



# **Calderdale Safeguarding Children Partnership Annual Report 2022- 2023**



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## 1. Foreword and Introduction

### Message from Calderdale MBC Children and Young Peoples Services

*At the end of another year of relentless focus on keeping our children safe in Calderdale, I want to say a huge thank you to every single person in the children's partnership. Your tireless efforts to create a safe and nurturing environment for our children has not gone unnoticed. The work you do every day goes beyond your safeguarding responsibilities; it reflects your genuine care, kindness, compassion and a strong sense of duty. This matters and we really appreciate what you do for our children in the Borough.*

*Safeguarding is about keeping the child at the centre, thinking 'what's it like to live in this family', in their environment every day. Being curious, speaking to children on their own, listening to their stories and doing what we can to improve their lives. Voice of children is important to us in Calderdale and please read the section on the work of our Young Advisors this year. They are reaching many of our young people, raising awareness and gaining important insights and making recommendations for change.*

*Every one of your roles are important in safeguarding practice, and as strategic leaders we acknowledge the challenges you may face and the emotional investment required. Your ability to handle situations with professionalism, empathy, and a steadfast commitment to our safeguarding policies is truly commendable. We never do the work for the external validation, but it was good to see the Ofsted view this year of our children in need and child protection work. They visited us in Spring and said: "Most children who are subject to CIN or child protection planning whose cases were seen on this visit are receiving an effective service. This is ensuring that children's identified needs are met, and children are better protected. Families are receiving services at the right level of intervention. When needs or risks increase, children and families receive the most appropriate service."*

*Thank you for being there at the forefront of our safeguarding work. Your contributions are invaluable and we are really fortunate to have such a dedicated multi-agency team. What you do is making a huge difference and is very much appreciated.*



**Julie Jenkins**

Director of Children's Services  
Calderdale MBC

### Message from the Calderdale Clinical Commissioning Group (CCG)

*An Integrated Care Board (or ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.*

*The NHS West Yorkshire Integrated Care Board (WYICB) became a statutory organisation on the 1 July 2022 as part of the Government's new Health and Care Act.*

*The WYICB has 4 aims:*

- *To reduce health inequalities*
- *Manage unwarranted variations in care.*
- *Secure the wider benefits of investing in health and care.*
- *Use our collective resources wisely.*

*The WYICB has a legal responsibility to ensure that the principles and duties of safeguarding children and adults at risk are fulfilled for both the WYICB and the providers through which it commissions services. The WYICB is one of three statutory partners on the Calderdale Safeguarding Children Partnership (CSCP).*

*The WYICB is made up of 5 placed base partnerships: Calderdale, Kirklees, Bradford, Wakefield and Leeds. The placed based partnership in Calderdale is called the Calderdale Cares Partnership (CCP) and has a shared safeguarding team with Calderdale Cares Partnership. We operate at Calderdale place and come together with other safeguarding teams in the WYICB to deliver of aspects of work that make sense to do at scale. Formal governance arrangements are established at both Calderdale and West Yorkshire level.*

*Key achievements of the WYICB Calderdale safeguarding work for 2022- 23 include:*

- *Established formal safeguarding governance and assurance mechanisms as part of the transition from Clinical Commissioning Groups to the West Yorkshire Integrated Care Board.*
- *The Health Assurance and Improvement Group (HAIG) has continued during this reporting period providing strategic oversight, assurance, improvement, and the scrutiny of safeguarding children arrangements across the local health economy, reporting directly to the Calderdale Safeguarding Children Partnership (CSCP) Executive group and supporting the ICB and CSCP in fulfilling their statutory duties.*
- *Continued development and engagement with GP Safeguarding Leads through regular meetings and facilitating a dedicated safeguarding practice learning training event.*
- *Analysis of themes emerging from GP Safeguarding Standards to support learning and practice improvements co-ordinated via quarterly GP Safeguarding Leads meetings.*
- *Development of a Primary Care Good Practice Guidance for Children/Young People and Adults at Risk who are not brought to Health appointments – Was Not Brought.*
- *Health Pathway development for when a non-mobile baby presents to GP with an injury. The aim being to expedite access to paediatric assessment in conjunction with following usual safeguarding procedures.*
- *Coordination of work with health partners around engaging males and significant others in keeping with the ‘whole family approach’ and learning from National Child Safeguarding Practice Review Panel.*

*Looking forward to the future, our priorities include raising the profile and seeking assurance regarding Every Sleep a Safe Sleep and ICON Programmes in conjunction with Public Health. We remain committed to working within the CSCP responding to the ever-changing safeguarding landscape, learning from local and national safeguarding reviews, working in collaboration with our safeguarding partners to implement new and emerging legislation, with the collective aim of achieving a consistent and proactive approach to meeting the needs of children who require safeguarding interventions.*

*Penny Woodhead.*

**Penny Woodhead**

Chief Quality and Nursing Officer/ Deputy Chief Officer  
NHS Kirklees CCG  
Chief Quality and Nursing Officer  
NHS Calderdale CCG

**Message from West Yorkshire Police: Calderdale District**

*West Yorkshire Police remain committed to delivering the best possible service to the public of Calderdale and to protecting those most vulnerable within society.*

*Safeguarding the vulnerable remains a key priority for West Yorkshire Police, Calderdale District, and myself personally.*

*We look forward to continuing the fine work undertaken with our partners to ensure Calderdale has a collegiate, effective, and compassionate multi-agency response to safeguarding.*

*Our key achievements include:*

*Calderdale District's response and performance to emergency and priority calls remains impressive, we respond to calls swifter than all other Districts within West Yorkshire. This ensures we are in the best position to address immediate safeguarding concerns, maximise evidential and investigative opportunities.*

*Calderdale District continue to have strong criminal justice outcomes, in addition we have the lowest repeat victim and suspect rates for domestic abuse offences, testament to strong partnership working and robust investigation progression.*

*The Police at Calderdale continue to make best use of innovative civil orders that place restrictions upon those who perpetrate abuse to allow for effective engagement opportunities to address offending behaviour whilst ensuring vulnerable victims are appropriately safeguarded. We have built upon our previous success with dedicated offender managers who now solely focus on domestic abuse cases.*

*Calderdale District Police have worked with partners to create safe spaces for Women and Girls throughout the District and our approach to Policing and safeguarding of the night-time economy has been such a success it has been adopted through West Yorkshire.*

*Calderdale continue to provide a fresh and innovative approach to hate crime, delivering a compassionate and supportive approach through our neighbourhood Policing teams supported by professional investigations which has seen success resulting in our approach again being adopted as best practice throughout West Yorkshire.*



**Michael Brown**

Chief Superintendent  
Calderdale District Commander  
West Yorkshire Police



## 2. Calderdale

The population of Calderdale is 206,800. This includes 49,100 children, making up 24% of residents. 22.2% of children aged 0 to 15 in Calderdale live in poverty (compared to the England average of 19.9%), and in some areas rates are as high as 73.9%.

82.7% of Calderdale residents confirmed their ethnicity as “White – English, Welsh, Scottish, Northern Irish or British” in Census 2021. The three largest minority ethnic groups in Calderdale were “Pakistani or British Pakistani” (8.5% of residents), “Indian or British Indian” (0.9%), and “White: Irish” (0.8%). When looking at children - the published school census in January 2023 shows that 24% of primary school pupils and 26% of secondary school pupils have a minority ethnic background.

25.2% of children are eligible for free school meals with rates as high as 61.9% in some areas (Calderdale School Census January 2023). 26,014 households claim either Universal Credit or Housing Benefit. 9,623 (37%) of these households include dependent children (DWP Stat-xplore February 2023). The employment rate is 72.8% (ONS Annual population survey, 12 months ending December 2022).

In 2022 59% of pupils achieved the Key stage 2 expected standard which is the same as the England average.

The number of children in care in Calderdale at 31<sup>st</sup> March 2022 was 75 per 10,000, which was slightly higher than the England average of 70 per 10,000.

The figure below shows the distribution of the Index of Multiple Deprivation (IMD) 2019 in Calderdale. The red and orange colours represent the most deprived areas, the blue represent the least areas of deprivation.

