

# Agenda

Name of meeting	<b>HEALTH AND WELLBEING BOARD</b>
Date	<b>THURSDAY 26 OCTOBER 2023</b>
Time	<b>9.30 AM</b>
Venue	<b>CONFERENCE ROOM 5, FLOOR 4, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>

## Participants

Councillor Phil Jordan (Chairman)  
Michele Legg, Chairman of the IW Integrate Care Board (Vice-Chairman)  
Councillor Debbie Andre  
Norman Arnold, IW Economic Development Board  
Stuart Ashley, Isle of Wight Council  
Simon Bryant, Isle of Wight Council  
Darren Cattell, Integrated Care Board  
Emma Corina, IW Voluntary Sector Forum  
June Davison, Isle of Wight Association of Local Council's (IWALC)  
Penny Emerit, IW NHS Trust  
Laura Gaudion, Isle of Wight Council  
Gill Kennett, Healthwatch  
Councillor Karen Lucioni  
Robert Mitchell  
Terry Norton, Police and Crime Commissioner for Hampshire & Isle of Wight  
Councillor Ian Stephens  
Wendy Perera, Isle of Wight Council  
Colin Rowland, Isle of Wight Council

Democratic Services Officer: Marie Bartlett  
democratic.services@iow.gov.uk

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1. **Apologies and Changes in Membership ( if any )**

To note any changes in Membership of the committee, made in accordance with Part 4B, Paragraph 5, of the Constitution.

2. **Minutes** (Pages 5 - 8)

To confirm as a true record the Minutes of the meeting held on 20 July 2023.

3. **Declarations of Interest**

To invite Members to declare any interest they might have in the matters on the agenda.

4. **Public Question Time - 15 Minutes Maximum**

Questions may be asked without notice but to guarantee a full reply at the meeting, a question must be put including the name and address of the questioner by delivery in writing or by electronic mail to Democratic Services at [democratic.services@iow.gov.uk](mailto:democratic.services@iow.gov.uk), no later than two clear working days before the start of the meeting. Therefore the deadline for written questions will be Monday, 24 October 2023.

5. **Chairman's Update**

The Chairman to give a verbal update to the Board.

6. **Integrated Care Partnership** (Pages 9 - 12)

To receive an update on the Integrated Care Partnership strategic priorities.

7. **First 1001 days** (Pages 13 - 18)

To receive a report following the review of the first 1,001 days of a child's life, experienced by Isle of Wight children and families.

8. **IW Safeguarding Children's Partnership Annual Report 2022-23** (Pages 19 - 62)

The Independent Chair of the Isle of Wight Safeguarding Children Partnership to present the IOWSCP Annual Report 2022/23 for consideration.

9. **Members' Question Time**

To guarantee a reply to a question, a question must be submitted in writing or by electronic mail to [democratic.services@iow.gov.uk](mailto:democratic.services@iow.gov.uk) no later than 9.30 am on Tuesday, 24 October 2023. A question may be asked at the meeting without prior notice but in these circumstances there is no guarantee that a full reply will be given at the meeting.

CHRISTOPHER POTTER  
Monitoring Officer  
Wednesday, 18 October 2023

## Interests

If there is a matter on this agenda which may relate to an interest you or your partner or spouse has or one you have disclosed in your register of interests, you must declare your interest before the matter is discussed or when your interest becomes apparent. If the matter relates to an interest in your register of pecuniary interests then you must take no part in its consideration and you must leave the room for that item. Should you wish to participate as a member of the public to express your views where public speaking is allowed under the Council's normal procedures, then you will need to seek a dispensation to do so. Dispensations are considered by the Monitoring Officer following the submission of a written request. Dispensations may take up to 2 weeks to be granted.

Members are reminded that it is a requirement of the Code of Conduct that they should also keep their written Register of Interests up to date. Any changes to the interests recorded on that form should be made as soon as reasonably practicable, and within 28 days of the change. A change would be necessary if, for example, your employment changes, you move house or acquire any new property or land.

If you require more guidance on the Code of Conduct or are unsure whether you need to record an interest on the written register you should take advice from the Monitoring Officer – Christopher Potter on (01983) 821000, email [christopher.potter@iow.gov.uk](mailto:christopher.potter@iow.gov.uk), or Deputy Monitoring Officer - Justin Thorne on (01983) 821000, email [justin.thorne@iow.gov.uk](mailto:justin.thorne@iow.gov.uk).

