provided access to service user feedback and service user involvement is in development. In addition, CNTW receive constant feedback through welcome events and are currently analysing the results. Some initial qualitative feedback includes 'really helpful', 'great to hear about access to support', 'less people' and 'great presenters.'. **Points of you** are reviewed within the service and shared with outreach bases.

NCASP - Children's participation and engagement

As set out in our safeguarding arrangements re engagement '*NCASP aims to make use of the existing systems, groups and forums to gather the views of children, adults and families to encourage them to have their say, share their views and experiences, challenge and support local decision makers and shape and influence strategic planning, commissioning and service provision*'.

To help us with this, we are attempting to map out participation of children and young people, across Northumberland and find out all the ways we gather feedback (from children, young people, parents and practitioners) and what we do with it.

We consulted with partners, which included sending out two surveys. The findings from these surveys¹⁹ (and other consultations) have been used to inform the development of a new **Child and Family Voice and Experience Subgroup** (sits within the Children and Young People Strategic Partnership). The group

¹⁹ [Summary: mapping-participation](#) / [Summary: how-we-gather-and-use-feedback](#)

brings together several groups/workstreams into one place and will provide a lead for all participation of children, young people and families in Northumberland.

The purpose of the group is to:

- ‘Champion’ the participation of children, young people and families working in partnership with all agencies in Northumberland
- synthesise key messages from children and young people and to feedback to the Early Help Partnership Board.
- support professionals and stakeholders in engaging with children, young people and families to clearly hear their voice.
- champion and share good practice, provide insight and understanding about the value of participation
- support the embedding of co-production as a way of working across strategic partners to ensure the voice of children and young people informs the development of future services and provision
- provide user friendly feedback to, and receive challenge from, children and young people.
- ensure the voice of all children and young people in Northumberland can be heard and their opinions taken seriously, particularly those children and young people that are traditionally harder to hear (i.e. care experienced young people, those with SEND)
- Support and develop the Northumberland Family Panels to work together with local service commissioners to co-design and evaluate services.

Looking forward

Key areas for additional focus for 2024/2025 are:

Implementation of WT2023

- We are reviewing and updating our MASA and all key documents (including our Terms of Reference and group memberships) to be published by end of Dec 24

Meaningful Measures

- We will agree our data indicators/measures for each priority area (and to support QA)
- This will allow us to know how we are making a difference and evidence the impact of our activity across the partnership.

Transitional Safeguarding

- As a joint partnership we will explore where are we now, to assess if we have achieved what we set out to do previously. We will review what the impact has been of this work and what is next.

Gender identity

- We will explore safeguarding related to gender identity.

Role of carers (including young carers)

- We will work with our Northumberland Carers Partnership Board and Young Carers Steering Group to raise awareness of safeguarding issues relevant to carers.

Homelessness/rough sleeping

- We will explore the prevalence of the issue in Northumberland and respond appropriately.

We will continue to develop our priority areas by committing to the following:

Priority 1: Risks outside of the home

- Launch of PREM in October 2024
- Evaluation of Contextual safeguarding Pilot
- Continue to develop the training offer for contextual safeguarding
- Ongoing collaboration between SEG and DCYP to protect disabled CYP

Priority 2: Complex mental health

- Evaluate the impact of trauma informed practice and training
- Establish a task and finish group
- Embed trauma awareness and strength-based practice in all training practices
- Explore becoming a shame informed partnership

Neglect and self-neglect

- Introduction of impact measures
- Launch of self-neglect policy in safeguarding adult's week
- Promotion of professional curiosity and back to basics of safeguarding
- Development of multi-agency training for practitioners

Budget

Working Together (2023) requires funding of safeguarding partnerships to be equitable between the three safeguarding partners. The NCASP budget set by Northumbria Police, ICB and Northumberland County Council is monitored throughout the year. The budget is reviewed and set yearly.

Most of the expenditure during 2023/24 relates to staffing the partnership with other costs relating to independent scrutiny, multi-agency training and the management of online procedure manuals.

Safeguarding Partner	Financial Contribution (2023-24)		
	Children	Adults	Total
Police	£12,167	£2,500	£14,667
ICB	£72,063	£30,000	£102,063
Local Authority	£133,000	£118,000	£251,000
(Business Unit)	(£83,000)	(£68,000)	(£151,000)
(Training)	(£50,000)	(£50,000)	(£100,000)
Total	£217,230	£150,500	£367,730

Independent Scrutineer Appraisal



Sue Kirkley

• Independent Scrutineer

“
The Independent Scrutineer appraisal follows the checklist for Independent Scrutiny and the Bedford University six steps for independent scrutiny framework for safeguarding partnership arrangements.
”

This is the second annual report received by the Independent Scrutineer for the Northumberland Children and Adults Safeguarding Partnership (NCASP).