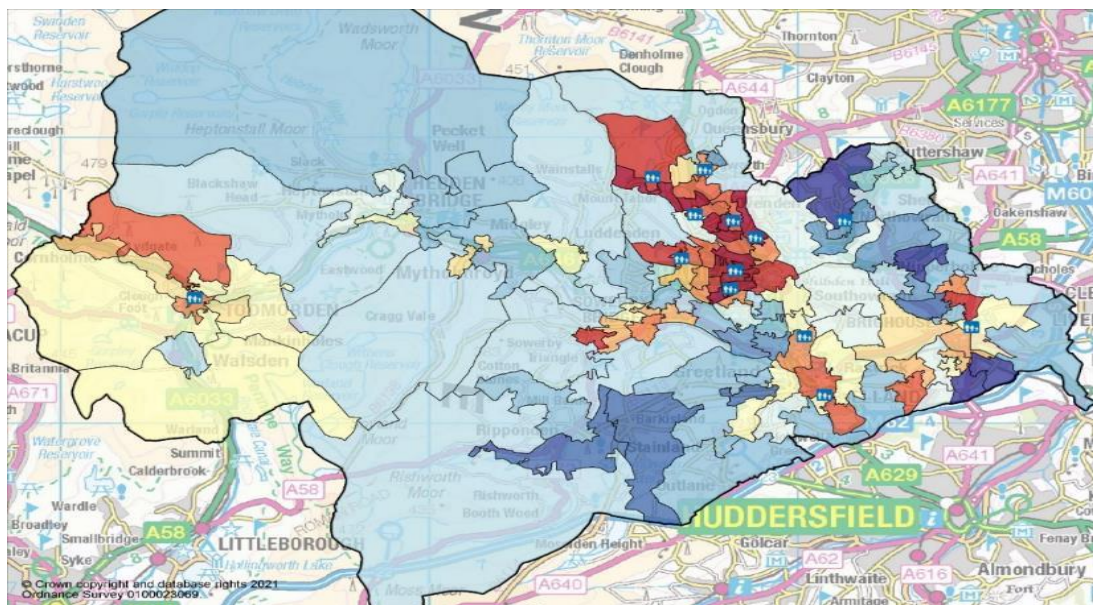


Figure 1 shows the distribution of the index of multiple deprivation in 2019

### **3. CSCP Governance, Alignment and Accountability**

Children who need help and protection deserve high-quality and effective safeguarding services. In Calderdale, there is a shared responsibility to coordinate, safeguard and promote the welfare of children. This sits with the three safeguarding partners, the Local Authority, Integrated Care Board, and the District Police Force who have a shared and equal duty to make arrangements to effectively work together to safeguard and promote the welfare of children.

The partnership is led by the Chief Officer of the Local Authority and the Integrated Care Board, and the Chief Constable of Police with delegated authority to the Director of Children's Services, the Chief Quality and Nursing Officer/ Deputy Chief Officer of the Integrated Care Board, and the Chief Superintendent of Calderdale District. The partnership provides policy, guidance and frameworks to reinforce how agencies, frontline professionals and practitioners are clear about their own and each other's roles and responsibilities and how they work together.

In Calderdale, the structure and ethos of the partnership between statutory partners and partner organisations and agencies is collaborative and child centred. Leaders, managers and practitioners use evidence from practice to openly reflect on what is working and what needs to improve. CSCP data, intelligence, audit, quality assurance, review activity and engagement with practitioners, children and families provides the evidence, perspectives and triangulation to enable challenge, learning and development to improve outcomes.

The CSCP has taken account of changes during the year such as the Domestic Abuse Act 2021 recognising children as victims in their own right. The Director of Children's Services, one of the lead officers of the CSCP Executive, is also the Chair of the Domestic Abuse Strategic Board engendering seamless alignment between the connected priorities of safeguarding children and domestic abuse.

The Executive has a clear understanding and structured links with partner organisations and Boards in Calderdale such as the Health and Wellbeing Board, the Safeguarding Adult Board, and the Community Safety Partnership. This structure can be found in the appendices; each sub group of the partnership holds agencies to account, shares intelligence, good practice, identifies risk, trends and themes, embeds how children and families can be more effectively safeguarded, and implements change to practice.

The membership of the CSCP Executive and the subgroups is broad to include the wider safeguarding partnership, and to provide independence and challenge to the three statutory partners. The three statutory partners chair the CSCP Executive in turn, and membership includes representation from primary education, secondary education, school governor association, the voluntary sector, and public health.

This report provides evidence of the effectiveness of the multi-agency safeguarding arrangements and how they work together to safeguard and promote the welfare of children in Calderdale.

The CSCP works across the West Yorkshire footprint to streamline operations with the Integrated Care System, the West Yorkshire Combined Authority, and through the other multi-agency safeguarding arrangements in Yorkshire and Humber.

#### 4. Independent Scrutiny & Assurance

The CSCP has used the [Six steps for Independent Scrutiny from the University of Bedfordshire](#) in reviewing how it sees assurance and provides independent scrutiny in Calderdale:

1. The 3 core partner leads are actively involved in strategic planning and implementation.
2. The wider safeguarding partners (including relevant agencies) are actively involved in safeguarding children.
3. Children and families are aware of and involved with plans for safeguarding children.
4. Appropriate quality assurance procedures are in place for data collection, audit & information sharing.
5. There is a process for identifying and investigating learning from local and national case reviews.
6. There is an active program of multiagency safeguarding children training.

The three statutory partners strategically lead and actively have a direct line of sight to front line practice, which is reinforced by not having a separate Independent Scrutineer or Chair who might replace some of this activity. These partners lead and direct the Partnerships Manager using the Business Plan to achieve improved partnership working and outcomes for children and their families.

The wider partnership reconsidered the 'relevant agencies' in Calderdale, and although the education sector was represented through the partnership and its sub-groups, the CSCP has formalised representation through school and governor leads, who now sit on the Executive as well.

The Calderdale partnership has robust and open challenge through Escalation, Reviews and Challenge processes, and evidenced in meeting minutes and workstream activity.

A group of Young Advisors help to guide and inform the partnership through its extensive work with other young people in Calderdale, and the work done with the Safeguarding Adults Board through the new Safeguarding Engagement Group, is starting to establish how we better engage with children, families and communities.

The CSCP [Independent Scrutiny and Assurance Framework](#) explains how we monitor joint working arrangements in Calderdale to assess whether they are effectively keeping children safe. This framework is used so that we can independently scrutinise multi-agency safeguarding arrangements.

The Performance Management Sub-Group serves as a valuable collaborative link, facilitating a comprehensive understanding of key data themes. This encompasses the collection of data, the "story behind the data," and active participation in meetings. The attendees come from statutory, voluntary and community sector organisations and the focus is on providing analysis and insights from the wider partnership to triangulate, challenge and support conclusions around intelligence.

The Quality Assurance Sub-Group undertakes assurance activity which reflects the Partnership's priorities. It provides multi-agency scrutiny and challenge of all audit proposals, reports and action plans, and oversees all action plans that are produced. It ensures that any scrutiny and quality assurance focusses on impact and outcomes for children or families.

Both the PM Subgroup and QA Subgroup enables a detailed sharing of concerns among agencies/services. Furthermore, it fosters an environment where best practices are discussed, showcasing how these changes have positively influenced the impact and outcomes for the children and young people served by these services. Some of the impact and assurance from these groups are highlighted in, but not limited to, the headings in section 5 of this report.



#### ***4.1 Scrutiny through the Organisational Safeguarding Assessment***

The Organisational Safeguarding Assessment (OSA) is a West Yorkshire-wide online tool that covers the requirements that come under Section 11 of the Children's Act 2004. Completing the OSA allows agencies, professionals and services to be held to account through self-assessment and providing evidence to the CSCP of how well they safeguard people in Calderdale. The process also includes peer review, challenge, support and generates actions and learning for improvement.

The OSA has 9 sections, containing 38 questions about Safeguarding which over 250 children's and adult services in Calderdale (including some which span a wider footprint) provided self-assessment and evidence against these standards. Positively, the breakdown from respondent's self-assessments show that 88% of the questions were rated as Green, 5% Amber and 1% Red.

Themes reflecting good practices were evident in the submissions, highlighting:

- Good Senior / Strategic Safeguarding representation
- Effective incorporation of children's voices
- A comprehensive, holistic approach to safeguarding
- Successful Multi Agency Partnership working driven by robust procedures and policies, quality training, information sharing and a commitment to diversity, inclusivity and equality.
- Adherence to statutory guidance for both volunteers and staff.

Areas identified for ongoing attention and development in the submitted evidence included:

- Continuous need to keep skills current, embed new skills & assess impact of training.
- Understanding the impact of new services.
- Improving accessibility for children and families in need of support.

The evidence also highlighted ongoing priorities and areas of focus for the CSCP Executive, including Trauma-Informed practice, Complex Needs, Mental Health, Poverty, Lived Experience, Violence, Online Safety, and Transition from childhood to adulthood.