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## Minutes

Name of meeting	<b>HEALTH AND WELLBEING BOARD</b>
Date and Time	<b>THURSDAY 20 JULY 2023 COMMENCING AT 9.30 AM</b>
Venue	<b>COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT</b>
Present	Cllrs M Legg (Vice-Chairman), D Andre, S Bryant, D Cattell, E Corina, Davison, L Gaudion, K Lucioni, W Perera and C Rowland
Apologies	Cllrs L Peacey-Wilcox, S Ashley, Bunce and G Kennett

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### 1. **Apologies and Changes in Membership (if any)**

Apologies were received from Lora Peacey-Wilcox, Gill Kennett, Stuart Ashley and Penny Emerit.

The Vice-Chairman to chair the meeting in the absence of the Chairman.

June Davison was welcomed as the new member for IWALC replacing Shirley Smart

Darren Cattell to represent the Hampshire and Isle of Wight Integrated Care Board as Director of Place (Equivalent position on the Board previously held by CCG in the HWB Terms of Reference)

Dr Michele Legg to represent the Hampshire and Isle of Wight Integrated Care Board as Clinical Director (Equivalent position on the Board previously held by CCG in the HWB Terms of Reference)

Penny Emerit joins the Board as Chief Executive of the Hampshire and Isle of Wight NHS Trust.

### 2. **Minutes**

RESOLVED:

THAT the minutes of the meeting held on 26 January 2023 be approved

### 3. **Declarations of Interest**

Karen Lucioni declared she was a Personal Assistant on the PA Noticeboard.

4. **Public Question Time - 15 Minutes Maximum**

None were received.

5. **Chairman's Update**

The Chairman updated the Board regarding the ICB forward plan explaining that the Board had been given feedback on this and it was emphasised that they needed take into account the JSNA and health needs of the Island population.

The Chairman also welcomed Darren Cattell to his new position as Place Director for Hampshire and Isle of Wight Integrated Care Board.

Penny Emerit was also welcomed as Chief Executive of the IOW NHS Trust.

6. **Joint Strategic Needs Assessment JSNA Update**

The Director of Public Health gave an overview of the JSNA .

Discussion took place around the reasons for longer poor health on the Island and what could be done to prepare people better for old age.

The Board members were asked to identify people in their teams to further develop the JSNA

RESOLVED:  
THAT the JSNA update be noted

7. **Terms of Reference of the Health and Wellbeing Board**

The Director of Public Health asked the board members to consider the terms of reference and look to discuss any changes felt necessary. The role of substitutes and membership of the board to be circulated and considered.

RESOLVED:

THAT the change of membership in the Terms of Reference due to the disbanding of the CCG and the creation of the Integrated Care Board ICB be noted.

That members be asked to confirm member and substitute members for each organisation

8. **Mental Wellbeing Plan and Suicide Prevention Action Plan 2023 - 2028**

The plan was presented and discussed with the suicide action plan

It was explained to the Board that the Mental Wellbeing and Suicide Action Plans were not about services but rather focused on building capacity.

Training was deemed as highly important in tackling these issues and the Board was asked to undertake the 20 min on-line training regarding suicide prevention and to share the training with colleagues in the workplace. This will be a key part of world suicide prevention day.

It was suggested that more people needed to know about the strategy and training, and it would be beneficial to also involve parish, town and community councils.

The Director of Public health stated he would circulate links regarding the training with all members after the meeting.

RESOLVED:

THAT information and training on suicide prevention would be further coordinated and delivered with the wider workplace and community.

#### 9. **Better Care Fund**

The Strategic Manager Partnerships and Support Services asked the Board to consider the Better Care Fund Update Q1 2023-24. It was explained that approval of the Board was sought in relation to giving delegated authority to the Director for Adult Social Care and Housing Needs and to the Managing Director of Place for the ICB as having that flexibility would be extremely useful. It was suggested that this be reviewed in six months. Approval was also sought for the BCF Plan 2023-2035.

RESOLVED:

THAT the end of year template for submission to NHSE as a closing position for the Isle of Wight BCF 2022/23 be noted

THAT the new conditions provided by the DHSC and NHSE regarding the development of the BCF 2023-2025 be noted.

