

Hartlepool and Stockton-on-Tees Safeguarding Children Partnership

Annual Report 2023-24

Hartlepool & Stockton-on-Tees
**SAFEGUARDING
CHILDREN
PARTNERSHIP**



Executive Summary

As the Independent Chair and Scrutineer for the Hartlepool and Stockton-on-Tees Safeguarding Children Partnership (HSSCP) for 2023 – 2024 it is a privilege to introduce this year's annual report.

Our shared vision is that 'every child in Hartlepool and Stockton feels safe, secure and protected from harm, enabling them to reach their full potential'. The report sets out the key successes and achievements over the last year, against our overarching priorities:

- That we continue to work together, to reduce the impact and harm that Neglect has on children's lives.
- That we Strengthen Assurance, embedding the learning from case reviews into practice and, identifying the difference made by the partnership, to improve children's outcomes.
- That we strengthen the Engagement of Children and Young People, ensuring that children's voices and lived experiences influence and steer the work of the HSSCP.

The Annual Report of the Independent Scrutineer for 2022/23 helped shape these priorities, against which progress, pace and impact have been tested during 2023/24.

This report sets out the breadth of work that has been undertaken by the HSSCP, with strong evidence of highly effective multi agency safeguarding arrangements.

We will build upon the tremendous progress that has been made this year to drive forward our priorities for 2024/2025, strengthening further children and young people's Voice and Influence of our safeguarding arrangements and priorities; introduce new performance and quality assurance arrangements to better evidence the demonstrable impact that learning has upon improving multi-agency practice; reduce the harm that neglect has on children's lives and, safeguard children vulnerable to harm outside of the home.

The HSSCP is in a strong position to take forward the changes introduced in Working Together to Safeguard Children 2023 including arrangements for one of the Delegated Safeguarding Partners to Chair the HSSCP Executive.

Underpinning the HSSCP is a system wide, shared responsibility to safeguard and promote the welfare of all children in Hartlepool and Stockton-on-Tees. My thanks to all the skilled and highly committed practitioners, managers and colleagues across the partnership, as well as the dedicated HSSCP Business Unit, who work together daily, to achieve this outcome.



Mel John-Ross
HSSCP Independent Chair
and Scrutineer



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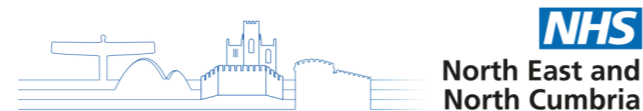
About The Partnership

HSSCP MEMBERSHIP

HSSCP Lead Safeguarding Partners

HSSCP covers the two local authority areas of Hartlepool and Stockton-On-Tees Borough Councils, with a co-terminus Integrated Care Board and Police force. The four statutory (lead) safeguarding partners of the Hartlepool and Stockton-On-Tees Safeguarding Children Partnership, in accordance with Working Together 2023 (and Children and Social Work Act 2017), therefore include:

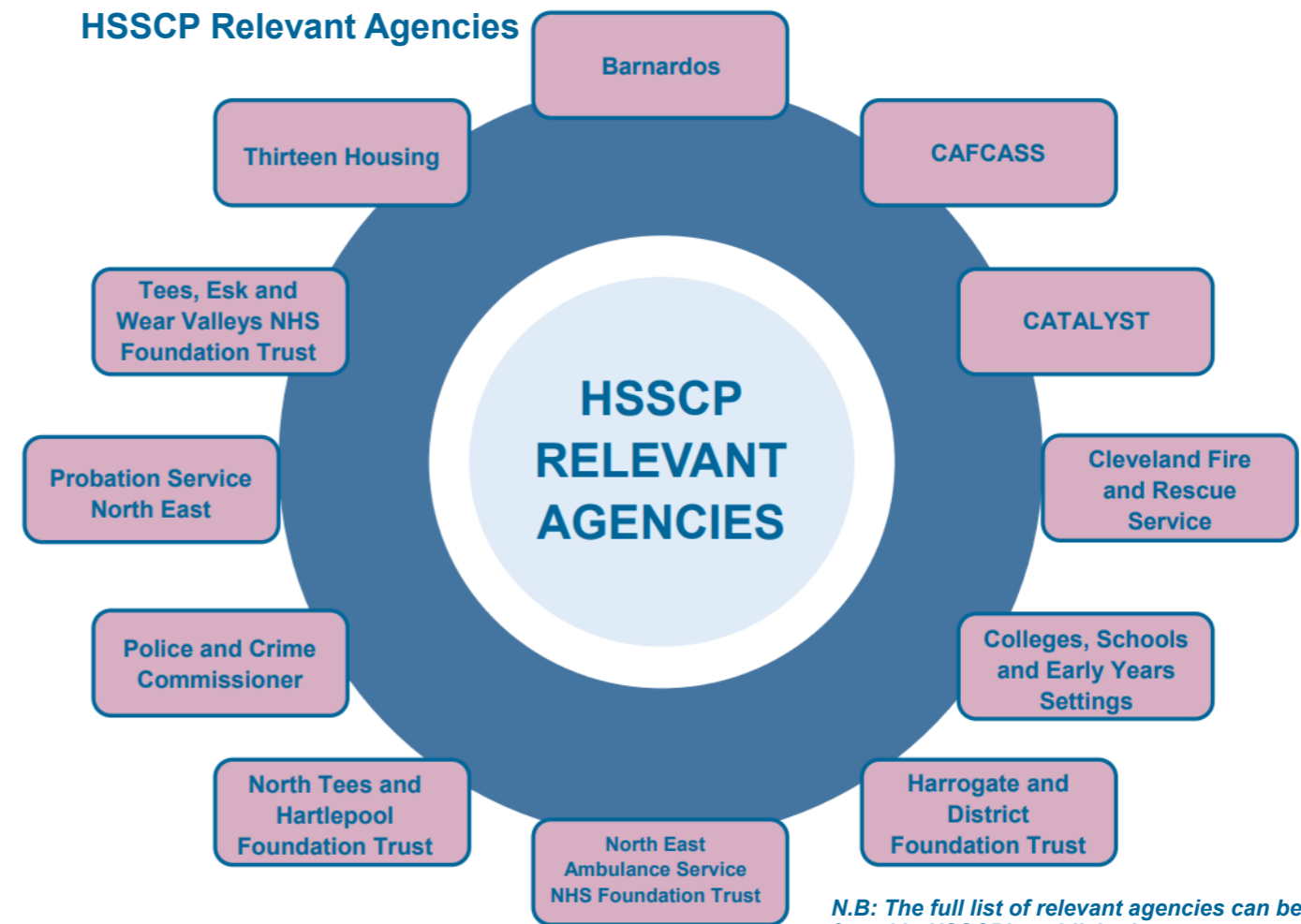
- Hartlepool Borough Council
- Stockton-On-Tees Borough Council
- North East and North Cumbria Integrated Care Board
- Chief Officer of Cleveland Police



The four lead safeguarding partners retain an equal and joint responsibility for their local multi-agency safeguarding arrangements (MASAs). They set the strategic direction, vision, and culture of the local safeguarding arrangements, including agreeing and reviewing shared priorities and the resource required to deliver services effectively.

The lead safeguarding partners have identified delegated safeguarding partners (DSPs) who have responsibility for the delivery of multi-agency safeguarding functions and processes. Other agencies that are required to work as part of the HSSCP's arrangements to safeguard and promote the welfare of local children have been identified and are known as 'relevant agencies'. HSSCP Relevant Agencies have a statutory duty to cooperate with the HSSCP's [published arrangements](#).

HSSCP Relevant Agencies



With the publication of 'Working Together to Safeguard Children, 2023', HSSCP have commenced a review of their Multi-agency Safeguarding Arrangements, including how they will work with relevant agencies, such as education providers and the VCS. The updated multi-agency safeguarding arrangements will be published in December 2024.

HSSCP GOVERNANCE STRUCTURE

The Chief Executives Group

The Lead Safeguarding Partners (LSPs) for HSSCP are the Chief Executives of both Hartlepool and Stockton-on-Tees Local Authorities, the Chief Executive of the ICB, and Chief Officer of Cleveland Police force. The LSPs meet with their delegated safeguarding partner (DSPs) quarterly to maintain strategic oversight and governance of the MASAs, to assure themselves that their local arrangements are effective and keep children safe and to undertake their core functions as set out in Working Together to Safeguard Children, 2023 (p27).