The Independent Scrutineer’s appraisal reflects the content of the NCASP Annual Report 2023-2024 and the views of partners, Business Managers, chairs of the sub and task and finish groups, information obtained from the NCASP development sessions, chairing of the Children’s and Adult’s Business Groups, review of meeting minutes and action logs, feedback from children, young people and adults, self-assessment and external inspections and provides an appraisal of the effectiveness of the NCASP joint multi-agency safeguarding arrangements (MASAs).

Since publication of the NCASP annual report in autumn 2023 the Department of Education published its revised statutory guidance *Working Together* in December 2023, which sought to strengthen the level of seniority, accountability and decision making by the three safeguarding partners (Northumberland County Council, Northumbria Police and the North East and North Cumbria Integrated Care Board (ICB), and its engagement with education providers.

Whilst there is a legal requirement that safeguarding children partnerships publish their local multi-agency safeguarding arrangements (MASAs). Given NCASP is a joint children’s and adults partnership, the NCASP multi-agency safeguarding arrangements and structure reflect this position since its implementation in April 2023. These arrangements provide the foundation on how the partnership functions, fulfils its statutory responsibilities and adopts an all age, whole family approach to its work.

LEADERSHIP AND ACCOUNTABILITY

The title Northumberland Children and Adult Safeguarding Partnership refers to the partnership in its entirety (structure chart at [appendix 1](#)). It is a well developed, continuously maturing, highly functioning partnership across all parts of its system.

The Lead Safeguarding Partners and Delegated Safeguarding Partners have fully embraced all aspects of the *Working Together* guidance and have reformed its governance, infrastructure, membership and terms of references to take account of this. The revised MASAs document will be published in December 2024.

Already referred to in the main body, but warranting a second reading, is the comment made by Ofsted in their report from the inspection of children’s services in Northumberland about NCASP stating it is..

“A well-developed, competently led safeguarding partnership for children and adults has broken down barriers, enabling services to work together effectively and provide holistic services.”

An endorsement to be proud of.

The Executive Group (Delegated Safeguarding Partners) is represented at the right level of seniority and safeguarding partners have robust internal reporting mechanisms in place for communicating back into their organisation.

The success of the partnership is founded on strong leadership and partner relationships built on trust of each other and the system. The commitment of partners to the effectiveness of the multi-agency safeguarding arrangements is extremely visible through their leadership and ownership of the arrangements and their commitment in ensuring there is sufficient resource, both financial and officer time, to fulfil their responsibilities.

The strategic priorities are dynamic and reviewed annually to incorporate the views of children and adults and new and emerging learning for safeguarding vulnerable people. The main body of the annual report reflects this.

The business unit is the bedrock of NCASP managed and supported by two dedicated and competent Business Managers, one for children and one for adults, and an efficient, skilled and organised business support officer. Together these manage the day-to-day co-ordination of the business, writing key strategic documents, chairing task and finish groups as required, keeping tasks and pieces of work within timescale, ensuring meetings are planned and formally recorded and ensuring the effective function of the partnership and implementation of the MASAs.

Chaired by the Independent Scrutineer, the two children and adult Business Groups oversee implementation of the operational arrangements progressed by the subgroups and task and finish groups, which are priority focused.

This model of independent scrutiny enables the scrutineer to support and challenge the system, evaluate, the effectiveness of the multi-agency safeguarding arrangements and provide assurance to the Executive Group (DSPs), including areas for continuous improvement through quarterly reports. The main body of the annual report provides evidence of improvements that have been made as a result e.g. SARG adopting the rapid review process for considering safeguarding adult referrals.

The Independent Scrutineer attends the regional Tyne, Wear and Northumberland Safeguarding Partnership (TWNSP), which leads a regional approach to safeguarding development where it can be achieved. The TWNSP is exploring how Lead Safeguarding Partners can be brought together as a regional group to agree strategic regional priorities, equity of funding and joined up working.

QUALITY ASSURANCE, SCRUTINY AND IMPACT

Quality assurance and scrutiny processes continue to develop; these are referred to in detail in the main body of the annual report. The Practice Learning and Performance Management Subgroups have delegated responsibility for this area of the NCASP business.

Core data sets for children and adult performance have been developed and implemented. These are linked to strategic priorities, so NCASP has an effective 'window' on the safeguarding system. The data scorecards are overseen by the two Business Groups, providing scrutiny and challenge.