THAT initial submission of BCF planning documents by the Interim Managing Director ICB and the Director for Adult Social Care and Housing needs on the 23 June 2023 on behalf of the Health and Wellbeing Board be noted.

THAT the work undertaken to date in relation to the BCF 2023-2025, and to delegate to the Director for Adult Social Care and Housing Needs and to the ICB Interim Managing Director and Place director, authority to further develop and submit the BCF2023-2025 templates in line with national deadlines be approved.

THAT the 2023-2025 BCF Plan and accompanying templated be approved.

#### 10. **Health Inequalities - Place base and its link to outcomes affecting health.**

The Director of Regeneration presented a report highlighting the impact of place base on health.

It was deemed necessary to build on the existing landscape and collaborate further as this subject needed a more coordinated approach. Regeneration was key in improving health outcomes and the board discussed how this could be moved forward.

Discussion took place on how to move away from an acutely reactive health system to a preventative strategy. It was felt there was a need to move downstream to identify those in need but there were significant pressures, particularly concerning resources and finance.

It was suggested to develop a plan using the existing structures as many town, parish and community councils had place plans already and that linkages needed to be pulled together in order to shape a plan. Questions were raised about ownership of the plan. It was stated that it was not to be just a council led plan, but collective ownership with the relevant bodies needed to be agreed.

RESOLVED:

THAT there be further discussion on this subject and links between the relevant agencies and bodies be strengthened to develop this.

**11. Members' Question Time**

A verbal question was asked about Pysicon but it was explained that this topic was being dealt with at a meeting of the Health and Care partnership.

CHAIRMAN



## Isle of Wight Health and Wellbeing Board 26 October 2023

### Update on the Integrated Care Partnership strategic priorities

#### 1. Background

1.1 Over the last 18 months considerable work has gone into both the design and the ambition for the Integrated Care Partnership. A series of design groups were held between August 2022 and April 2023 to set out the purpose and governance arrangements for the Integrated Care Partnership.

1.2 The Integrated Care Partnership is made up of a joint committee and an assembly. The joint committee acts as the steering group for the Integrated Care Partnership and sets the strategic direction for the system, whereas the assembly is a forum for bringing together all the different partners across the system to creatively problem solve some of the challenges of working together. Most importantly, the Integrated Care Partnership is a new way of working, which focuses on doing things differently to improve the health and wellbeing of the population.

1.3 The purpose of the Integrated Care Partnership joint committee is outlined in Figure 1.

1.4 The Integrated Care Partnership has held three assemblies. In September 2022 and February 2023 to engage on and refine the Interim Integrated Care Strategy. These events were attended by over 200 people and over 300 organisations have been involved in the design and development of the Interim Integrated Care Strategy. We have engaged with around 50-70 professionals and people from the Isle of Wight.

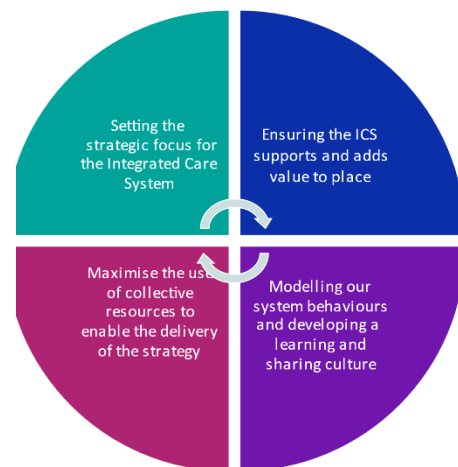


Figure 1: Purpose of the joint committee

1.5 In September 2023, a focused assembly was held on strategic priority of mental wellbeing. This helped to inform the strategic system action that could be taken forward together as a Hampshire and Isle of Wight System. The recommendations will be shared at the Integrated Care Partnership joint committee on the 8 November.

1.6 The Integrated Care Partnership joint committee is co-chaired by the Director of Public Health for the Isle of Wight and the Health and Wellbeing Board Chair for Southampton.

1.7 The Integrated Care Partnership joint committee met on the 26 July 2023 for the first time in public in the Integrated Care Board offices at the Portsmouth

Civic Offices. Partners in attendance included Integrated Care Board, NHS providers, upper tier local authority officers, Health and Wellbeing Board chairs, Wessex Academic Health Science Network, District and Borough representatives, Hampshire and Isle of Wight Fire and Rescue Services, Hampshire Constabulary, the Police and Crime Commissioner.