The HSSCP Executive

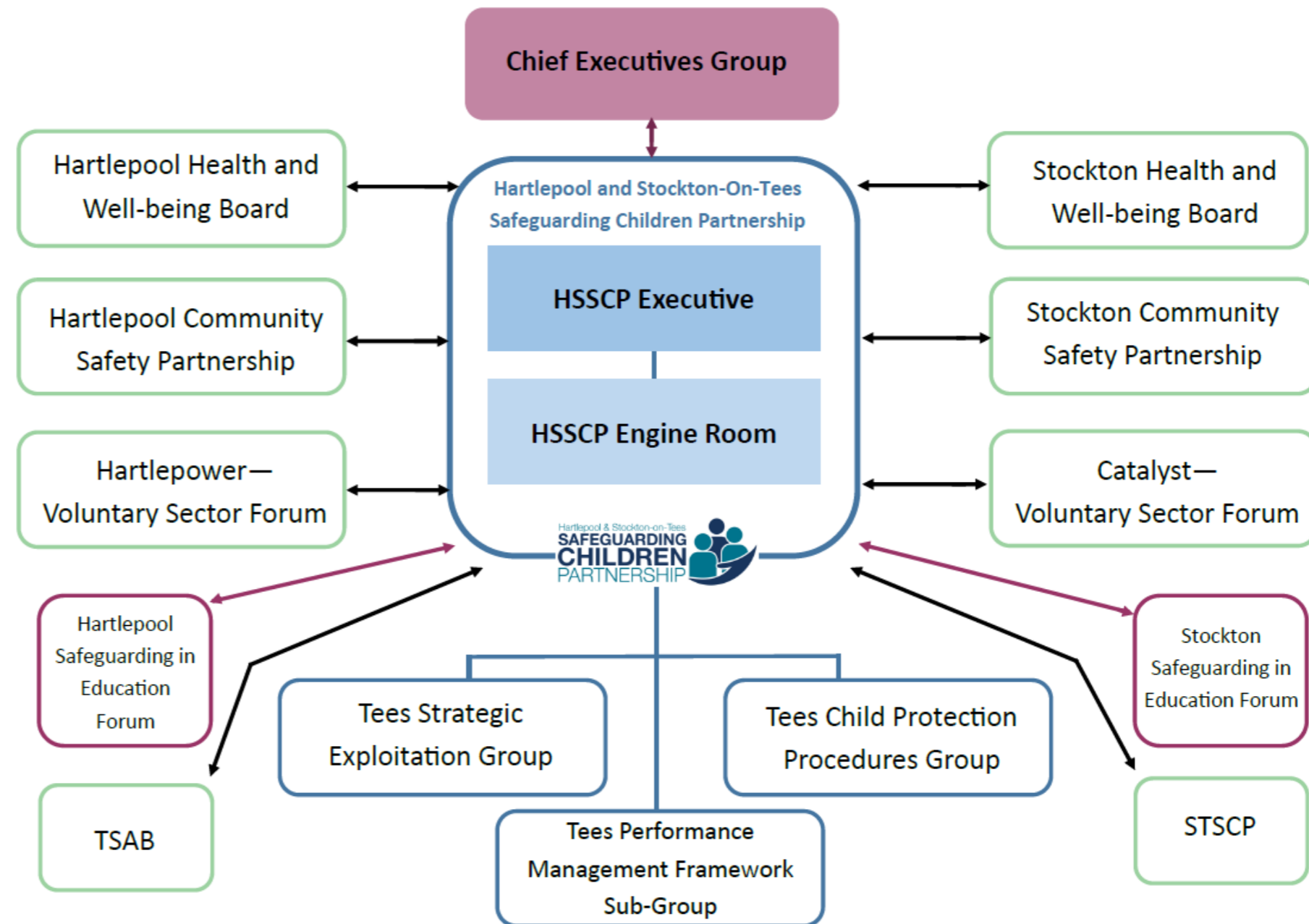
The HSSCP Executive is made up of the delegated safeguarding partners from the four statutory agencies and selected relevant agencies, including education and the VCS. They meet bi-monthly to ensure delivery and monitoring of multi-agency priorities and procedures to protect and safeguard children in the local area, in compliance with published arrangements and thresholds.

The Executive is accountable to the Chief Executives Group and is responsible for ensuring delivery of the agreed HSSCP business plan.

The HSSCP Engine Room

The Engine Room, made up of representation from the four statutory safeguarding partner agencies and selected relevant agencies, meets every 6 weeks and is accountable to the HSSCP Executive. The functions of the Engine Room carried out on behalf of the Executive include:

- Planning and undertaking learning activity; including Rapid Reviews, learning reviews and multi-agency audits
- Identifying and commissioning training following findings from review activity
- Identifying and ensuring dissemination of learning and good practice
- Identifying task and finish groups needed to deliver work on behalf of the partnership
- Impact testing – monitoring and reviewing change for improvement / learning



HSSCP VISION, AIMS AND OBJECTIVES

Every child in Hartlepool and Stockton will feel safe, secure and be protected from harm, enabling them to reach their full potential.



HSSCP's vision is to ensure that **“Every child in Hartlepool and Stockton feels safe, secure and protected from harm, enabling them to reach their full potential”** and aims to ensure that everyone who works with children across Hartlepool and Stockton-on-Tees has the protection of vulnerable children and young people at the heart of what they do.

In order to achieve this the Partnership aims to understand what is working well in its collective safeguarding practice, to identify what needs further development and to ensure effective and co-ordinated multi agency working across our whole system. This 'Active learning' approach has the child at its core and harnesses the importance of working with practitioners to influence front line safeguarding practice in order to learn and improve together.

The Partnership's Objectives are to:

- achieve the best possible outcomes for children and families and provide the right services that meet need in a co-ordinated way;
- improve safeguarding practice across all partners thus impacting positively on the lives of children;
- improve safeguarding practice, via identification and analysis of issues/ threats / barriers to effective multi agency working;
- enable shared learning with front line staff across all partner agencies;
- establish and embed peer challenge as a process for learning and improvement;
- embrace a culture of challenge with organisations and agencies holding one another to account;
- share information effectively to facilitate more accurate and timely decision making for families; and
- deliver on key elements that inform the basis of effective safeguarding practice i.e.:
 - ◊ Effective governance
 - ◊ Quality assurance and intelligence; and
 - ◊ A culture of learning and improvement



FINANCIAL ARRANGEMENTS



About Hartlepool

HARTLEPOOL DEMOGRAPHICS



Hartlepool has a population of
93,861
living in...

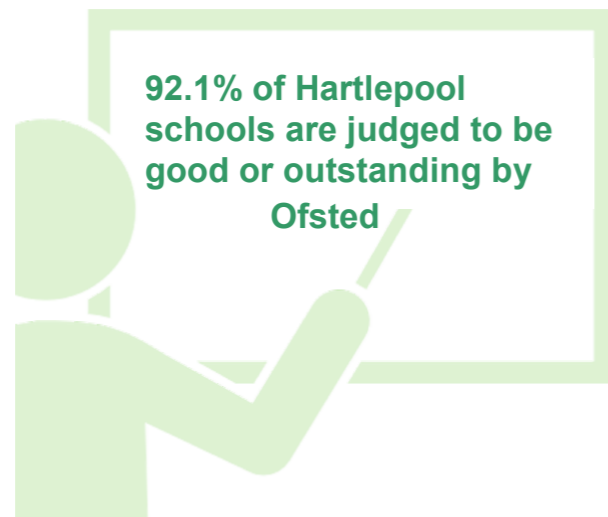


With...



and...

35.3% children in poverty



Hartlepool Context

There are **40 schools** in Hartlepool with 30 mainstream primary, 5 mainstream secondary, 2 special schools (one primary, one secondary), 2 Independent School and 1 Pupil Referral Unit. With **92.1%** of Hartlepool schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The **number of children who are home educated is 206** which, although small when compared to all children accessing school, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people. Based on 2024 January School Census, **19.5%** of the Hartlepool compulsory school age population were **SEND** (EHCP and SEN Support). The number of children with Education, Health and Care (EHC) Plans or Statements of SEN issued by Hartlepool (January school census) is 600 (224 primary age, 324 secondary and 52 post 16).

In 2023, the End Child Poverty data shows the proportion of **children living in poverty being 35.3%**, compared to 35% across Teesside and 31% nationally. Living in an area of high deprivation, the children and young people of Hartlepool, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.



HARTLEPOOL SAFEGUARDING SNAPSHOT



Throughout 2023-24 there were approximately:

20,116 children & young people under 18

35.3% of children living in poverty

38% of primary school children in receipt of free school meals (the national average is 24.6%)

669 average contacts to the Children's Hub* per Month

2190 referrals to children's social care



24.9% were re-referrals

497 Early Help assessments completed

129 Early Help cases escalated to Social Care

1487 open Child in Need cases

158 children subject to a Child Protection Plan

2959 children and young people receiving services through Special Educational Needs and Disability (SEND) support

28 children and young people identified as being at risk of Child Sexual Exploitation

38 children and young people identified as being at risk of Child Criminal Exploitation

865 missing episodes by 290 young people

332 missing episodes by 54 Hartlepool looked after young people

334 children and young people looked after



1182 children present during a domestic abuse incident

252 domestic abuse incidents witnessed by children within 12 months of a similar incident

204 cases discussed in MARAC (Multi-Agency Risk Assessment Conference)