## 5. Independent Scrutiny: CSCP Priorities for 2022-2023

The priorities for 2022-2023 were highlighted in the 2021-2022 annual report which each of the sub-groups and work streams drove activity with the aim of improving services in these areas:

1. Risk and Vulnerability in Adolescence and Contextual safeguarding
2. Hidden Men and Significant Others
3. Early Help
4. Focus on equality and diversity, the cost of living, poverty and the impact on safeguarding
5. Voice of the child and family of those receiving services.
6. Assurance from other partnerships around neurodiversity and mental health
7. Parental mental health, domestic abuse and substance abuse (Toxic Trio)
8. Neglect

The following sections address each of these areas individually:

### 5.1 Risk and Vulnerability in Adolescence and Contextual Safeguarding

This year, Calderdale has developed a multi-agency approach to risk and vulnerability in adolescence. The multi-agency workforce has contributed to a Risk and Vulnerability in Adolescence Strategy and Action Plan, to developing best practice procedures, tools, high-level training and simple guidance to change how agencies identify and protect children from Contextual safeguarding risks. The following sections provide a breakdown of some of the workstreams undertaken by the partnership to prevent and safeguard against risks in adolescence.

#### 5.1.1 Children Missing from School

At the conclusion of 2022/23, the number of Exclusions and Suspensions remained high, posing a continued concern for the Partnership. This situation impacted on the education welfare service's capacity and in response, the Partnership Education and Inclusion Board was established, along with the implementation of an advisory, guidance, and support initiative from the partnership. This initiative aimed to assist schools in managing students exhibiting behaviours indicative of being at risk of suspension or exclusion.

Data and intelligence have shown that children from an Asian background are slightly more likely to be excluded from school compared with representative population statistics. The Safeguarding Children Partnership plan to undertake a multi-agency audit on children who have been excluded from school and have suffered from domestic abuse in their family home in 2023/24. The findings from this audit will feed into and be monitored by the Education Inclusion Strategic Partnership workstream.

In 2022-23, there was a 37% increase in Elective Home Education (EHE) referrals compared to the previous academic year. Initial assessments into risk highlighted two key issues: first, some parents may struggle to provide suitable home education, requiring guidance and support. Second, the hypothesis that children might be being encouraged to become home educated to prevent exclusion due to behaviour or attendance issues, which although raised concerns, was not evidenced.

To address these challenges, concerted efforts were carried out to take action to keep children in mainstream education. This involved engaging in meetings with parents to understand and resolve the issues that led to the decision to home educate. A temporary pause was introduced to examine

instances of "off rolling." Additionally schools, where EHE was prevalent, were closely monitored. Recognising the increased workload, requests for additional staffing in the education welfare team were made.

The CSCP has contributed to national consultation on new EHE guidance and will continue to monitor through regular performance management data and local multi-agency audit work.

### ***5.1.2 Substance Misuse***

Towards the end of 2022/23, there was a reduction in A&E Substance Misuse Referrals. The Partnership considered whether this was positive news or of concern if services were not being offered to young people, or if young people were declining offers for referral. Since this data has been collected and analysed, there have been ongoing efforts to enhance the offer and uptake of these services, which will be closely monitored in 2023-2024. Additionally, a comprehensive examination of the BLOSM Trauma Navigator Pilot was undertaken to formulate a plan aimed at improving the situation in the upcoming year.

### ***5.1.3 Early Action and police intervention***

The Performance Management Sub group received assurance from police colleagues about high visibility policing with neighbourhood police officers and PCSOs which is aimed at developing trust and encouraging the building of relationships. The Early Action Team (EAT) does this through regularly speaking and engaging with children in school to highlight the consequences of crime and what diversionary activities might be on offer. Targeted inputs following incidents or from crime trends are made by the Early Action Team and activity days and programmes are targeted at young people and adolescents who meet the early action team criteria.

The Police provided evidence of how Public Protection Notice (PPN) are served for any child or adolescent for whom they have concerns. This function is now available on hand-held devices and can be completed at a scene allowing for immediate referrals to be made. Calderdale district follow good practice with PPNs being submitted for every child / adolescent who is present during a Domestic Incident, and where drugs or alcohol are a contributing factor.

The Child Vulnerability Exploitation Team (CVET) objectives are to protect vulnerable children at risk of Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE), and to identify, arrest and disrupt perpetrators of CSE and CCE.

Throughout the year, the Calderdale Safeguarding Children Partnership has sought to observe and evaluate the multi-agency response to the criminal exploitation of children in Calderdale, in preparation for the Joint Targeted Area Inspection theme. The partnership has helped to coordinate, monitor, promote and evaluate the holistic multi-agency response on identifying children at risk of or experiencing sexual exploitation through a multi-agency audit on 6 case files, and observations of the Calderdale multi-agency Child Exploitation Hub and the Matrix Meeting.

Next year, the CSCP ambition is for there to be a shared understanding from strategic leaders across all partnerships in Calderdale, and a suite of training, briefings and materials to be developed on:

- Calderdale approaches to Risk and Vulnerability in Adolescence
- Child Development and Adolescence, Teen Brain, links to ACE / Trauma Informed Practice
- Contextual Safeguarding

- Transitional Safeguarding
- Exploitation Practice Principles
- Engagement with parents and mastering matters of consent
- Use of Multi-agency Chronologies to assess risk.

Risk and vulnerability in adolescence continues to be a priority for the Calderdale Safeguarding Children Partnership, and the focus is on predicting and preventing risk and vulnerability in adolescence, including children being excluded, going missing, extra familial harm, gang and knife crime, serious violence, domestic abuse, and how we can support Children to be safe and resilient adults who do not have mental ill health, substance abuse issues or other multiple complex needs.

The professionals and teams supporting young people in Calderdale are streamlining services to have a more holistic, targeted and informed support for those children and young people who are at risk of contextual harms in adolescence. Considered and planned transition routes for young people who are transitioning to adulthood are being developed through the strategy and accompanying action plan. A dedicated group, which includes child and adult services, has been set up to address how we support children (and families) who have suffered harm and trauma to transition to adulthood safely.

#### **5.1.4 Child Exploitation**

The CSCP commissioned the National Working Group, a (national expert organisation on child exploitation) to observe, critique and provide feedback on good practice and areas for improvement around child exploitation. This independent scrutiny presented opportunities for the development of the Child Exploitation Hub and Multi-Agency Child Exploitation team. These developments continued into 2023 and will be reported in 2024.

#### **5.2 Hidden Men and Significant Others**

The CSCP first Child Safeguarding Practice Review in Rapid Time was a case of non-accidental injury to a baby in 2022, which had learning around hidden men and the whole family. [A learning lessons briefing](#) was produced to raise some of the key learning messages from this particular review including:

- Learning from the [Myth of Invisible Men](#) report needs to be considered by each organisation and its impact on practice & multi-agency working [Hidden-Men](#). Assessments must consider all the people significant in the child's life.
- Development and improvement of communication and integration between child services and adult services needs to include response to parental mental ill-health and substance misuse and parenting assessments.
- Think Family agenda recognises and promotes the importance of a whole family approach, built on the principles of "Reaching out: Think Family" [Think Family SCIE guide](#)
- The [ICON](#) (I can cope with crying – prevention of shaken babies) roll out to health partners to be audited to understand how well embedded this is. ICON to be further enhanced by wider dissemination to all multi-agencies across the partnership.
- Practitioners and managers are encouraged to source the [new national information sharing guidance](#) when it becomes available, in the meantime the West Yorkshire [Information Sharing \(proceduresonline.com\)](#) should be used.

- West Yorkshire Consortium Inter Agency Safeguarding and Child Protection Procedures has included a chapter on [engaging with fathers, male partners or carers and other significant adults](#)

This CSPR report is yet to be published due to on-going criminal procedures. Number 5.7 below details further work done by the partnership on hidden men, significant others and the toxic trio.

### 5.3 Early Help

Throughout the year, the Calderdale Safeguarding Children Partnership has sought to observe and evaluate how agencies work together effectively to provide children and families with the right help at the right time, in line with the Joint Targeted Area Inspection topic. The partnership has helped to coordinate, monitor, promote and evaluate the work of the partners and how effectively each agency contributes to the multi-agency response, including early decision-making across early help, child in need and child protection.

The multi-agency Quality Assurance Subgroup received a summary of the learning from audits from the Early Help Hub and Early Help Pathway.

In Quarter 1, Early Intervention/Family Intervention Team (FIT) audited FIT cases re-referred within 6 months. All had shown improvement and had contingency plans. The majority had long standing issues with mental ill health/ substances/domestic abuse. There was a concluding hypothesis that increased stress on families through the pandemic and higher professional anxiety had contributed to re-referral. Systemic training was scheduled to ensure second order change for families was achieved where possible.

They also conducted a follow up audit on the children who were reported to the Police as 'missing', to understand why 44% would not engage with a follow up interview by a family intervention worker. The audit found children having already told their story to police on return and had no desire to repeat. The challenge for the service is to consider how the engagement can be improved where possible. It was reassuring that all children are offered an interview.

In Quarter 3, an audit for Early Intervention (CIN FIT cases) looked at CIN Plans & Meetings. All 10 audits showed the voice of the child was captured within the CIN plan and meeting. There is clear management oversight in all 10 of the cases audited. Two out of 10 audits showed excellent practice, 8 out of 10 showed positive practice – this gives team managers confidence of key workers' practice in this area.