## 2. Update on the Interim Integrated Care Strategy

2.1 The primary purpose of the Integrated Care Partnership, as set out in the Health and Social Care Act 2022, is to develop the Integrated Care Strategy for the Integrated Care System.

2.2 The Integrated Care Strategy is built on the work of the four health and wellbeing boards and their strategies and plans. It identifies a small number of areas where there is an opportunity to add value across our four places, recognising that most of the work is delivered in local place. (See Appendix A – Page 22 from the Integrated Care Strategy)

2.3 After extensive engagement across system partners in 2022, the Interim Integrated Care Strategy was published in December 2022. The strategy set out five strategic priority areas that the system could work on together that would have the greatest impact on the outcomes of our population.



2.4 2.3 The Integrated Care Partnership has since developed a vision statement “*Happier, Safer, Healthier. Together.*”, which aims to bring all the priorities under an overarching ambition.

2.5 The partnership has also developed a set of ambitions, outcomes and strategic actions which fall under each of the priority areas, these were presented at the last Integrated Care Partnership joint committee meeting, and the ambitions are presented in the table below.

Children and Young People (CYP)	Secure the best possible outcomes for all children as they approach early years
Mental Wellbeing	Work towards zero deaths by suicide in Hampshire and Isle of Wight
	Reduction in inequalities in outcomes for CVD and Cancer for those who have experienced childhood adversity
Prevention Good Health and Proactive care	Everyone in Hampshire and Isle of Wight has a place to connect
	Reduction in preventable deaths from CVD including smoke free by 2030

2.6 In addition to the above ambitions and outcomes, each priority area has:

- developed plans for the next 12 months, which are already starting to mobilise (e.g., joint work to promote the suicide prevention training across partners)
- started on mapping the impact of the programme and will continue over the next few months
- established programme boards
- identified strategic leads

2.7 In addition, a system wide steering group meets monthly to ensure joint planning and to ensure there is no duplication across programmes.

### **3. Next steps**

3.1 At the next Integrated Care Partnership joint committee discussion will focus on three key themes. The meeting will be held in public at Omega House in Eastleigh on the 8 November 2023.

3.2 The joint committee will discuss how the strategic ambitions will be measured. Measurable outcomes for each priority have been identified, but these are outcome measures which may take several years to influence and there is a need to identify short term metrics which can help to describe year-on-year improvement.

3.3 There will also be a discussion on the work to date around anchor institutions and how organisations are coming together to share best practice and prepare for a submission to the Work Well Programme which integrates health and employment provision to get people the health services they need to stay in or move into work.

3.4 The committee will review the outcomes from recent assembly on Mental Wellbeing which will including the themes below:

- There were some clear principles around supporting our workforce to stay well. There was an appetite to look at this from a system perspective and develop some standards that workplaces could adopt to support their employee's mental wellbeing.
- There was a clear message that people struggled to navigate to the services that already existed to support mental wellbeing and that there was a need to really understand services being provided and how to access them, including knowing what online tools were available and safe to use.
- There were a number of short-term actions and projects to promote mental wellbeing, such as a youth engagement project to promote talking about mental wellbeing using social media influencers and continued promotion of the Zero Suicide Alliance training.

3.5 Further details on each of the priority areas, assemblies and joint committees can be found on the Integrated Care Partnership pages on the Integrated Care Board website. [Our Integrated Care Partnership :: Hampshire and Isle of Wight ICS \(hantsiowhealthandcare.org.uk\)](https://www.hantsiowhealthandcare.org.uk)

## Appendix A – Page 22 of Integrated Care Strategy outlining the relationship between the Integrated Care Strategy and Health and Wellbeing Boards

### Our response to the needs of our population is primarily through our work in local places



This strategy draws upon the work of our four health and wellbeing boards and their strategies and plans in our four local places - Hampshire Southampton, Portsmouth and the Isle of Wight.

Our strategy identifies a small number of priority areas where there is an opportunity to add value across our four places, recognising that most of the work undertaken to tackle health inequalities, improve health outcomes and service delivery, and contribute to social and economic development is delivered in local places.