443 children involved in MARAC

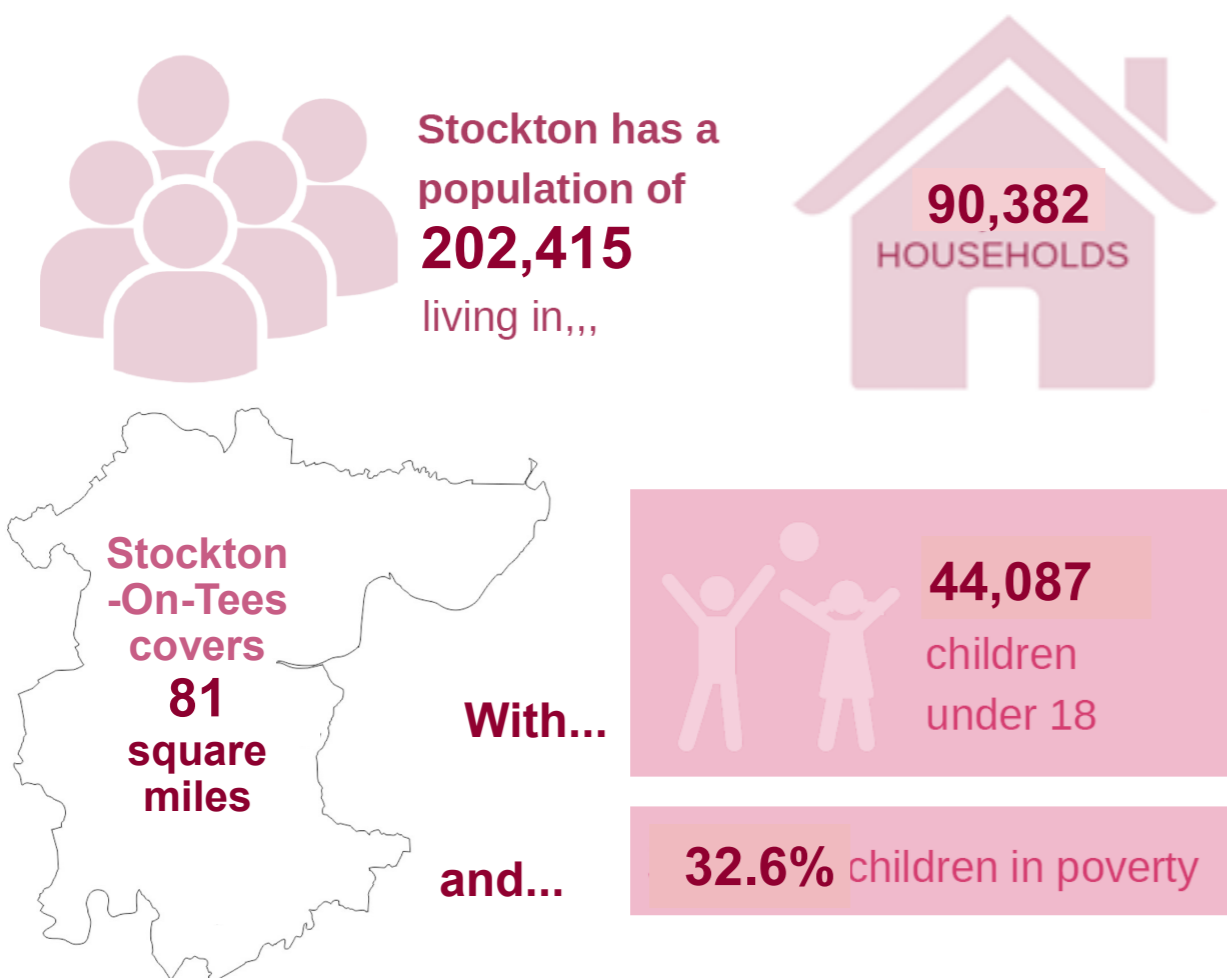
53 referrals in relation to allegations against staff working with children and young people

2 new Private Fostering arrangements reported

* NB: The Children's Hub is the multi-agency front door for referrals into Children's Social Care.

About Stockton-on-Tees

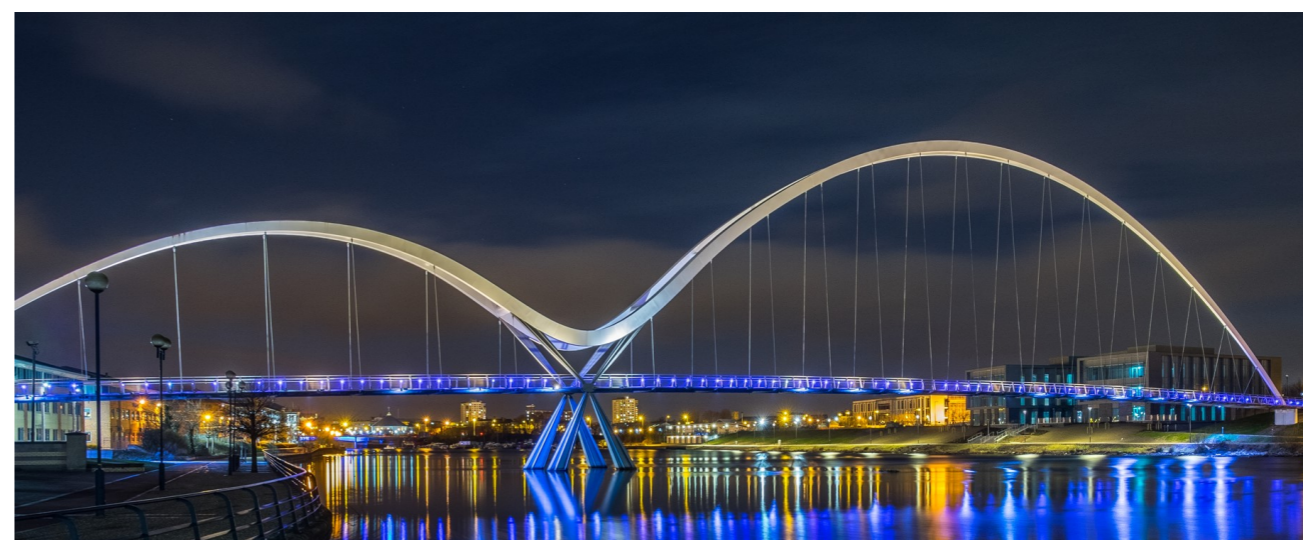
STOCKTON-ON-TEES DEMOGRAPHICS



Stockton Context

There are 90 schools in Stockton with 68 primary (43 academy, 16 maintained, 6 special and 3 independent schools), 22 secondary (12 academy, 1 maintained, 6 special and 3 independent schools). 6 of the schools cover both primary and secondary provision (2 independent and 4 special). With 90% of Stockton schools judged to be good or better by Ofsted, the potential for children achieving positive outcomes is high. The **number of children who are home educated is 330** which, although small when compared to all children accessing school provision, is monitored and reviewed by the Partnership annually to ensure oversight of this cohort of children and young people. Based on the School Pupil Spring Census January 2024, **17.74% of the school population were SEND** (Special Education Needs and Disabilities). This figure includes those that had an Education Health Care Plan (EHCP) /Statement and those that have SEN support. The number of children with Education, Health and Care (EHC) Plans or statements of SEN in Stockton is 2182 (917 primary age children, 894 secondary, 371 post-16) .

The latest available data from End Child Poverty (June 2023) shows **32.6% of children are living in poverty in Stockton-on-Tees** (after housing costs are included), compared to an average of 35% in the North East and 31% nationally. Living in an area of high deprivation, the children and young people of Stockton-on-Tees, their families and the professionals who work to support them, therefore face many challenges. There is a large body of evidence and research to show that **children who live in poverty are more likely to face additional traumatic experiences** or be exposed to a range of risks that can have a serious impact on their mental health and life chances. It is therefore important for the Safeguarding Partnership to be fully aware of this cohort of children and young people and ensure that these are considered within aspects of the partnerships work programme.



STOCKTON-ON-TEES SAFEGUARDING SNAPSHOT





Throughout 2023-24 there were approximately:


44,087 children & young people under 18


Which equates to:


22% of the total population


 **2131** open Child in Need cases


 **247** children subject to a Child Protection Plan


 **4216** children and young people receiving services through Special Educational Needs and Disability (SEND) support

 **16** children and young people identified as being at risk of Child Sexual Exploitation


 **1892** missing episodes by 489 young people


 **816** missing episodes by 94 Stockton looked after young people


 **581** children and young people looked after

 **7** new Private Fostering arrangements reported



 **32.6%** of children living in poverty
(Source - End Child Poverty data May 2021)


 **27.1%** of mainstream primary school children in receipt of free school meals (the national average is 23.8%)


 **1125** average contacts to the Children's Hub per month


 **4032** referrals to children's social care





 **24%** were re-referrals


 **4565** new Early Help episodes

 **363** Early Help cases escalated to Social Care

 **2121** children present during a domestic abuse incident

 **261** cases discussed in MARAC (Multi-Agency Risk Assessment Conference)

 **544** children involved in MARAC

 **128** referrals in relation to allegations against staff working with children and young people

Key Successes and Achievements

PRIORITIES

KEY PRIORITY - NEGLECT

PRIORITY 1.1: Evidencing the Child's Lived Experience

What HSSCP sought to achieve:

- An improvement across the multi-agency workforce on understanding the child's lived experience
- A strengthened understanding across the multi-agency workforce of:
 - how to evidence what life is like for a child living with neglect
 - how to fill the gaps in what is known to build a bigger (cumulative) picture
 - how to evidence the impact of neglect on children
 - the impact of ACEs on parenting
 - how to evidence cumulative vulnerability and risk

What HSSCP has done to achieve this:

- Recruited a 'Project and Engagement Officer' to add capacity to the partnership to co-ordinate and drive the priority
- Established a 'Neglect Champions' group to support the delivery of this key priority across organisations, to champion the topic and key messages arising from this and help to drive the priority.
- Delivered a programme of trauma-informed (ACEs and neglect) training to the multi-agency workforce
- Delivered active learning sessions with a focus on seeking, capturing and evidencing the child's lived experience
- Refreshed and relaunched the Neglect Framework (Statement of Intent) and Six Question Tool, promoted through active learning events
- Promoted the key messages of HSSCPs Neglect priority (Being curious, understanding what life is like for the child, cumulative impact of neglect) via a communications and campaigns

Impact and Evidence - What HSSCP has seen as a result:

- A fostered curiosity in the multi-agency workforce
- Partners effectively identifying early signs of neglect and taking action to safeguard and promote child's welfare
- The child's lived experience and how neglect affects their life being articulated within records, referrals and assessments
- A workforce confident in identifying neglect for all ages of children
- A workforce demonstrating professional curiosity in their questioning and exploration of presenting issues that evidences an in depth understanding of the child's lived experience of neglect and the impact on him/her



PRIORITIES

KEY PRIORITY - NEGLECT

PRIORITY 1.2: Assessing and Intervening with Neglect – Understanding and Responding to the Impact of Neglect

What HSSCP sought to achieve:

- An improvement in the understanding of and response to cumulative vulnerability and risk (including the impact of Adverse Childhood Experiences upon ability to parent) in assessments across partner agencies and the multi-agency workforce
- A stronger approach to addressing the root causes of neglect and evidence-based interventions within plans and multi-agency meetings
- A strengthened understanding across the multi-agency workforce of:
 - how to analyse cumulative vulnerability and risk
 - how to evidence parental motivation and ability to change
 - the impact of neglect on children and the impact of ACEs on parenting
 - how to work in a trauma-informed way

What HSSCP has done to achieve this:

- Recruited a 'Project and Engagement Officer' to add capacity to the partnership to co-ordinate and drive the priority
- Refreshed and relaunched the Neglect Framework (Statement of Intent) and Six Question Tool, promoted through active learning events
- Refreshed and relaunched guides to assessment and planning
- Planned a Neglect conference / event that is scheduled to take place later in 2024
- Refreshed and relaunched the programme of neglect training
- Delivered active learning sessions with a focus on assessment, cumulative vulnerability and risk and evidence-based planning and intervention
- Promoted the key messages of HSSCPs Neglect priority (Assessing impact of neglect, cumulative vulnerability and risk, evidence-based planning and intervention) via a communications and campaigns

Impact and Evidence - What HSSCP has seen as a result

- Assessments with analysis that identifies needs
- Plans based on a change journey for children



PRIORITY 1.3: Neglect Communication and Engagement

What HSSCP sought to achieve:

- Strengthened lines of communication from HSSCP to the multi-agency workforce and partner agencies
- Develop mechanisms of communication with children and young people
- Strengthen communication with the public to make HSSCP a recognised body within the community
- Strengthen engagement of partners in the work of the partnership
- Strengthen engagement of children and young people in the work of the partnership

All of the above undertaken within the focus of the key priority: Neglect

What HSSCP has done to achieve this:

- Developed and delivered a communications project plan
- Commissioned the development of a mechanism for communicating and engaging with children and young people
- Implemented a method of communicating and engaging with children and young people

Impact and Evidence - What HSSCP has seen as a result

- Partners clear about the key priorities of the partnership; mirroring and driving the key points of focus across their own organisations
- Partners at all levels engaging with and promoting the work of the partnership with a shared sense of purpose
- Improved visibility of the partnership across organisations and with represented children and young people.
- Mechanisms in place for seeking, hearing, capturing and acting on the views of children and young people

PRIORITIES

KEY PRIORITIES - Engagement and Assurance

PRIORITY 2.1: Engagement with Children and Young People

What HSSCP sought to achieve:

- An increased capacity within the HSSCP Business Unit to allow for dedicated resource around engagement activity
- Strengthened links with children and young people so that they can be routinely consulted with and actively involved in the work of the partnership
- Strengthened communication and engagement strategies and plans, taking on board the view of young people

What HSSCP has done to achieve this:

- Recruited a Project and Engagement Officer
- Commissioned a voluntary and community group to develop a mechanisms for communication with children and young people
- Developed a representative group of young people from Stockton and Hartlepool to act as young ambassadors for the partnership
- Developed a HSSCP Engagement Plan to strengthen the HSSCP engagement with C&YP
- Worked with young people to review the HSSCP website and create content for young people, by young people
- Planned consultation and engagement events alongside young people in order that they can input into the work of the partnership.

Impact and Evidence - What HSSCP has seen as a result

- Improved links with children and young people
- Children and young people are being consulted with and involved in the work of the partnership
- The partnership is capturing the views of children and young people

What we still want to achieve:

- Deliver the planned consultation / engagement events alongside children and young people
- Co-produce an annual forward plan with children and young people for consultation, engagement events and HSSCP activities that children and young people can contribute to
- Co-produce child-friendly versions of key HSSCP documentation
- Review the HSSCP Media Strategy alongside children and young people to strengthen/increase proactive media, awareness raising campaigns for children, young people and their families



PRIORITY 3.1: Strengthening Assurance

What HSSCP sought to achieve:

- A strengthened PMF dataset to enable the partnership to evidence impact
- Strengthened quality assurance processes

What HSSCP has done to achieve this:

- Established a Tees Task & Finish Group to review and develop a revised PMF and QA Framework
- Introduced quarterly reporting for all subgroups, to the HSSCP Executive
- Introduced a Neglect Champions Group to drive the priorities, objectives and activities across the entire HSSCP, to secure evidence of improved impact and outcomes for children and young people

Impact and Evidence - What HSSCP has seen as a result

- Improved quality and assurance processes
- Strengthened draft PMF dataset

What we still want to achieve:

- Following the outcome of the Tees PMF and QA Review, a Quality Assurance Subgroup will be established, to strengthen scrutiny and assurance of both quantitative and qualitative measures, evidencing the effectiveness of the HSSCP, areas of learning, strong practice and improved outcomes for C&YP across Stockton and Hartlepool.
- Agency safeguarding escalations to be systematically submitted to the HSSCP and Independent Scrutineer, to evidence timely professional resolution and, positive outcomes for the child/ren.

CASE REVIEWS - Local Child Safeguarding Practice Review

LCSPPR - Joe

Context

Joe was 17 years old at the time of the significant incident but had been known to services across different Local Authority areas dating back to his early years. Prior to the incident, there were concerns over his friendship groups, periods of missing, antisocial and criminal behaviours and disengagement from education. Joe had been made subject to a Protection Plan for Neglect and was identified as High Risk of Exploitation. Legal plans to secure his safety and well-being were made and a residential placement secured. The seriousness of the matter and the risks to Joe were so high that a Secure Order was made. After being returned to his mother's care, Joe was reported missing and subsequently associated with an incident of Grievous Bodily Harm. A further application for Secure was made but the grounds were not met. A Strategy Meeting was held when Joe had been missing for a significant period of time and was associated with a number of burglaries and was sighted as carrying a knife. Within two months of the strategy, the significant incident occurred.



Systems Learning

- Strategic Exploitation Group multi systemic operating model
- VEMT - processes and expertise
- Risk management
- Categorisation - victim and perpetrator/enforcement and support
- Educational needs
- Pathways to harm - trauma and adversity
- Pathways to protection - prevention and support
- Trauma informed approach



Practice Learning

- Seeing the child first
- Critical thinking- reflective supervision and challenge
- Accessing professional expertise
- Professional curiosity - asking the right questions.
- Knowledge and skills :-
 - Understanding pathways to harm/ pathways to prevention
 - Trauma informed approaches
 - Contextual safeguarding- multi systemic
 - CCE and youth violence
- Critical /reachable moments



What has been done?

- Undertaken an Independent Scrutiny review of the MACE / VEMT arrangements across Tees
- Developed and delivering training to the multi-agency workforce on working with 'Difficult to Engage Children Through a Exploitation Lens'
- Included 'Harm Outside of the Home' as a key priority for HSSCP in 2024-25
- Reviewing and developing the Tees Safeguarding Partnership's Exploitation Sub-Group

Impact and Evidence - What HSSCP has seen as a result

- Clear recommendations identified for improvement and consistency across Tees in relation to MACE / VEMT arrangements
- Positive evaluations from the multi-agency workforce in relation to new training being delivered
- An agreed, shared commitment to prioritising Harm Outside of the Home

You can access the full report [here](#)

CASE REVIEWS - Local Child Safeguarding Practice Review

LCSPR - Roo

Context

Seven month old Roo died whilst sleeping in his cot at home, where he was living with his mother and two siblings. Roo and his siblings were subjects of interim care orders at the time of his death.

Roo was born prematurely (30 weeks) and spent the first 4 weeks of his life in hospital. An ultrasound of his head done routinely due to his prematurity showed a small bleed on his brain. This bleed was typical of those seen in premature babies and was unlikely to cause any problems clinically. At age 5 months, Roo was admitted to hospital with poor weight gain. It was noted that his head was large in circumference and therefore an ultrasound scan was booked as an outpatient. The ultrasound took place four weeks later. This showed evidence of subdural collections. These were subjected to further exploration and a second opinion from a specialist hospital. The conclusion was that these were bleeds on the brain and were not due to Roo's prematurity. While these exploratory investigations were ongoing, the Local Authority implemented a safety plan whereby a family friend supervised mother's care of the children in the family home.

Medics confirmed that the cause of the two bleeds in the brain was more than likely inflicted injury and the Local Authority issued care proceedings, with a plan to place the children outside of mother's care with a family member. The Guardian challenged the plan. An interim care order was agreed but with the children remaining in mother's care, subject to the supervision and safety plan which had already been in place. Father had been living outside of the family home for approximately 2 months. An exclusion order was granted with the interim care orders to prohibit him from attending the address. Roo died 1 week later.