In quarter 4 the Early Help Hub audited 8 cases looking at contextual safeguarding. Learning was found around MAST referral process, action setting, tools available and training around Contextual Safeguarding which is being fed through to the Risk and Vulnerability in Adolescence Workstream.

A further Early Help thematic audit from FIT audited 6 cases looking at the quality of parenting work delivered whilst subject to CP plan. 4 were graded excellent and 2 were graded positive practice.

When examining data, the target for the number of new Early Help Pathways was a positive 40% increase in the number of new Early Help Pathways at the end of 2022/23 compared with the end of 2021/22. Looking at the rate per 10,000 the number increased from 81.8 per 10,000 at the end of 2021/22, against 111.5 per 10,000 at the end of 2022/23. The top 3 number of referrals came from



Children's Social Care (38% of referrals), from schools (32% of referrals) and FIT (7% of referrals). The top 3 agencies accepting referrals where the children and young people needed support were Family Support (25% of all accepted referrals), Targeted Youth and Family (14% of all accepted referrals) and Young Carers (12% of all accepted referrals).

The tier movement from the start of the Early Help and the closure, 51% of the cases moved down a tier (risk reduced and moving to universal services), 48% remained the same and only 9% of cases moved up a tier (identification of increased risk meaning appropriate escalation to child protection).

At the end of 2022/23 there was a concern about waiting list times being longer than previously and this probably reflects the higher number of new Early Help Pathways that were being started. There has been quite a difference in the initiating of Pathways and new co-ordinators were recruited to help improve this process. The evidence gathered about the support needs for those being referred in has allowed positive impact and good outcomes to be captured, and this shows that the process implemented is working well. In addition, the number of Child in Need and Child Protection Plans being started has begun to reduce because of the beneficial work being carried out in the Early Help team.

## **5.4 Equality, Diversity, Cost of Living and Poverty**

### ***Poverty, Social Deprivation and Disproportionality***

A disproportionality project was carried out during 2022/23 and utilised the Index of Multiple Deprivation (IMD) and Ethnic Group data as analytical tools, revealing variations in disproportionality within the studied parameters. When examining data, it became possible to scrutinise and identify disparities or imbalances related to the overall population, disproportionality.

Going through the Journey of the Child this report has made the following findings (IMD – the most deprived area is IMD1 and the least deprived is IMD10 on a sliding scale).

#### **Early Help**

- High disproportionality in the most deprived IMD 1-5 deciles
- No evidence of disproportionality in ethnicity

#### **Child in Need**

- IMD 1 to IMD 3 - showed disproportionality higher numbers.
- The Asian Ethnic Group is slightly disproportionately lower than the Calderdale population on Child in Need Plans.

#### **Child Protection**

- IMD 1 and IMD 2 show significantly higher disproportionality than others.
- The Asian Ethnic Group was slightly disproportionately lower than the Calderdale population.

#### **Children Looked After**

- Where children lived before becoming Looked After is confidential, therefore IMD could not be considered.
- The Asian Ethnic Group was marginally disproportionately lower than the population.

#### **Permanent Exclusions From Schools**

- Children who identified as being from an Asian ethnic group were a higher percentage of exclusions, indicating some disproportionality.

- There is currently no IMD data for Permanent Exclusions, but this would be useful to gather.

In summary this shows disproportionality in child protection and welfare, particularly with regards to more deprived areas in Early Help, Child in Need and Child Protection cases, which is aligned with the hypothesis of the CSCP Executive and partner organisations and also aligns with the national picture.

There is a slightly higher % of exclusions of children who have identified as being from an Asian ethnic background, which was reported to the Education Welfare Team, to school leaders, and to the Strategic Inclusion Group for further exploration.

The CSCP Performance Management Sub Group will continue to monitor disproportionality through each indicator looking at IMD, ethnicity, age, gender and disability where it is possible to acquire and where there are population comparators available.

#### **Other disproportionality work being done in Calderdale**

In Calderdale, Police are looking at “Stop and Search” data for disproportionality, by gathering gender, age, ethnicity and location for proportionality information.

#### **Work underway outside Calderdale**

There is a Government Report produced in 2020 [Using relative likelihoods to compare ethnic disparities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/reports/data-reports/using-relative-likelihoods-to-compare-ethnic-disparities) but this is a very complex method.

The National report “Permanent Exclusions” Reasons [[Permanent exclusions - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://www.service.gov.uk/facts-figures/ethnicity-facts-figures/permanent-exclusions) ] cover the 2020/21 school year, published 7 February 2023. This report covers Fact and Figures, including Permanent Exclusions due to ethnicity, types of schools and Local Authorities.

#### ***The cost of living***

The cost of living crisis was initially highlighted in the last quarter of 2022/23 as a noteworthy concern within two segments of Children's Social Care – Child in Need and Child Protection. This mention was prompted by the recognition that this factor was relatively novel and had not been previously identified. Given the augmented number of complex Child in Need cases, there was a growing concern that this might lead to a subsequent increase in Child Protection cases in the future.

#### ***Equality and Diversity – Cultural Competency***

The McAllister Report was published in May 2022 and was reviewed prior to the annual data review of the Performance Management Report, this is done to understand whether there are any alignment needed to be made with new guidance. As part of the data review it was noted that a few changes to LSCP working practices should be assessed and changed as necessary, and one of those was cultural competency.

The CSCP (and the Safeguarding Adults Board) have questioned whether the policies and procedures across West Yorkshire need to be reviewed, and have commissioned a local voluntary sector organisation to deliver additional training on cultural competency in Calderdale. The training looks at both culture and competence - having the capacity to practice effectively when working with families from any ethnic, religious or cultural background. Culturally competent practice acknowledges and aims to understand the meaning of cultural identity within each individual's and

family's lives. It requires that all organisations and professionals within them develop cultural knowledge and that the design and provision of services respond to culturally specific needs.

Calderdale agencies and services need to ensure that the staff and volunteers that are involved with children and young people have the correct knowledge and skill to be able to understand the world view, and the culture, of children and their family. Another aspect that needs to be considered as part of the cultural competency is the "unconscious or implicit bias" and it is important that awareness, questioning, using inclusive language and use of supervision to reflect and understand any skill gaps that need to be filled.

## **5.5 Voice of the child and family**

### **5.5.1 Young Advisors – Engagement with Children and Young People**

The Young Advisors wrote the following report for the CSCP Annual Report:

#### **Recruitment**

At the beginning of 2022 a recruitment campaign commenced. The Young Advisors led recruitment and liaised with the Voluntary Sector Alliance Network, through CMBC Comms Team on Twitter and Facebook, Senior Management in Children's Social Care. Over 100 expressions of interest were received mostly from the Twitter and Facebook posts. 30 candidates were invited by the Young Advisors to assessment sessions features questions such as:

- What is your perspective on safeguarding?
- Describe your level of confidence when dealing with the Young People?
- Can you tell us a time when you have shown your commitment towards something?

As well as a group discussion and debate on the topic: "Mental Health is always seen as negative, why is this the case? And how can we change that perception?". In total 10 further members were invited to join the group.

#### **Sofa Surfing and Homelessness Survey**

In summer 2022 the group chose Sofa Surfing as their next project, because Sofa Surfing is a topic which is known to be a risk but can be hidden – it is hard to identify someone who is at risk until a disclosure is made. The group invited the Young People's Housing Service Team Leader to talk about his role and help inform the group discussion.

The group prepared questions for the Housing Team Leader, and a survey was written by the young advisors that aimed to identify whether young people knew about Sofa Surfing, and how to raise a concern in and outside of school, and where they can seek support.

The survey received 619 responses from 3 schools and some home educated and not in education, young people. The key findings were:

- Not all students knew what safeguarding is or had heard of the word but didn't know the meaning of it.
- Not all students are confident with reporting safeguarding concerns, including concerns about sofa surfing or homelessness, and if they did, they would likely report them to parents, teachers and friends. However, some felt they have nobody to talk to.
- Only 25% had heard about sofa surfing

- The term ‘sofa surfing’ doesn’t make it clear that it includes all temporary sleeping arrangements e.g., sleeping on a makeshift bed. The definition of sofa surfing is helpful to some extent as it does explain this, but it doesn’t capture the impact or consequences.
- Most young people who had heard about sofa surfing had heard about it through assemblies or skills sessions but that these were too brief and didn’t cover the reasons or impacts.
- Other ways people had learnt/heard about it was through TV and film or through their parents and friends.

The majority of young people didn’t know anyone or hadn’t experienced Sofa Surfing themselves, but it is still important that they know the signs and risks involved. The Young Advisor created recommendations from these findings and shared with services across Calderdale to try to raise awareness and influence practice through this [video](#).

#### Next Project for the Young Advisors

The Young Advisors next project will focus on what young people know about Healthy Relationships, including family, friendships and romantic relationships, and will inform services what more they can do to support Young People in Calderdale to have better relationships.