A priority for the PLG is to strengthen its process for understanding the impact from its quality assurance and scrutiny processes on practice, systems and outcomes for children, young people, and adults. The Independent Scrutineer supports the development of this. A revised Quality and Scrutiny Assurance Framework will be published and implemented alongside the multi-agency safeguarding arrangements in December 2024.

Going forward case review, audit and performance related action plans will be designed to include 'success' measures that will inform impact assessments followed up six months following completion and sign off.

The PLG will explore the development of a multi-agency learning hub to ensure learning from case reviews, multi-agency audits and performance data is effectively disseminated to partners and practitioners.

LEARNING FROM LOCAL AND NATIONAL SAFEGUARDING PRACTICE REVIEWS

The NCASP Child Safeguarding Practice Review and Safeguarding Adults Review Subgroups have delegated responsibility for this area of the business.

There are robust processes in place for identifying when a serious safeguarding incident requires a rapid response and consideration of whether a local CSPR or a SAR are required. The main body of the annual report provides a comprehensive overview of CSPRs, SARs and operational developments.

The Business Managers and partners have designed and delivered innovative ways to communicate learning to the children's and adult workforce, an example of this is described in the section on the Sophia CSPR and subsequent learning. The Independent Scrutineer provided feedback to the Sophia CSPR and attended a learning event. The event was delivered using innovative methods for sharing the learning and for practitioner engagement. Post event evaluations are very positive. These methods will be replicated to share learning from the safeguarding adult reviews.

The SARG has reviewed the second national analysis of safeguarding adult reviews (LGA April 2019-March 2023) and is undertaking a bench marking exercise against the learning to identify any learning for the SARG and SAR process. Progression of this work is monitored by the Adult Business Group.

RELEVANT AGENCIES ARE ACTIVELY INVOLVED IN THE NCASP

The revised MASAs will set out in detail of which organisations and agencies, including education providers, NCASP will work with to safeguard and promote the welfare of children and adults.

The Independent Scrutineer will support NCASP to strengthen relationships and engagement in a meaningful way with the Relevant Agencies, including the voluntary organisations during the year ahead.

A launch of the new multi-agency safeguarding arrangements in 2025 will seek the views of relevant agencies on how their involvement and contributions can be meaningfully represented.

CHILDREN, YOUNG PEOPLE AND ADULTS ARE AWARE OF AND INVOLVED IN PLANS FOR SAFEGUARDING THEM FOR ABUSE, NEGLECT AND EXPLOITATION

This continues to be a priority area of business for NCASP, supported by the Independent Scrutineer in considering models of excellent practice across the country.

The main body of the annual report describes several processes, groups and forums that currently exist in Northumberland where the views of children, young people, parents and adults are sought and which NCASP needs to utilise.

The Children's Business Group considered the schools Healthy Relationships and Behaviour Questionnaire, which subsequently informed the review of NCASP strategic priorities and areas of

focus going forward in 2025. These are referred to in the main body of the annual report e.g. gender identity, young carers.

The Acorns Young People Domestic Abuse Panel informs the work of the Domestic Abuse and Young People Task and Finish Group.

The Independent Scrutineer surveyed the chairperson's of the subgroups to establish how well they thought the views of children and adults were embedded in their work and influenced their arrangements. The main body of the annual report provides the detail of the survey but concluded: confident that voices effectively inform the work of the groups, **5** (28%) said 'yes', **3** (17%) said 'no' and **10** (55%) said 'partially'. NCASP accepts more work needs to be done in this area.

The Independent Scrutineer attends The Association of Safeguarding Partners (TASP) independent scrutineer network. The network acknowledges the challenges of meaningful engagement and involvement of children, young people and adults in plans and strategy development, although is subject to ongoing conversations to share good practice examples.

The Independent Scrutineer is meeting with the Voices Making Choices Group (Northumberland's Children in Care Council) in January 2025 to consider a piece of work looking at children in care's engagement and contribution to their Cared for Review and care plans.

MULTI-AGENCY SAFEGUARDING TRAINING

There is an active multi-agency training programme for both children and adults. These are delivered by Northumberland County Council. Evaluations of the impact of the training on practice is gaining momentum with examples of these in the main body of the annual report.

INDEPENDENT SCRUTINEER SUGGESTED AREAS FOR FURTHER DEVELOPMENT IN 2024/2025

Strengthening of the views of children and adults

Full implementation of the revised Scrutiny and Quality Assurance Framework (including impact)

Review of the NCASP multi-agency training offer and impact on practice (linked to the TWNSP regional project)

Continue to strengthen relationships and engagement with all Relevant Agencies

Further development of the NCASP Website

Appendix 1: Structure