2018 - 2021

- March 2018: Family move to Tees Valley, request made to transfer CIN not accepted therefore CIN plan closed
- June 2020: Nursery call HV worries child 1 appears unkempt
- March 2021: Safer referral for UBB (child 2) by CMW, referral for EHA
- October 2021: Child 1 had 16 teeth removed
- December 2021: Safer referral from GP - Child 2 missed immunisations. Anger issues reported by teachers of Child 1 - recognised as probable learnt behaviour - referral for EHA (no feedback from earlier EH referral) Possible learning difficulty for mother known

2022

- March: Safer referral by 0-19 service, fathers' cannabis use and poor mental health. Father games all day and night and in between he smokes cannabis. He shouts and belittles me in front of the children. Child 1 is not bothered by his behaviour and Child 2 covers their ears.
- Referral to CAMHS by HV for Child 1.
- May: Strategy meeting following home visit by SW, appalling home conditions. SW left home as did not feel safe due to father aggression.
- Criminal standard for neglect not met as property had been cleaned prior to police and CSC return visit.
- Child 1 disclosure "my dad smacks me" allegation withdrawn later and no evidence from child protection medical.
- CPP commenced for Child 1 and 2 - neglect
- August: Child 1 abusive to HV, F*** off, threatening to kill her and heard to go in cutlery draw.
- September: Referral for PAMS assessment for Mother declined as cognitive assessment will be completed by SW. Referral to CSC by CMW for UBB Roo. Father arrested common assault, and assault beating emergency worker.

2023

- January: RCPC CPP continues for neglect. Baby Roo discharged from hospital. Safe sleep and ICON discussed. Routine enquiry about DA not asked as father present
- February: Safe sleep and ICON discussed. Routine enquiry about DA not asked as father present. Invite to learning disability annual review sent out
- March: Child 1 suspended for 2 days from school, for being verbally abusive and a physical assault against a teacher. Routine enquiry by HV, mother denied any domestic abuse and reported that when father was in a bad mood she allowed him to come out of it himself.
- October: Unplanned home visit, home conditions deteriorating, seen to have improved at next visit. School reporting decline in child 1 school attendance, poor home conditions when visited.
- November: Discussion with parents in home visit consideration would be given to alternative care for children if improvements are not sustained. Home visit by SW and HV. Home conditions appalling. Child 2 nappy overflowing with faeces coming down his leg. Child 1 sleeping on the landing as father sleeping in their bed. PAMS request for Mother not appropriate as not in court arena. Cognitive assessment to be considered. Father re-referred to GGL declined support said he wanted to focus on his mental health. Father later has appointment with Nurse Practitioner about long standing mental health. Medication prescribed, review Jan 2023.
- December: ICPC for UBB Roo - CPP commenced for neglect. Minimal change for the children noted. Baby Roo born at 30+6 weeks. Teacher raised concerns about child 1's behaviour - this is probably "learnt behaviour".
- March: Unannounced visit to family home by SW. Father looked stressed. SW was refused entry to house and kept on the doorstep. Allowed SW access next day, father calmer, happier and home conditions had improved. Child 1 permanently excluded from school.
- April: Child 1 CAMHS assessment, father attempted to contact mother multiple times and she reported unable to go anywhere with father contacting her. Referral to CSC by Paediatric Therapies missed appointments
- May: Roo admitted to children's ward because of faltering growth. Mother disclosed domestic abuse perpetrated by father to CAMHS during appointment. Adult safeguarding completed. Telephone call to GP by father send questionnaire to complete for anxiety, depression. Not completed or returned.
- June: Roo seen at home with a bruise above his eyebrow by HV and Community Neonatal Nurse. Named SW not available, spoke to duty SW and mother reported duty SW reviewed photographs and accepted mothers' explanation; sibling had thrown a toy. Father has threatened to burn the house down. MARAC referral submitted. CT scan of head "small collections observed on Roo's brain possibly subdural haematomas. Safety plan put in place mother care of children supervised legal advice sought. MARAC meeting held. Referral to Harbour, request for Clare Law and Non molestation order discussed.
- July: Care proceedings initiated. Non accidental injury confirmed as most likely cause of subdural haematomas. Interim care order requested; child guardian instructed children solicitor to apply to court for urgent court hearing as not listed until 14.08.2023 recommending court oversight was needed. ICO granted and children to remain in care of mother supervised by family friend. Exclusion Order granted in respect of father to not enter mother's property with power of arrest.
- August 2023: Sudden unexplained death of Roo

What has been done?

- Commenced a review of existing training to ensure key messages and themes arising from the review are included
- Planned training on understanding child protection medical reports to support risk assessment and multi-agency decision making for delivery throughout 24-25
- Reviewed and amended the existing 'Bruising in Non-Mobile babies' procedure

What we still want to achieve:

- Deliver and evaluate impact of refreshed training in light of recommendations and learning themes
- Develop a glossary of medical language used in child protection medical reports - to be used within planned training and to assist professionals in risk assessment and multi-agency decision making
- Undertake a deep dive audit to evaluate how the child's lived experience is reflected in assessment and care planning.

You can access the full report [here](#)

CASE REVIEWS - Audit

Independent Scrutiny Deep Dive

Context

The HSSCP Riley Local Child Safeguarding Practice Review (LCSPR) published in November 2022 was in relation to a child that had experienced trauma and abuse throughout early childhood which ultimately led to him being exploited and almost losing his life. One of the recommendations of the review was for the Safeguarding Children Partnership to identify other potential 'Riley's' and ensure that robust multi-agency plans are in place to meet their needs. For Riley, the trauma he had experienced manifested in his behaviour in school which led to him disengaging from education. His behaviour was seen as the problem rather than being seen as a means of communicating the trauma he had experienced. He was identified as having learning difficulties and the focus had been on his SEND rather than any potential safeguarding need.

The purpose of this deep dive was to seek assurance in relation to whether robust multi-agency plans are in place to meet the needs of children that have disengaged from education. For the purposes of the deep dive, 'disengagement from education' was classified as those pupils who have 70% attendance or below and / or 5 days or more suspension. In order to keep this deep dive in line with the Riley case criteria, only pupils who were classified as SEND support were selected. This deep dive was carried out by the partnership's Independent Scrutineer.

Deep Dive Findings

Areas of assurance / strength:

- Tenacious practice with evidence of direct work to engage and understand the child's world.
- Child's voice and lived experience are understood and acted upon
- Strong engagement with parents and families
- Strong engagement with partners
- Strong assessments with good analysis, considering historical intervention and needs, with the potential of cumulative harm.
- Clear plans in place with evidence of contingency planning and the 'bottom line'.
- Appropriate decision making and thresholds, avoiding re-referrals.

Areas for further development:

- HSSCP partners not using the Escalation Procedure, to professionally challenge and escalate decisions that they do not agree with.
- A gap in not consistently recognising the potential for CSE and CE

Impact

- Cases in which assurance was not gained were escalated
- Review of the Tees 'Professional Challenge, Dispute and Escalation' procedure
- Development and roll out of new 'Difficult to Engage Children Through a Exploitation Lens' training for the multi-agency workforce

Multi-Agency Audit - Follow-up from Deep Dive

Context

The 'deep dive' undertaken by the partnership's Independent Scrutineer in June 2023 around the HSSCP Riley LCSPR found some evidence of the following:

- referral, re-referral, repeated assessments and repeated step down to Early Help.
- Family history being considered but not translating into the analysis, decision making and plans, where the pattern of closing and stepping cases down continues, with a gap in analysing the impact on the child of cumulative harm, their future outcomes and, how collectively can we make a difference now to children's lives.
- Consent being a barrier for CSC, with a gap in evidencing tenacious Intervention in engaging families and, the skill to communicate consent to parents, aside from asking a closed, yes/no question.
- Family engagement and consent being a barrier to EH Partners, resulting in re-referrals.
- Where HSSCP partners do not agree with CSC, i.e., to step down or close a case, to use the HSSCP Professional Disagreement/Escalation Protocol in live time, rather than re-referring.
- Step Down Plans to EH not being clearly recorded, i.e., the needs that require addressing, by who, how, when, the lead named agencies, with contingency plans and a 'bottom line'.
- Gaps in evidence-based assessments, social work analysis, decision making and outcome-based planning.

The deep dive recommended a further audit 6 months later to seek assurance in respect of improved practice regarding cases which have recently stepped-down from social care assessment.