**These are the themes that are common to all four local health and wellbeing strategies:**

<b>Children and Young people</b>	<ul style="list-style-type: none"> <li>Reduce Inequalities</li> <li>Work with parents, families, schools and early years settings</li> <li>Improve physical wellbeing and improve lifestyles</li> <li>Improve emotional wellbeing and mental health</li> </ul>
<b>Living Well and Improving Lifestyles</b>	<ul style="list-style-type: none"> <li>Encourage healthier lifestyle choices and healthy approaches in schools and organisations</li> <li>Promote mental wellbeing and reduce mental ill health</li> <li>Promote active travel, create a greener, cleaner environment</li> </ul>
<b>Connected Communities</b>	<ul style="list-style-type: none"> <li>Joined up approaches across providers</li> <li>Building community networks</li> <li>Building on social capital</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>Ensure residents are able to live in healthy and safe homes</li> <li>Ensure home environments enable people to stay well</li> <li>Recognise and ensure that communities and families are not adversely impacted through poverty</li> </ul>

<b>Hampshire</b>	<ul style="list-style-type: none"> <li>Enable planning for older age living</li> <li>Ensure Palliative Care Collaboration is in place</li> <li>Support those at end of life to be in preferred setting</li> <li>Encourage improvement in skills and capacity to have early conversations on end of life</li> <li>Improve bereavement support and service locally</li> </ul>
<b>Isle of Wight</b>	<ul style="list-style-type: none"> <li>Invest in prevention and early intervention to help health and wellbeing</li> <li>Improve housing standards and reduce fuel poverty, social isolation and loneliness</li> <li>Include health inequalities in policy development and commissioning</li> <li>Reduce health inequalities</li> </ul>
<b>Portsmouth</b>	<ul style="list-style-type: none"> <li>Provide immediate support to people in financial hardship</li> <li>Helping people access the right support at the right time</li> <li>Repair relationships to support our most vulnerable</li> <li>Develop stronger models of support for landlords and tenants for longer, successful tenancies</li> <li>Develop models of housing that suit individual needs</li> <li>Implement Homelessness and Rough Sleeping Strategy to provide support for the most vulnerable</li> </ul>
<b>Southampton</b>	<ul style="list-style-type: none"> <li>Support people to live active, safe and independent lives and management their own wellbeing</li> <li>Reduce inequalities in health outcomes, make Southampton a healthy place to live and work with strong and active communities</li> <li>Ensure people in Southampton have improved health experiences as a result of high-quality integrated service</li> </ul>



<b>Committee:</b>	<b>Health and Wellbeing Board</b>
<b>Date:</b>	<b>26 October 2023</b>
<b>Title:</b>	<b>First 1,001 Days Review</b>
<b>Report From:</b>	<b>Director of Public Health</b>

## 1. Summary

### 2.1 Key messages for Board members

The purpose of this report is to provide an overview of the recent review undertaken on the First 1,001 Days of a child’s life, as it is experienced by Isle of Wight Children and Families.

This report seeks to:

- Introduce First 1,001 Days as a critical phase in a child’s and therefore future adult’s life.
- Explain why and how the review was undertaken.
- Describe the themes that emerged, and how they have been used to develop a framework for ensuring the support that is available on the Isle of Wight will give children the best start in life.

### 2.2 The First 1,001 Days

The first 1001 days include pregnancy and the first two years of a child’s life. There is clear, compelling evidence that this is a significant and influential phase in development.

- Brains are developing – shaped by their experiences and relationships.
- Relationships are formed – if these are secure and with a sensitive, nurturing adult, children will be ready to make friends and learn.
- Change is possible – acting early brings the greatest gains for the family and society as a whole.

What happens during this period lays the foundation for every child’s future health, wellbeing, learning and earnings potential. It sets the groundwork for children developing emotional wellbeing, resilience and adaptability.

## 2.3 The First 1,001 Days Review

We looked at the evidence and listened to a range of views, including:

- Data indicators relating to pregnancy, birth and child development
- Review of national strategies and documents
- Review of what other local authorities are doing
- Local Maternity Neonatal System (LMNS) Equity Evaluation (survey of parents' experiences and in-depth conversations with new parents)
- Conversations with stakeholders (including within the Council – Children's Services - voluntary and community sector, ICB and NHS, Health Visiting service, maternity service, Local Children's Partnership)

Many of the early years' measures on the Isle of Wight compare favourably to the England average, however there are disparities within the IOW geography. For example, the percentage of low-birth-weight babies is lower than the England average at 8% but is 10% in Ventnor and Wroxall. A higher percentage of women smoke in early pregnancy in comparison to England (18.9% in 2018/19). Breastfeeding drops from 70% at first feed to 52% at 6-8 weeks (this figure fluctuates). The percentage of children achieving the expected level of development at age 2 on the IOW is above the England average. There is a wide range of data relating to childhood outcomes in The First 1001 Days which can be found in the report and here [JSNA Healthy Lives \(iow.gov.uk\)](https://www.iow.gov.uk/healthy-lives).