#### ***5.5.2 Engagement with Service Users, Families and Communities***

A new Safeguarding Engagement sub-group has been set up to listen to the voice, view and experiences of service users, their families and the front line staff who support them.

The group includes representation from a wide breadth of agencies including statutory and voluntary sector:

- Adults Services and Well-being
- Advocacy services within the Council
- CVAC – a local charity supporting voluntary and community sector groups
- Happy Days a charity supporting people who are homeless or in crisis
- Health Watch
- Integrated Care Board, NHS
- Independent Reviewing Service, CMBC
- Independent Visitor & Volunteer, CMBC
- West Yorkshire Police
- Public Health
- Together Housing
- Youth Voice Service

Each member is expected to contribute to the subgroup with the voice of children, young people, families, adults at risk, carers and the wider community. The focus of the group is on safeguarding identification, intervention and on the impact of services on lives.

Standing agenda items include:

- Personalised Safeguarding Stories from agencies featuring positive practice, barriers, and stories which need to be studied to gain learning.
- Themed complaints or compliments.
- What's keeping people awake at night – members will seek views.
- Communication / information sharing.

The chair of the group is from the CVAC, a charity championing, supporting and strengthening the positive impact of the voluntary and community sector on local lives and communities.

The group will continue to build on gathering voice, and trying to ensure this influences and contributes to the coproduction of safeguarding interventions in Calderdale.

In the Performance Management Report, an identified area at the end of 2022/23 where good practice being implemented was Multi Agency attendance at Child Protection Conferences, including a notable rise in the return to face-to-face Child Protection (CP) conferences involving parents. This contrasts with the previous year, showcasing the positive impact of efforts to transition away from virtual meetings.

### ***5.5.3 Engagement with Education Settings***

Following the large section in the previous annual report about engagement with education settings, the Partnership invited representatives to the Executive including the Chair of the Primary Head Teachers, the Head Teacher of a local Trust of Secondary Academy Schools and the Chair of the Calderdale Governors Association. The Early Years Sector representatives remained consistent from Private Day nurseries, Early Years Provision Support Services, Children's Centres and the voluntary sector.

### ***5.5.4 Voice of the Child evidence from the Organisational Safeguarding Assessment (Section 11 of the Children Act 2004)***

Over 250 partners across Calderdale responded to the CSCP Safeguarding Assessment and Checklist. Partners submitted evidence that identified how the voices of the children are captured.

#### **Good practice and examples including:**

- The gathering of the voices of children, and that equality and diversity were seen as key matters to include in the conversations had with children and families, with schools also ensuring the inclusion of children with SEN and disabilities in voice and feedback.
- Schools with a larger populations of children from minority ethnic groups used translation apps to help with good understanding of conversations being had with the children and their families.
- When considering lived experience there was evidence from respondents about the voice of the child being captured by staff and then discussed in supervision to enable reflection and good, child focussed decision making.
- Some respondents mentioned that the Trauma Informed approach allowed there to be a person-centred response tailored appropriately, rather than the person 'fitting the service'.
- For Online Safety in schools there was good evidence of how training and knowledge of the children about online safety are provided.
- Some schools had already identified the need to raise the profile of Pupil's Voices and there was evidence of one Parents/Teachers group having been set up to help this.



### Challenges to practice included:

- The need for more training and development of staff to be able to listen to, and to capture, the voices of children and families.
- The time, resource and opportunity to coherently and consistently capture the voice of children and families was in competition with other statutory and priority work pressures.

### 5.6 Assurance from other partnerships around neurodiversity and mental health

The Partnership have been involved with the project to combat suicide contagion by working through how young people might be supported following the death of a child who may have been thought to take their own life. This work with Calderdale Public Health, has been combined with direction from the Safeguarding Adult Board about the prevention of suicides of those with multiple complex needs and those known to be at higher risk.

In gathering the evidence from the OSA, mental health was mentioned by 39% of school respondents, 33% CSCP respondents, and 5% of commissioned service respondents. This aligns with the ongoing focus on mental health issues in Calderdale affecting children and young people from the Open Minds Partnership, a concern previously discussed in the CSCP Performance Management Sub Group and reported to the CSCP Executive during the 2022/23 period.

Schools provided assurance of how they support children who may have mental ill health, showcasing positive practices within schools, including:

- Mental Health Hub membership (supported by Open Minds)
- Mental Health First Aiders
- Education Mental Health Practitioners in schools
- Mental Health Training is regular, including anxiety and self-harm
- Input from schools to Multi-Agency support, meetings, referrals and child focussed plans.

Some schools mentioned unique approaches, such as using the Anna Freud framework, incorporating mental health into personal development work with pupils, and engaging in Mental Health and Wellbeing discussions.

The evidence also highlighted the link between transitions and the mental health of children and young people. For example, a primary school shared their "reverse transition" work with years 7 and 8, addressing concerns after leaving primary school, a practice previously cited in the safeguarding audit and through the Young Advisors work on transitions.

The noteworthy inclusion of mental health concerns by schools is significant. It indicates a shift towards exemplary examples of good practice, emphasising the effective utilisation of available mental health support packages, particularly noteworthy given the context of feedback received at the last safeguarding audit.

A key member of CSCP/CSAB underscored mental health as a pivotal aspect of their safeguarding strategy, with dedicated training to ensure timely and effective mental health support for clients. Other members emphasised tailored training for practitioners in specific areas of work, catering to users with multiple or complex mental health needs. Several organisations mentioned having

information-sharing agreements with specialist services, including CAMHS, Community Mental Health Services, primary care, and Youth Justice Service and National Probation Service.

Examining the mental health data from the THRIVE (Open Minds) partnership, there has been a notable 91% increase in referrals with Neurodevelopmental involvement, comparing figures at the end of 2022/23 (1,871 referrals) to the 2021/22 year end (978 referrals). Predominant sources of referrals were from GPs, schools, caregivers, and self-referrals. Furthermore, during March 2023, Neurodevelopmental referrals accounted for 58% of the total referrals received at the First Point of Contact. This surge in Neurodevelopmental referrals is set against the backdrop of the highest-ever total referrals during 2022/23, reaching 3,854, representing a 95% increase compared to the same stage in the March 2020/21. The Kooth service appears to be rarely utilised as a Signpost referral.

### **5.7 Parental mental health, domestic abuse and substance abuse (Toxic Trio)**

In response to the letter from MPs regarding Arthur Labinjo-Hughes and Star Hobson, the CSCP facilitated independent scrutiny into how the partnership works together to identify and safeguard children where there might be hidden significant others, domestic abuse, parental mental ill health and substance misuse. In addition the partnership undertook a multi-agency audit focussing on the professional response to referrals from family members and neighbours.

The CSCP Multi-Agency Reflective Practice Event had attendance from Social Care, Police, School Nursing Service, the provider of Domestic Abuse support for victims, the local hospital trust, the local mental health trust, the drug and alcohol service, Independent Reviewing service, Family Hubs Lead and the GP commissioning lead.

Assurance was sought and given by the multi-agency partnership on the following areas under the Think Family agenda:

- Hidden Males and Significant Others
- Information Sharing
- Parental Mental Health
- Domestic Abuse
- Substance Abuse

There was much assurance given with examples and evidence of good practice which occurred in response to the learning from these reviews, in particular changes to policy, practice, training and awareness. The multi-agency partnership recognised the best practice and improvement already made to services in Calderdale and how this was impacting on families in Calderdale. Assurance was provided from the hospital trust about an Action Plan they have developed in response to the HSIB Non-Accidental Injuries in Infants attending ED especially around the area 'all staff in A&E are able to identify non-accidental injuries in infants who present in their department,'.

There was a recognition that there were still areas which needed further scrutiny and improvement to strengthen and embed practice. Professionals who attended on behalf of their organisations were congratulated on their openness and transparency and their ability to self-assess, challenge each other, and work on overcoming barriers together to safeguard children and families in Calderdale.

There were areas for improvement identified, including: a relaunch of our ICON scheme – I Can cope with crying, to try to reduce non-accidental injuries to babies; a focus on how health organisations

can share information; promotion of the escalation procedure; and further training on the impact of alcohol on parenting and safeguarding.

In Calderdale, the CSCP Partnership Manager supports the Domestic Abuse Coordinator and has been influential in writing the new Domestic Abuse Strategy and accompanying Action Plan. This alignment, alongside the managers responsibility in undertaking Domestic Homicide Reviews on behalf of the Community Safety Partnership, enables shared, cohesive learning and improvement to take place which reflect needs and demand from children, adults, families and the risk of domestic abuse. The Partnership has long recognised the rate and impact of domestic abuse in Calderdale, and these shared agendas, roles and responsibilities enable a unified approach to tackling and preventing domestic abuse.