Audit Findings

Areas of assurance / strength:

- Plans were in place in all cases on step down to early help with needs of children and family responded to and support given.
- Evidence of good quality assessments
- Evidence of appropriate decision-making, step-down and the right support in place to meet needs
- Tenacious intervention in engaging families

Areas for further development:

- Engagement of Father has been noted as an area of difficulty and although professionals have made best efforts to obtain engagement, this had not been possible in some of the cases.
- Some multi-agency professionals were not always consulted / aware of step down / closure
- Some gaps in assessments including missing multi agency information; outcome-based planning affected

What has been done as a result

- Communicating with agencies about the importance of agencies being informed / aware of the position of the case following step down. Partnership to consider whether a process around this would assist

TRAINING AND DEVELOPMENT

Safeguarding Children Training Snapshot:



66 multi-agency training sessions delivered



8,635 e-learning sessions completed

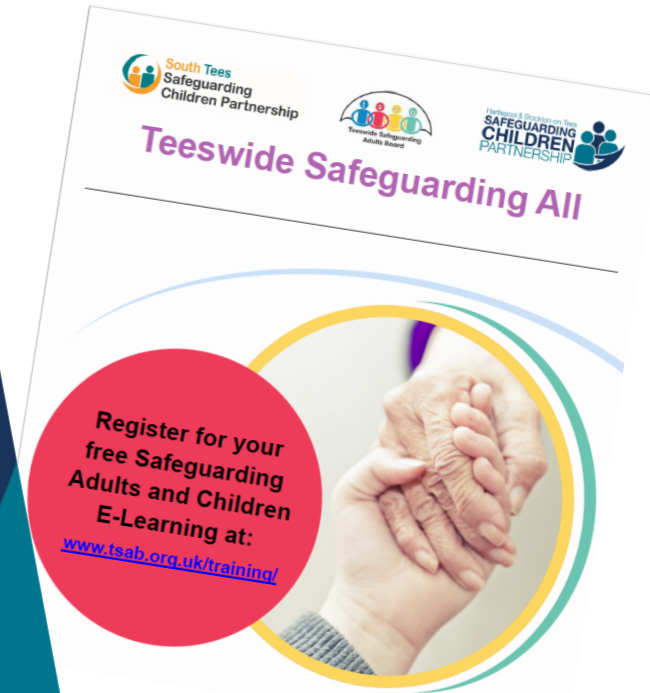
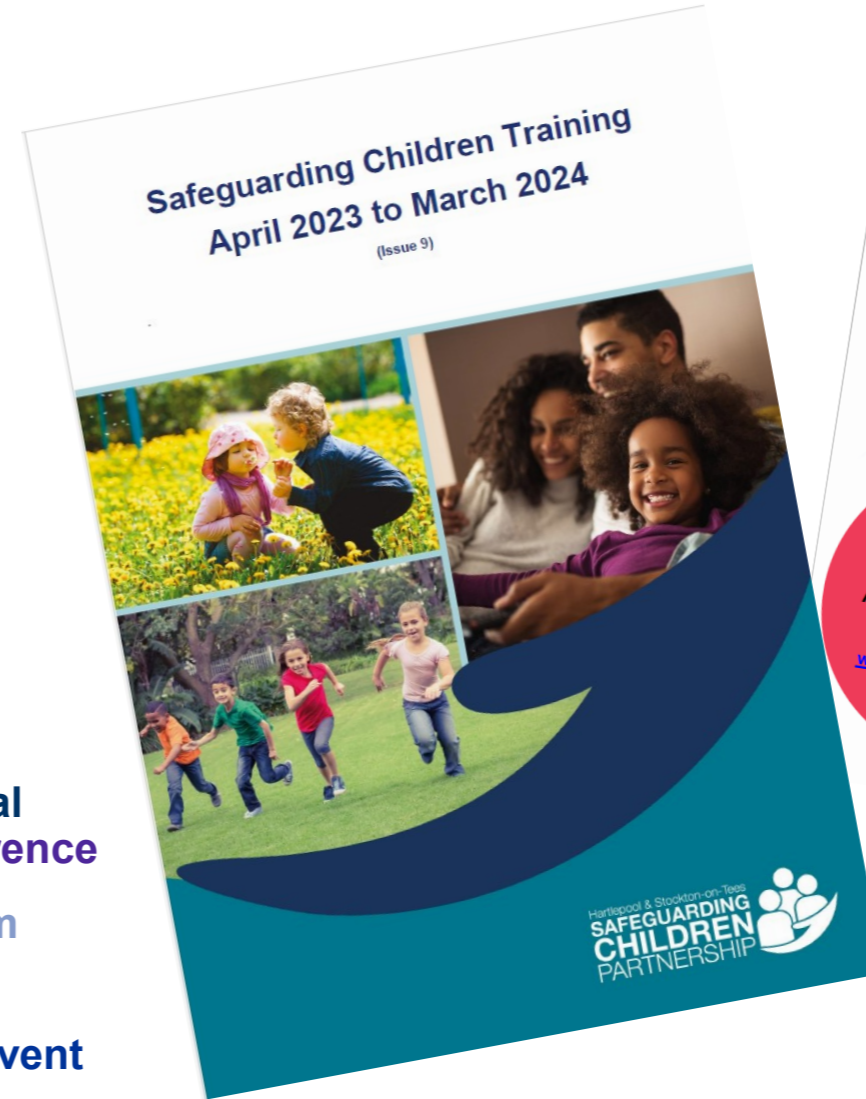
1,701 people attended multi-agency training



140 practitioners attended the Non Accidental Injury in Under 1's & Hidden Partners Conference

146 practitioners attended the Learning from Reviews Briefings

64 practitioners attended the Neglect Active Learning Event



Evaluation and Impact:

I enjoyed the group work with other professionals as it is helpful & interesting to hear their experiences

I feel the whole event will have an impact on my work with young people

The trainer provided clear explanation of the reasons cases progressed & outcomes for improving practice

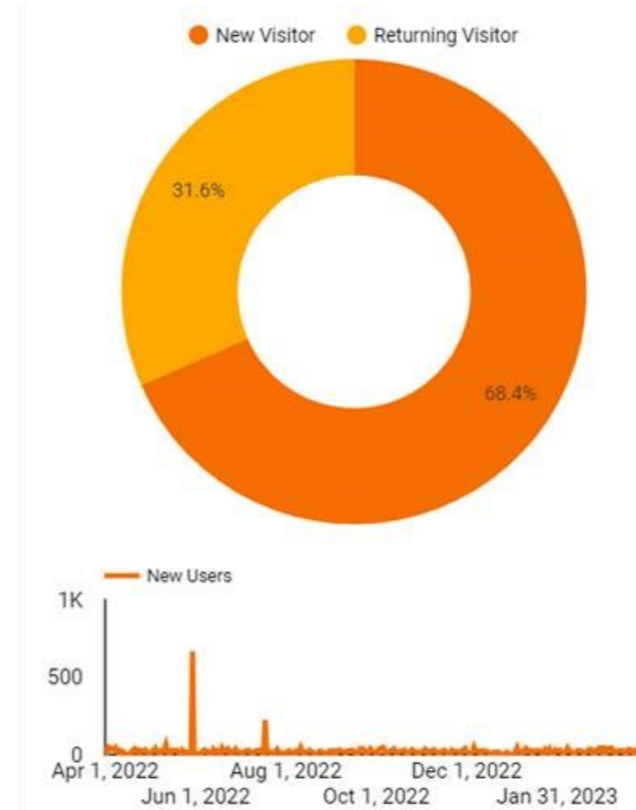
The trainer provided real life examples that really helped me to understand and relate this to practice.

This training helps you to 'think outside of the box' and use professional curiosity when working with children

Overall a brilliant day, very informative & structured, very hard hitting & thought provoking – excellent conference

COMMUNICATION AND ENGAGEMENT

HSSCP continued to engage with partners and professionals and share key messages across the multi-agency workforce. The partnership produced and circulated their monthly e-bulletins which provide a range of useful articles, resources and tools on key up-to-date safeguarding issues and themes. Quarterly newsletters, updating professionals on the work undertaken each quarter, were also shared. The HSSCP website continues to be regularly updated with partnership news and publications and key messages are also shared via HSSCP's Twitter account.