Consistent themes emerged from parents, partners, and other local authorities:

**Service design** - maintaining a balance between offering universal and targeted services, and the value of voluntary sector and peer support.

**Infrastructure** - partnership links are good but could be better, with data sharing cited as the main opportunity to strengthen this, as well as a shared culture and language between services, and a better understanding of roles and skill mixes.

**Parents and children** - focusing on the parent/carer and infant relationship, supporting parents/carers to be the very best they can be, offering consistency within that support and assuring all services are aligned to the value of the First 1,001 Days. A gap in support was identified during the early weeks and months with a new baby, in terms of support and community connections.

## 2.4 A First 1,001 Days Framework

Strategies and tactics that could address the challenges within these themes and maximise the opportunities that already exist also emerged:

**Relationships** - supporting the developing relationship between the infant and their carer, building the relationship between professionals and families from the start, with a focus on the issues that are most important to that

family, and strengthening the relationship between partners on IOW at all levels, via training, sharing approaches and building pathways of care.

**Co-production and involvement** - involving all parents, carers and wider family in the First 1,001 Days support, recognising and using the added value the voluntary sector brings, as well as peer support, including the voice of families in service design and improvement, and remembering that it takes a village to raise a child

We have combined this rich data with our existing evidence-based approach to early years provision, which uses seven high impact areas. High Impact Areas are areas of work that we know make a significant difference to long term child health outcomes, if we get it right. The current offer is being enhanced by the IOW Family Hubs programme.

- Supporting the transition to parenthood: family-based interventions are effective, an example of which locally is the [Solihull Approach](#), free online courses for parents, carers and relations.
- Supporting maternal and family mental health: the IOW Family Hubs programme has a strong focus on developing support for infant and maternal mental health.
- Supporting breastfeeding: Barnardo's offer [Breastfeeding support](#) on the IOW pre and post pregnancy.
- Supporting healthy weight, healthy nutrition: via the Health Visiting service
- Improving health literacy; reducing accidents and minor illnesses: via the Health Visiting Service.
- Supporting health, wellbeing and development; Ready to learn, narrowing the word gap: offered by the Health visiting service as well as [Barnardo's](#)
- Reducing rates of smoking in pregnancy: [specialist support](#) is available for anyone who is pregnant and smoking, including referral from maternity services.

## **2. Decisions, recommendations and any options**

3.1 The Health and Wellbeing Board is asked to:

Note the report, specifically the strategies, tactics, and principles for working as partners, which emerged during the review.

To raise awareness of the review with partners, and to encourage them to consider the First 1,001 Days in their organisation's work.

### **3.2 Relevant information**

#### **3.2.1 Family Hubs**

Family hubs are a place-based way of joining up locally in the planning and delivery of family services. They bring services and partners together to improve access, the connections between families, professionals, services, and providers, and put relationships at the heart of family support. Family hubs offer support to families from conception and two, and to those with

children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND).

With 3-year funding from the national Family Hubs programme, up until March 2025, the existing family Centres have been developed into 3 main Family Hubs (Ryde, Newport and Sandown) along with smaller spokes. Family Hub branding has been co-created, along with a [single point of access](#) and a digital offer. There are core strands of work: parenting support, parent-infant relationships and perinatal mental health support, early language and home learning environment, infant feeding support, parent and carer panels, as well as a published Start for Life offer. There is also work beginning on cross-cutting themes such as smoking, drugs and alcohol, domestic abuse, healthy weight and physical activity.

### **3. Conclusions**

The First 1,001 Days is a critical time in a child's life. This review has sought to highlight its importance, to quantify and qualify how children and families on the Isle of Wight currently experience this time, and to lay the foundations for working in partnership to make it the best it can be. We now have the tactics and strategies we need to build on the support that already exists, engaging with families and as partners and sharing information and good practice.