### **5.8 Neglect**

#### **Child in Need and Neglect**

The percentage of Child in Need (CiN) cases that presented with a primary need of Neglect end of 2022/23 was 87%; if this is compared with the 2022/23 comparator data for England - 57%, DfE Statistical Neighbours had 66%, much lower than the Calderdale percentages, but Yorkshire and Humber had 75% which is much closer to the Calderdale position. It isn't currently known why this might be the case but lead professionals have described the level of complexity to be increased.

Looking at the end of assessment information for CiN episodes for children living in an environment with Domestic Abuse in Calderdale at the end of 2022/23 was 40%; again, looking at the 2022/23 comparators, England had 31%, DfE Statistical Neighbours had 29%, and Yorkshire and Humber had 31%. The data shows that many of the cases which are initially assessed as 'Neglect' are later assessed as 'harm from domestic abuse'. This seems to be an area that may require further investigation to understand the reasons for this.

The CSCP manager, the CSCP Learning & Improvement Officer and the Local Authorities' Principal Social Worker and Independent Reviewing Officer have been working on updating strategy, toolkits and policies around neglect. Ensuring content is up to date best practice, that includes educational neglect, teens, contextual safeguarding and transition, and that accurately reflects and differentiates between poverty and child neglect. New training and briefings will follow the publication of these documents.

## 6. Independent Scrutiny: Child Safeguarding Practice Review

The CSCP conducted six Rapid Reviews within this reporting period where a decision was made not to progress to a Child Safeguarding Practice review for the majority of them. The National Child Safeguarding Practice review panel praised the CSCP Review Panel and agreed with our recommendations and provided positive feedback such as:

*We thought this was a perceptive review which identified relevant learning. We particularly noted the swift action taken by the midwife in response to her observations about xxxx health and that this led to xxxx presentation at hospital.*

One Child Safeguarding Practice Review has been completed in rapid time focusing more on system learning. The learning and recommendations following the review are being acted upon. There will be independent challenge events held to test whether the learning from this review has been executed and is effectively contributing to improved safeguarding practice.

### *Learning for Professionals and Multi-Agency Working following CSPR*

- Professionals need to be aware of coercion, control, and know how to complete or contribute to Domestic Abuse, Stalking & Honour Based Violence (DASH) Risk Assessments
- Learning from the [Myth of Invisible Men](#) report needs to be considered by each organisation and its impact on practice & multi-agency working
- [Professional Curiosity and Challenge](#) should be embedded in practice and risk assessments
- Assessments should be child focussed and the impact of the birth of a second or subsequent child should be considered as a potential risk area through [pre-birth assessment](#).
- Development and improvement of communication and integration between child services and adult services needs to include response to parental domestic abuse, mental ill-health and substance misuse.
- [Escalation pathways](#) for increased risk need to be clear and in effect for all agencies
- The '[Day in the Life](#)' tool or similar should be used to see from the child's perspective, and to monitor progress or inaction
- Where parents don't engage with services, it may mean that a child's needs are not being met or that risk is increasing; professionals need to be proactive, and ensure actions meet the Childs Timescale (i.e. it is safe for the child to remain in the family). [Pathway and Letter for Engaging Hostile and Resistant Families](#) and [Was Not Brought](#) guidance can be used.

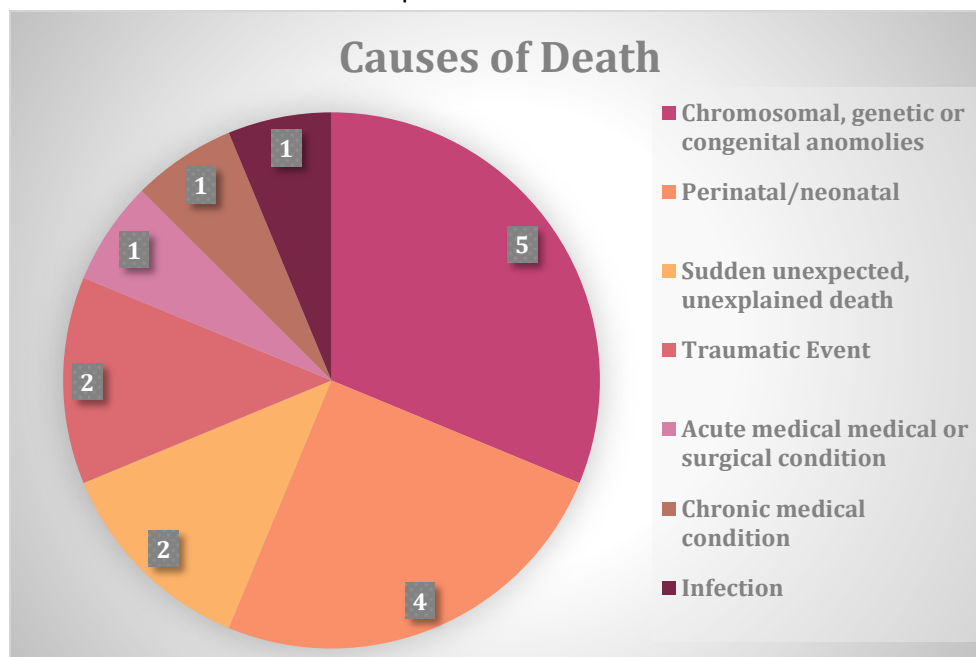
The three Strategic CSCP Executives undertook Challenge Events following the completion of a Child Safeguarding Practice Review which concluded within this reporting period. The scrutiny found many examples of changed and improved practice, including audit findings and front-line practitioners' testimonies. Further learning was also identified including the need for those involved in reviews to have the ability to influence others. CSCP members need to ensure their colleagues who might be involved in reviews can influence managers and staff to effect change.

The partnership identified that some cases involved families who were known only to universal services with no risks identified. The Partnership intends to look at any national learning, as it recognises this is potentially similar in other authorities where families are known only to universal services.

## 7. Independent Scrutiny & Assurance: Child Death Overview Panel

During 2022/2023, the Calderdale, Kirklees and Wakefield CDOP's reviewed a total of 65 cases. During 2022/2023 there have been 14 deaths recorded in Calderdale, which is in line with previous years. During the year 16 Calderdale deaths have been reviewed and completed, with a further 14 cases to be reviewed at the time of reporting.

Cases Completed with cause of death.



Of the cases reviewed 12 (75%) had modifiable factors, and these have been identified as (each case can have more than one modifiable factor identified):

- Consanguinity 7
- Smoking 3
- Service Provision COVID related 2
- Lack of safety equipment 1
- Maternal Obesity 1
- Lack of parental prescribed medication 1

CDOP meetings continue to be held virtually. They are well attended by a wide range of multi-agency professionals. This ensured that any learning and actions to come from a child's death could be identified and shared without delay, helping to prevent future deaths.

### *Disproportionality*

By linking each child's address to the UK government's ten deciles of deprivation, it was determined that child mortality increased as deprivation increased. More specifically, on average, there was a 10% increase in the risk of death between each decile of increasing deprivation.

Of the 14 children who died in 2022/23, 6 had been resident in the 2 most deprived areas of Calderdale (43%). 66% were male and 33% were female. 50% of children were of Asian/Asian British Pakistani ethnicity. The Partnership Manager successfully agreed with the National Child Mortality



Database to include specific fields in the national reporting dataset to further evidence and benchmark disproportionality and poverty. These included:

- 'Were parents or carers care leavers themselves?'
- 'Deprivation' questions relating to housing area and conditions.

Inequalities and the links to child deaths will continue to be a focus. Inequalities are a golden thread from the National Child Mortality Database (NCMD) and monitoring this will allow targeted work to be undertaken where inequality can be a contributory factor to the death.

### *Reflecting on 2022-2023 Priorities*

**Priority 1: Launch of a public facing safe sleep campaign.**

Resources were shared in Safer Sleep Week 13th-19th March 2023 using The Lullaby Trust resources on social media as the theme was co-sleeping which has been identified as a modifiable risk factor for Sudden Infant Deaths. We delivered an Every Sleep a Safe Sleep (ESaSS) Train the Trainer session and there are now around 100 ESaSS trainers across the health and care sectors, frontline and emergency services, educational settings and housing and benefits organisations.

Conversations are ongoing regarding embedding ESaSS training in educational and primary care networks to enhance early awareness. We are working with colleagues in safeguarding and health visiting to explore how the approach can be embedded in Calderdale as a multi- agency rolling programme and how the training will form part of the Family Hubs workforce offer.