➔ **9832** visitors to the HSSCP website

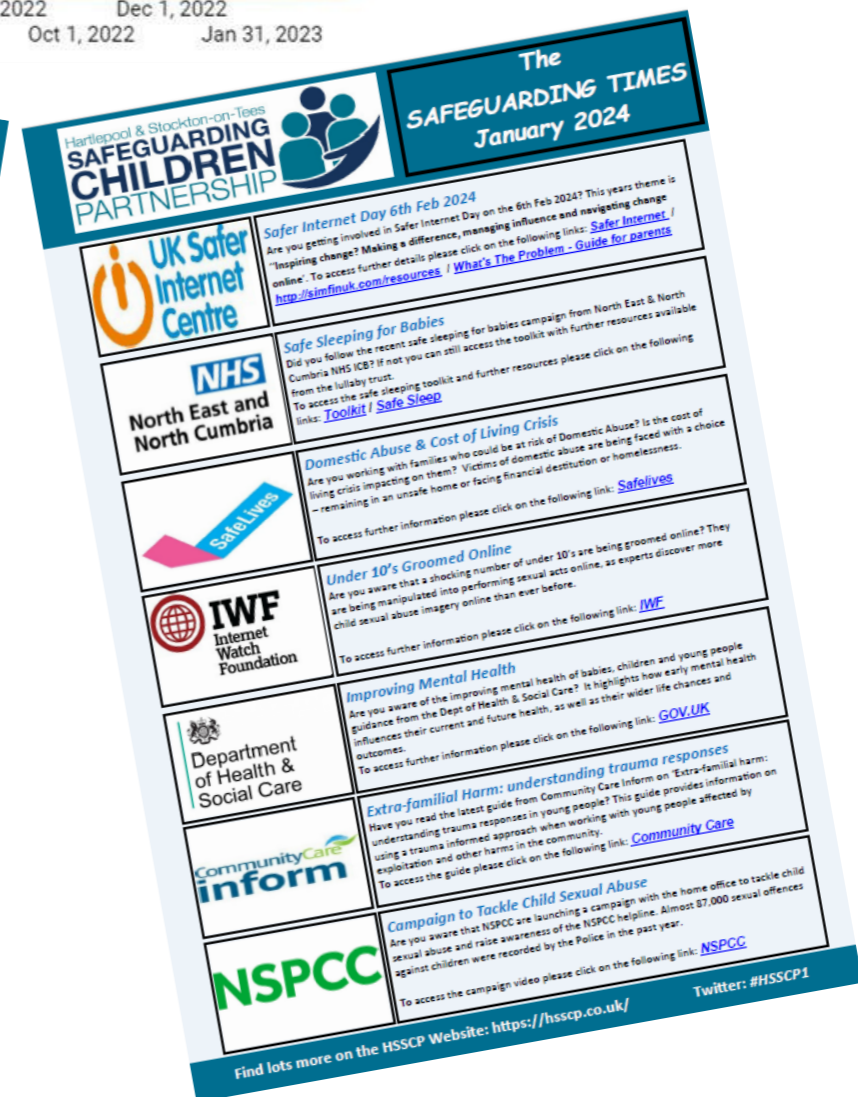
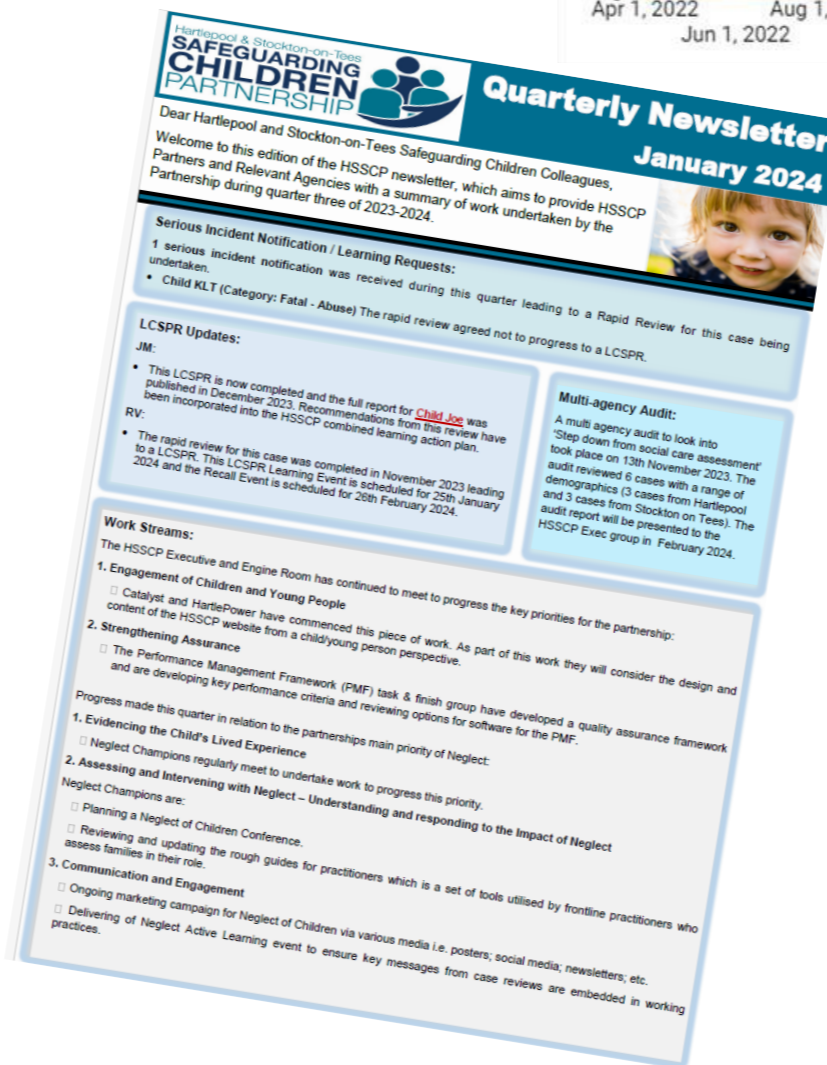
➔ **21,313** page views on the new HSSCP website

➔ **12** Monthly e-bulletins were circulated to **1146** partner representatives for wider distribution. These outlined key messages around pertinent safeguarding themes.

➔ **6** Termly Safeguarding Forums were delivered to Designated Leads and Head Teachers across Hartlepool and Stockton Schools.

➔ **4** Quarterly newsletters were circulated to partner agencies to communicate HSSCP activity.

➔ HSSCP **Twitter** account - [@HSSCP1](https://twitter.com/HSSCP1)



Independent Scrutiny

Independent Scrutiny

The Independent Scrutineer for the HSSCP completed an Annual Scrutiny Report for 2023 – 2024 using an evidenced based methodology, as set out under the Six Steps for Independent Scrutiny: Safeguarding Children Arrangements by Pearce, J (2019), Institute of Applied Social Research; University of Bedfordshire. The Independent Scrutineer (IS) also referenced the 5 core elements and 6 cross cutting themes from Working Together 2023.

The Annual Report was informed by scrutiny of:

- HSSCP strategic documents, including:
 - HSSCP Annual Report 2022-2023
 - HSSCP Memorandum of Understanding (v2)
 - HSSCP Published Arrangements (V3)
 - HSSCP Communication Strategy
 - HSSCP Media Strategy
- Safeguarding Children Training April 2023 to March 2024
- HSSCP governance arrangements
- All reports to HSSCP Executive meetings
- Chairing the HSSCP Executive Meetings
- Chairing the HSSCP Executive Rapid Review Meetings.
- Attending the HSSCP Chief Executive Meeting.
- One to One meeting's with the Chief Executive, Stockton-On-Tees Council; the Directors of Children's Services, Hartlepool and Stockton-On-Tees Councils; the HSSCP Business Manager
- Scrutiny of Serious Incident Notifications; Rapid Review Meetings and LCSPRs.
- Scrutiny and comparison of best practice across Local Safeguarding Children's Partnership arrangements and JTAI (joint target area inspection) outcomes.

During the reporting period, 01/04/2023 – 31/03/2024 the Independent Scrutineer carried out the following qualitative scrutiny activities:

- A Deep Dive Thematic Post LCSPR (Riley) Audit; June 2023
- An Independent Scrutiny Review of Tees Multi Agency Child Exploitation (MACE) and Vulnerable, Exploited, Missing and Trafficked (VEMT) Arrangements
- Direct observation of multiagency front door arrangements in The CHUB, Hartlepool
- Direct observation of Stockton-On-Tees Children's Homes; meeting with Stockton-On-Tees SMT and Children's Leadership Team

The HSSCP Independent Scrutiny Report for 2023-24 identifies areas of significant strength, including strong governance for the multi-agency safeguarding arrangements (MASA).

Areas of Strength

Step 1: The four core statutory partner leads are actively involved in strategic planning and implementation – Multi Agency Safeguarding Arrangements (MASA), Leadership & Governance.

Step 2: The wider safeguarding partners (including relevant agencies) are actively involved in safeguarding children – Working in Partnership.

Step 5: There is a process for identifying and investigating learning from local and national case reviews – A Learning Culture; Impact & Scrutiny.

Step 6: There is an active program of multiagency safeguarding children training.



Independent Scrutiny

Areas of Strength

There is strong evidence of effective strategic leadership and collaborative working, with a shared commitment and responsibility for the partnership.

The wider safeguarding partners (including relevant agencies) are appropriately informed of and engaged with the safeguarding children partnership arrangements, actively contributing to the HSSCP priorities, as set out under the HSSCP Business Plan 2022-24.

Governance has been strengthened further, by the re-establishment of the HSSCP Chief Executive Meeting, intended for the Lead Safeguarding Partners (LSP), as defined under Working Together 2023.

Despite national and local workforce challenges alongside high levels of need, the children's workforce across the partnership is highly motivated and deeply committed to safeguarding children.

HSSCP coordinate and deliver a comprehensive and effective Safeguarding Children Training Programme. Learning activities are delivered across various media, including live training events, E-Learning and Bitesize Briefings.

The co-ordination, administration and delivery of Tees-wide Safeguarding Procedures are managed extremely well by the HSSCP Business Unit.

The HSSCP is open to respectful challenge, an indicator of a strong and mature partnership, as well a shared commitment to develop and strengthen further arrangements.

The governance, leadership and the shared responsibility for identifying and investigating learning from local and national case reviews is robust.

The Independent Scrutineer would cite this as an example of exemplary practice, where strategic leaders take full responsibility and ownership of the learning from serious incidents. Equally, Rapid Review meetings evidence strongly, a culture of system wide learning.

Arrangements are in place for twice yearly, HSSCP Multi-Agency Audit Events, involving the four statutory agencies together with relevant partner agencies.

A Neglect Champions Group has been established. The Tees Safeguarding Children Partnerships' Procedures set out clear guidance and a Neglect Framework and Practice Guidance, with Neglect Tools are accessible for practitioners. Equally, significant training and resources are available.

The Independent Scrutineer is aware that there is significant activity, but less clear about what is being achieved. As set out above, the Independent Scrutineer has not seen any assurance reporting to the HSSCP from the Neglect Group, during the reporting period of this report, 2023-2024.

Areas for Continuous Development

Step 3: Children, young people and families are aware of and involved with plans for safeguarding children – Voice & Influence.

Step 4: Appropriate quality assurance procedures are in place for data collection, audit and information sharing.

The Independent Scrutineers recommended that the HSSCP consider pace and progress in respect of:

- Demonstrating how the voices and experiences of children and families shape and influence the HSSCP strategic priorities, the co-production of HSSCP strategic documents, service design and the delivery of local arrangements.
- Strengthen assurance of the demonstrable impact on practice and outcomes for children, as a result of learning.