The First 1,001 Days review fits well with the IOW Health and Wellbeing Board's Strategy ambitions for healthy places and healthy people; a secure and stable home is an essential building block for children and families, the mental health and wellbeing of parents and carers impacts attachment and bonding, and tackling poverty, in particular food poverty is essential for families.

### **4. Important considerations and implications**

5.1 Legal – no legal implications

5.2 Finance – no financial implications

#### **5.3 Performance information and benchmarking**

Indicators relating to pregnancy, birth and child development have been included within the report, including benchmarking against the England average where appropriate. These indicators are monitored by the Public Health team as and when updates are available nationally, and locally where they are included as part of a commissioned service.

#### **5.4 Equalities and Diversity**

An Equality Impact Assessment is not required in this instance (no policy or service is being reviewed with a view to making a change).

5.5 Future Proofing / Exit strategy – not required.



- 5.6 Health, social care, children's services and public health and other partners who may be affected by the report - Colleagues from health, social care, housing, children's services were involved in the review.
- 5.7 Key PIs that will be monitored and why – not required.

Contact Point: Simon Bryant, Director of Public Health;  
[simon.bryant@hants.gov.uk](mailto:simon.bryant@hants.gov.uk)

*SIMON BRYANT*  
*Director of Public Health*

*COUNCILLOR DEBBIE ANDRE*  
*Cabinet member for Adult Social Care and Public Health*

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ISLE OF WIGHT SAFEGUARDING CHILDREN PARTNERSHIP  
**Yearly Report 2022-23**



## FOREWORD



After joining the partnership during the latter half of the year, it is my pleasure to introduce the Yearly Report for the Isle of Wight Safeguarding Children Partnership for 2022/23.

I am very aware the year continued to be shaped by the impact of COVID-19, other world events and the cost-of-living crisis being felt across our communities. Partner agencies continued to face additional challenges as a result. Senior leaders from the statutory safeguarding partners remained visible and engaged, and worked collectively to ensure we effectively safeguarded and promoted the wellbeing of our most vulnerable children, their families, or carers. Our

wide range of partners maintained a clear focus on safeguarding children and continued to deliver the partnership's priorities and active workstreams. Our priorities reflected the issues facing children and their families: neglect, sexual abuse, exploitation, online abuse, and non-attendance and exclusion from education, with a focus on adolescents and the impact of our collective activity.

July of this year saw a significant change take place for one of the statutory safeguarding partners - NHS Clinical Commissioning Groups were restructured to form a single Integrated Care Board across Hampshire and the Isle of Wight. This year saw the launch and publication of two key collaborative strategies, the Hampshire, Isle of Wight, Portsmouth, and Southampton (HIPS) Child Sexual Abuse Strategy and toolkit and the HIPS Child Exploitation Strategy 2023-26. 2023/24 will see ongoing work to understand the impact of these strategies on outcomes for children. It is important that alongside our daily work to safeguard children, we continue to cooperate and develop our safeguarding practice as a multi-agency safeguarding system. These strategies are a testament to this ambition.

The current landscape is challenging, and this is likely to remain, impacting the children and families we work with, alongside the practitioners who provide support and services. There will be changes ahead in terms of government strategy and direction, coming from the Independent Review of Children's Social Care; National Child Safeguarding Practice Reviews, the national review relating to children with

complex needs and disabilities; and changes anticipated to the statutory guidance "Working Together to Safeguard Children and Young People". I will remain resolutely focused on ensuring local multi-agency safeguarding practice remains effective for our children, their families or carers during any changes that may result.

A handwritten signature in black ink, appearing to read 'S MacKechnie', with a long horizontal flourish extending to the right.

Scott MacKechnie, Independent Chair and Scrutineer



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# THE PARTNERSHIP

## THE SAFEGUARDING PARTNERS AND THE PARTNERSHIP

This yearly report is published as part of the Isle of Wight Safeguarding Children Partnership's (IOWSCP) statutory responsibilities under Working Together to Safeguard Children (2018). It provides evidence of the effectiveness of multi-agency safeguarding arrangements for children, with a focus on impact, evidence, assurance, and learning. It draws on information collated from the activity of subgroups, learning and development evaluations, learning from multi-agency case reviews and audits, as well as assurance and monitoring activity.

Our core purpose is to protect children from harm and the risk of being harmed and to support their recovery from harmful situations. The IOWSCP continues to develop and improve safeguarding services through effective strategic oversight, holding each other to account and continuous professional development.