**Priority 2: Continued focus on reducing population level smoking rates, with a particular focus on reducing smoking in pregnancy.**

Calderdale is higher than the England average (9.6% 2020/21) for the percentage of women who are known smokers at delivery. The proportion for Calderdale overall has varied slightly since 2016/17, and this most recent figure is lower than the 14% recorded in 2019/20. At ward level, there are some clear variations with Ovenden and Illingworth and Mixenden recording the highest levels (29.7% and 25% respectively). A Smokefree Pregnancy Service launched in October 2022 with two named Maternity Support Workers (MSAs) who are Health Advisers. These posts are funded from the NHS Long Term Plan funding that was given to CHFT. They cover other aspects of health as well as smoking cessation. Nicotine replacements such as patches and gum which are available free of charge from the Maternity Health Advisers. They also offer to arrange support for other family members to stop smoking. Yorkshire Smokefree (YSF) support partners of pregnant women and pregnant women wanting to access vapes through the vape pilot.

**Priority 3: Continue to build upon and strengthen existing child death review processes.**

Calderdale and Huddersfield foundation trust (CHFT) have commissioned a Child Death Lead Nurse covering the Calderdale and South Kirklees footprint. This appointment helps to ensure both Kirklees and Calderdale are compliant with CDOP/child death guidance particularly around child death review processes. The Child Death Lead Nurse also acts as a key worker for the bereaved family and provides support, not only as they come to terms with the death of their child, but as they navigate their way through child death review processes such as the post-mortem and Coroner's Inquests.

There is continued support from the National Child Mortality Database (NCMD) in the completion of analysis forms to ensure accuracy of information which forms the basis of future thematic reports.

Priority 4: Modifiable Factors decision making to be reviewed to ensure consistency.

The need for this priority was due to the higher than average number of modifiable factors locally. A hypothesis regarding the way Calderdale, Kirklees and Wakefield code consanguinity was factored and shown to be correct. A new Consanguinity pathway has been agreed nationally, which is helping to standardise how CDOPs decide whether there were any modifiable factors – this is already producing lower numbers locally.

In addition, partners from Public Health in KCW attend the CDOP meetings and look at recurring themes and ways to work together at place on a prevention approach. This includes updating the Modifiable Factors document with any new information and ensuring the document is referred to in practice but also used to evidence work ongoing.

### ***Priorities for CDOP for 2023-2024***

The following have been identified as priorities for the Panel for the year ahead:

- Priority 1: To continue to provide safe sleeping training for professionals so that information can be shared with families
- Priority 2: Continued focus on reducing population level smoking rates across Kirklees/Calderdale and Wakefield with a particular focus on reducing smoking in pregnancy
- Priority 3: Continue to build upon and strengthen existing child death review processes.
- Priority 4: Continuing to develop the partnership arrangements across the shared panels

## 8. Learning & Improvement: Multi-agency Training & e-learning

### 8.1 Learning & Improvement: Safeguarding Week



In June 2022, Calderdale held its third virtual safeguarding week following the success of the previous 2 years. The week included a different theme each day:

- Monday: Neglect
- Tuesday: Hidden Risk
- Wednesday: Resistance and Engagement
- Thursday: Trauma
- Friday: Safe Nights

The virtual programme included a launch event which was well received, with over 40 participants attending the introductory messages.

There were over 20 online learning sessions with more than 300 people attending during the week. There was access to live chats, podcasts, research reports, academic articles, resources, links, and videos aimed at practitioners and managers which were available via Calderdale Safeguarding website. Contributions were received from across the multi-agency partnership and included a good mix of resources for practitioners who work with Children and/or Adults.

The week prior to Safeguarding Week 2022 was impacted significantly when the Councils servers were upgraded the week before launch. The consequence was severe disturbance to users outgoing emails across the network.

Analytics from the CSCP/CSAB website showed that there were 305 visits from the 'go live' date, to one week after the event. Social media impressions across twitter and facebook showed that the number of visits across social media was down from previous years.

- Combined impressions for twitter and facebook 18193 Impressions
- Combined engagements 181 for twitter and facebook

The total number of Twitter impressions was 7863 and engagements was 101; the total number of Facebook impressions was 10330 impressions, and engagements was 80.

Smart Survey was used to gather evaluation from practitioners. Overall, the virtual week was evaluated as very positive; practitioner knowledge increased because of accessing the live sessions, and practitioners said it would enhance their practice now, and in the future.

Evaluation has shown that virtual learning works well for those with busy schedules but that you do not have personal interactions that face-to-face events offer. Suggestions of how to improve future Safeguarding Week programmes included considering spreading the events out over a longer period, allowing a break between sessions, and being more careful with the timing to avoid overlaps.

## 8.2 Training

The Calderdale multi-agency safeguarding arrangements ensures that, at a local level, organisations and agencies are clear on how to work together to safeguard children and promote their welfare.

This means:

- when a child is identified as suffering or likely to suffer significant harm there is a prompt, appropriate and effective response to ensure the protection and support of the child
- there is a clear, shared vision for how to improve outcomes for children
- organisations and agencies are challenged appropriately, effectively holding one another to account
- information is sought, analysed, shared and broken down by protected characteristics to facilitate more accurate and timely decision-making for children and families
- effective sharing and collection of data, analysis and quality assurance should be combined with the voice of children and families and the knowledge of experienced practitioners. This ensures the early identification of new safeguarding issues and joined-up responses across relevant agencies
- senior leaders promote and embed a learning culture which supports local services to become more reflective and implement changes to practice
- senior leaders have a good knowledge and understanding about the quality of local practice and its impact on children and families.

### *e-Learning*

A total of 5201 e-learning training was completed in 2022-2023 which is an increase of 826 from 2021-2022.

### *Face to Face Training*

**915** places were filled on live sessions 2019-2020

**202** places were filled on live sessions 2020-21

**927** places were filled on live sessions 2021-22

**1030** places were filled on live sessions 2022-23

This shows a return to high number of professionals accessing and attending face to face training – as was seen before the pandemic.

### *Evaluation*

Learners are invited to complete evaluation questionnaires for all face to face or live online courses by returning to the LMS platform and updating their learning record and obtaining their certificate. Q4 saw an increase in evaluations being completed by learners from 40% to 49%.

Has this event changed your skills and knowledge of this subject?	Q1	Q2	Q3	Q4
Improved a lot	13	27	51	45
Improved quite a lot	24	29	56	53
Improved a little bit	16	8	25	18
Not Improved	0	1	1	0

Evaluation reports of the full years training have been shared with the providers of each session to analyse and develop the content for the 2023-24 year programme.

**Some quotes from attendees demonstrating different thinking prompted by the training:**

- To look for signs of trauma - I found the hyperarousal an interesting sign that I had never thought of
- Hypothesise more in order to get answers.
- Recognising the signs more effectively
- I will be more vigilant and also pass on what I have learnt to friends, family and the people I will be working with.
- Be more open with my team, never think I am asking any silly question and always include the management.
- Professional curiosity is paramount.
- Use the Day in the life Tool kit more.
- Disguised Compliance is used too loosely, and we need to re frame our thinking around this.

***Additional Training for 2023 - 2024***

Organisations have been requested to undertake and produce workforce development strategies which are ambitious, and which meet the needs and demands of Calderdale safeguarding issues, which reflect the learning from safeguarding reviews and are focussed on the known areas identified for improvement across services. Training on trauma informed practice and on cultural awareness and competencies will continue.

The CSCP will seek assurance that individual organisations' workforce development strategies are in place and are ambitious and focussed on the priorities and areas for improvement highlighted through CSCP and SAB learning.



## 9. Future Priorities for the CSCP

The findings from the workstreams of the CSCP detailed in this report have been considered with the strategic Lead Safeguarding Partners and are included in the business planning and subgroup structures. The priorities for the CSCP are detailed below, but are underpinned by statutory function and partnership principles:

1. 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.
2. Close partnership working and engagement with education (at strategic and operational level) and other relevant agencies, allowing better identification of and response to harm.
3. The implementation of effective information sharing arrangements between agencies, including data sharing that facilitates joint analysis between partner agencies.
4. Delivery of high-quality and timely rapid reviews and local child safeguarding practice reviews, with the impact of learning from local and national reviews and independent scrutiny clearly evidenced in yearly reports.
5. The provision of appropriate multi-agency safeguarding professional development and training.
6. Seeking of, and responding to, feedback from children and families about their experiences of services and co-designing services to ensure children from different communities and groups can access the help and protection they need.