The HSSCP Executive accepted the recommendations of the Independent Scrutineer, agreeing to review the Project Plan for Voice and Influence in light of the investment and commissioning of the VCS to consult and engage with young people, having not progressed at pace.

A review of the Quality Assurance and Performance Management Framework has been completed, led by a Director of Children's Services, which will strengthen assurance of the impact on practice, outcomes for children, the difference that the Partnership are making.

The HSSCP accepted the recommendations from the Independent Scrutiny Review of Tees Multi Agency Child Exploitation (MACE) and Vulnerable, Exploited, Missing and Trafficked (VEMT) Arrangements. The commissioning of the joint review and the shared commitment by strategic leaders across both Partnerships to progress the recommendations, is a strength.



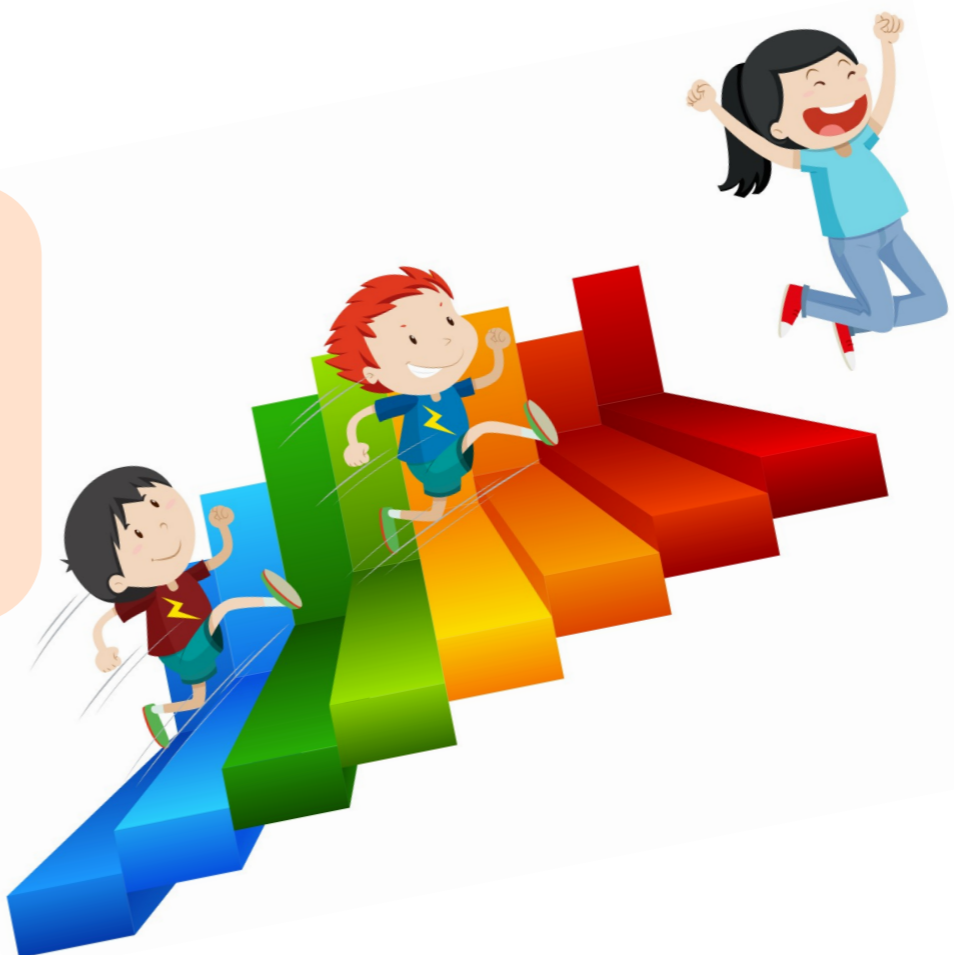
Next Steps

NEXT STEPS

HSSCP Priorities for 2024-25

HSSCP Have agreed for the 23-24 priorities to carry over into 2024-25, with the addition of 'Harm Outside of the home as a priority. HSSP's 24-25 priorities are therefore:

1. **Neglect**
2. **Engagement with Children and Young People**
3. **Strengthening Assurance**
4. **Harm Outside of the Home**



Priority 1: Neglect

The HSSCP Neglect Champions will continue to meet to drive forward this priority. Work throughout 2024-25 will involve planning and delivering a neglect conference in conjunction with children and young people and further promotion of the neglect key messages via active learning events.

Priority 2: Engagement with Children and Young People

HSSCP aim to undertake consultation / engagement events alongside children and young people and capture the input of young people to help shape the HSSCP priorities. An annual forward plan will be co-produced with children and young people for engagement events and HSSCP activities that children and young people can contribute to as well as co-production of child-friendly versions of key HSSCP documentation.

Priority 3: Strengthening Assurance

Following the outcome of the Tees PMF and QA Review, a Quality Assurance Subgroup will be established, to strengthen scrutiny and assurance of both quantitative and qualitative measures, evidencing the effectiveness of the HSSCP, areas of learning, strong practice and improved outcomes for C&YP across Stockton and Hartlepool.

Priority 4: Harm Outside of the Home

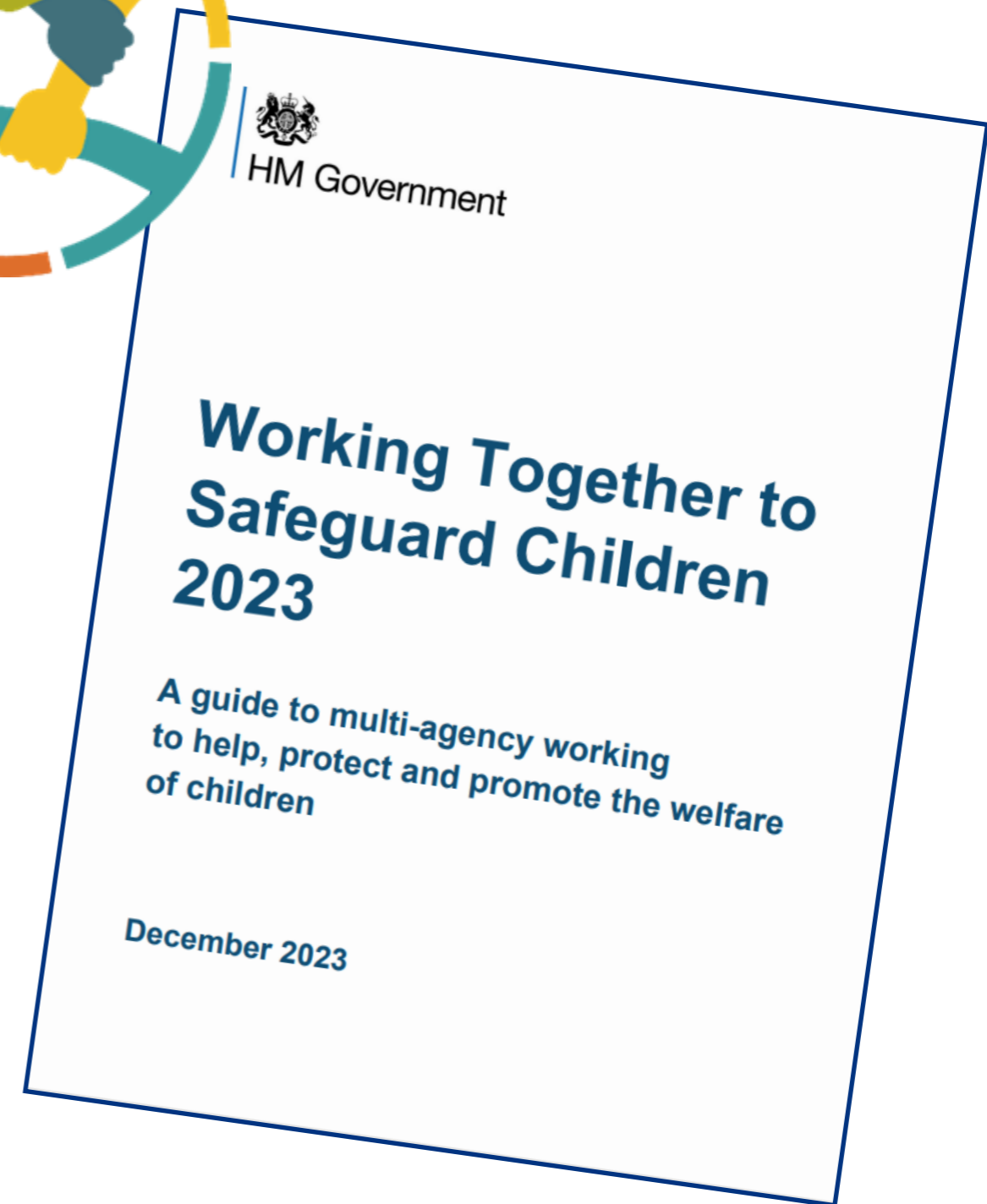
This is a newly added priority for 24-25. This will involve a review of existing Tees Strategic Exploitation group and will develop and deliver a new Tees Harm Outside of the Home strategy and plan.



NEXT STEPS

Implementation of Working Together 2023

With the publication of the updated 'Working Together to Safeguard Children' in December 2023, HSSCP have developed an implementation plan. As part of this, HSSCP will undertake a partnership health check and will be reviewing and redesigning their partnership arrangements for publication in December 2024.





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