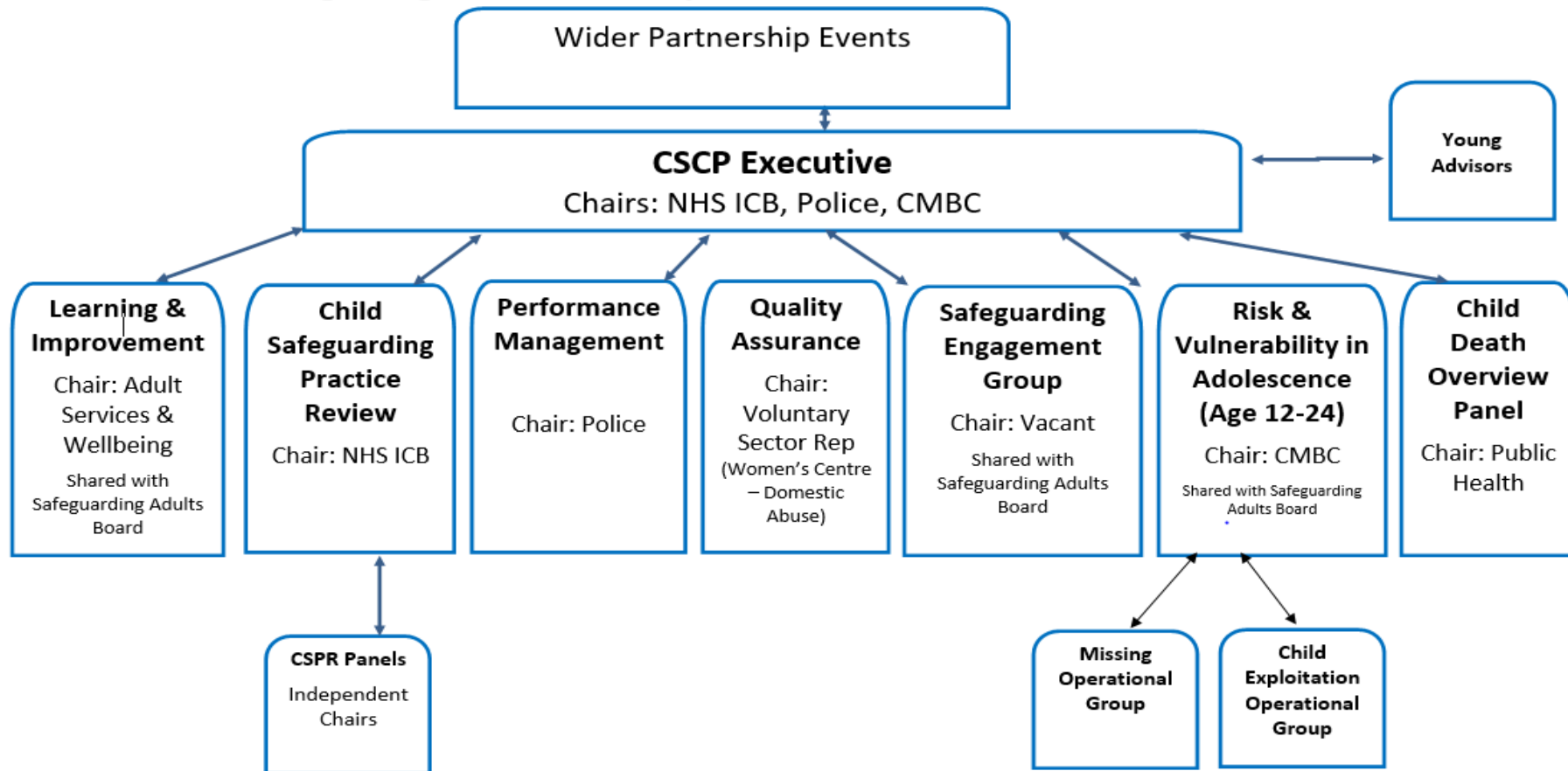
### 9.1 Priorities for 2023-2024

1. Contextual and Transitional Safeguarding – Risk and Vulnerability in Adolescence
  - i. Focus on young people aged 10 to 24.
  - ii. Identify, assess, and intervene with the social conditions of abuse (i.e., target the nature of the contexts in which abuse occurred rather than just the individuals affected by it)
  - iii. Draw extra-familial contexts into child protection and safeguarding processes (which were traditionally focused on families)
  - iv. Build partnerships with sectors and individuals who manage extra-familial settings where young people spend their time
  - v. Plan early and prepare for transitions using a systems approach which spans organisational boundaries.
2. Supporting how Calderdale organisations prevent, identify, tackle and support victims (including children) of Domestic Abuse.
3. Independent Scrutiny – review arrangements and consider the Calderdale approach against the newly published Working Together to Safeguard Children 2023
4. Voice and influence – to advance a ‘person-centred’ approach to undertake the work with children, families and communities to influence and help design Calderdale services.

## Appendix 1 Structure Chart



### Calderdale Safeguarding Children Partnership Structure



Safeguarding is Everyone's Responsibility

## Appendix 2 – Relevant Partner Agencies

- Adult Services and Wellbeing
- CAFCASS
- Calderdale and Huddersfield Foundation Trust (CHFT)
- Calderdale College
- Calderdale Governors Association (CGA)
- Early Years Quality and Improvement (Representing Childminders, Early Years Settings, Out of School Clubs)
- Locala School Nurse and Health Visiting Service
- Probation Service
- NHS England
- Together Housing Group
- Education (Primary and Secondary Head Teachers Association & Designated Safeguarding Lead Network)
- Public Health
- South West Yorkshire Partnership Foundation Trust (SWYPFT)
- Voluntary Sector Infrastructure Service (VSI)
- West Yorkshire Fire Service
- Women’s Centre
- Youth Justice Service
- Children’s Residential Homes including private providers
- Independent Fostering Agencies
- Halifax Opportunities Trust and North Halifax Partnership (Children’s Centre, Family Support and Community Engagement delivery)
- Yorkshire Ambulance Service
- One Adoption
- British Transport Police
- Sports and Leisure Organisations
- Religious Organisations

### Appendix 3 – Changes to Local Multi-Agency Safeguarding Procedures during 2022-2023

<b>Child Abuse and Information Communication Technology</b>	<b>A link has been added to Talking to your Child About Online Sexual Harassment (Children's Commissioner).</b>
<b>Children from Abroad, including Victims of Modern Slavery, Trafficking and Exploitation</b>	A link has been added to CPS Guidance on Victims of Modern Slavery, Human Trafficking and Smuggling.
<b>Children of Alcohol Misusing Parents</b>	A link has been added in Further Information to NICE Quality Standard QS 204 Foetal Alcohol Spectrum Disorder.
<b>Gang Activity and Youth Violence</b>	This chapter has been revised throughout in line with local practice.
<b>Harmful Sexual Behaviour</b>	A link has been added to Harmful Sexual Behaviour Support Service for the Children's Workforce (Marie Collins Foundation).
<b>Parents with Learning Disabilities/Difficulties</b>	This chapter has been refreshed.
<b>Allegations Against Persons who Work with Children</b>	This chapter has been updated to reflect Keeping Children Safe in Education regarding allegations that can relate to an adult's behaviour outside work known as transferable risk, and in relation to the importance of sharing any concerns about the behaviour of a person who works with children. Information has been added on the differences between an allegation and a concern. See Section 1, Introduction and Criteria.
<b>Local Contacts</b>	The information for Education Bradford Named Person for Children Missing from Education has been updated.
<b>Pre Trial Therapy</b>	This chapter has been added to the manual.
<b>Safeguarding Children and Young people against Radicalisation and Violent Extremism</b>	The Calderdale Referral Form has been updated.
<b>Recognising Abuse and Neglect</b>	Section 7, Recognising Neglect has been updated and should be re-read. Local information for Wakefield has been updated.
<b>Bullying</b>	This chapter has been slightly amended and the definition of sexting has been expanded to include taking and distributing nude or semi-nude images.
<b>Child Abuse and Information Communication Technology</b>	This chapter has been amended and the definition of sexting expanded to include taking and distributing nude or semi-nude images. The Further Information section has also been revised.
<b>Children of Alcohol Misusing Parents</b>	Links have been added in Further Information to Guidance - Foetal Alcohol Spectrum Disorder: Health Needs Assessment and Guidance: Parents with Alcohol and Drug Problems – Adult Treatment and Children and Family Services.

<b>Children of Drug Misusing Parents</b>	A link has been added in Further Information to Guidance: Parents with Alcohol and Drug Problems – Adult Treatment and Children and Family Services.
<b>Domestic Abuse</b>	This chapter has been updated to reflect the new definition of Domestic Abuse within the Domestic Abuse Act 2021 and to update the links within Further Information. The provisions of the Domestic Abuse Act 2021 are still being introduced and the statutory guidance is still in draft so there will be a further update to the chapter once the statutory guidance is finalised.
<b>Perplexing Presentations (PP) and Fabricated or Induced Illness (FII) in Children</b>	This chapter has been revised throughout.
<b>So Called 'Honour' Based Abuse</b>	Terminology has been updated throughout from Honour Based Violence to Honour Based Abuse.
<b>Safeguarding Children and Young people against Radicalisation and Violent Extremism</b>	A link has been added into Further Information to Guidance - Prevent Duty Self-assessment Tool: Further Education. Local information for Wakefield has been updated.
<b>Agency Roles and Responsibilities</b>	Section 5.4, Office for Health Improvement and Disparities (formerly Public Health England) has been updated.





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