### The IOWSCP safeguarding partners 2022/2023:

**Stuart Ashley/Steph How – IOW Council, Children's Services Department**

**Rob Mitchell/Amanda Horsburgh – Hampshire and IOW Constabulary**

**Louise Spencer/Katherine Elsmore – Hampshire and IOW Integrated Care Board**

In the latter half of this year, we formally introduced the role of independent chair and scrutineer to our safeguarding partnership arrangements. This important function ensures that we, as safeguarding partners, are leading our partnership arrangements and remain focused on safeguarding children at risk of abuse and neglect. The independent chair and scrutineer has agreed with the safeguarding partners how the scrutiny function will be deployed in the coming year.

The safeguarding partners consider the IOWSCP to be a mature and effective safeguarding partnership. This is evidenced in the support and challenge across the partnership and the positive engagement of our partner agencies in regular assurance and scrutiny activity, workforce development and learning events. As safeguarding partners, we recognise and work together on the challenges faced. We continually strive to evidence the impact of our partnership arrangements on improved outcomes for children. Looking back at 2022/23, we have responded to the continued and sustained demand across services in responding to the needs of the Island's children. The continued impact of the Covid pandemic and cost of living crisis is evident.

2022/23 has seen the formation of the Integrated Care Board, which sits within the Integrated Care Systems (ICS) and is the statutory organisation responsible for

setting the strategic plan for the NHS to deliver its part of the health and care strategy. A number of inspections have taken place in relation to partner agencies. Information from these developments and critical inspections are shared at an Executive and Board level, which adds an additional layer of assurance to the multi-agency safeguarding system.

As a partnership, we provide support and guidance to our multi-agency practitioners through a range of mechanisms. This year, we have developed and updated a range of resources, including our Neglect toolkit, which continues to remain a significant area of need locally. We align our auditing cycle to our strategic priorities to ensure evidence of embedded practice and identify actions that need to be taken to strengthen safeguarding practice across all of our agencies.

Looking forward to 2023/24, we will seek to develop our local response to the changes anticipated in Working Together to Safeguard Children statutory guidance and to the government response to the Independent Review of Children's Social Care and the National Child Safeguarding Practice Review of Arthur Labinjo-Hughes and Star Hobson.

Finally, as safeguarding partners, we recognise the tireless work of all colleagues across our partner agencies, who work to keep children on the Island safe from abuse and neglect. Ours is a learning partnership, working to continually improve multi-agency safeguarding practice, predicated on respectful challenge and mutual support.

## PARTNERSHIP ARRANGEMENTS

The IOWSCP [local safeguarding arrangements](#) provide details about how safeguarding services are arranged and supported to meet the needs of the Island's children and families.

Relevant agencies listed in this report (as specified in the [Child Safeguarding Practice Review and Relevant Agency \(England\) Regulations 2018](#)) support the implementation of local and national learning including learning from serious safeguarding incidents.

## THE INDEPENDENT CHAIR AND SCRUTINEER

This year, the scrutineer aspect to the role of the independent chair was embedded in the job description and person specification. The Independent Chair and Scrutineer role ensures a clear focus on seeking assurance on the effectiveness of the multi-agency safeguarding arrangements and this includes arrangements to identify and review serious child safeguarding cases. The Independent Chair also ensures that safeguarding partners and relevant agencies are challenged and supported in their roles and work collaboratively to meet the safeguarding priorities identified by the partnership.

The Independent Chair and Scrutineer chairs the Executive Group of the IOWSCP, which is effectively the “engine room” of the partnership, and collectively, the Executive Group maintains effective oversight of decision making and progress. In addition, the Independent Chair and Scrutineer has carried out a range of functions:

- Chaired the Partnership Board meetings
- Provided scrutiny for the safeguarding partners in fulfilling their statutory obligations and the effectiveness of safeguarding arrangements
- Scrutinised the performance management and quality assurance processes of the partnership
- Encouraged and facilitated an open culture of mutual, respectful challenge and support
- Maintained oversight of the Section 11 organisational self-assessment process responding to the Children Act 2004 (Keeping Children Safe)
- Worked with safeguarding partners and subgroup chairs to scrutinise progress and review impact of the 2022/23 Business Plan

- Met with a range of partnership board members to offer scrutiny, support and challenge

## OUR SHARED PARTNERSHIP VISION

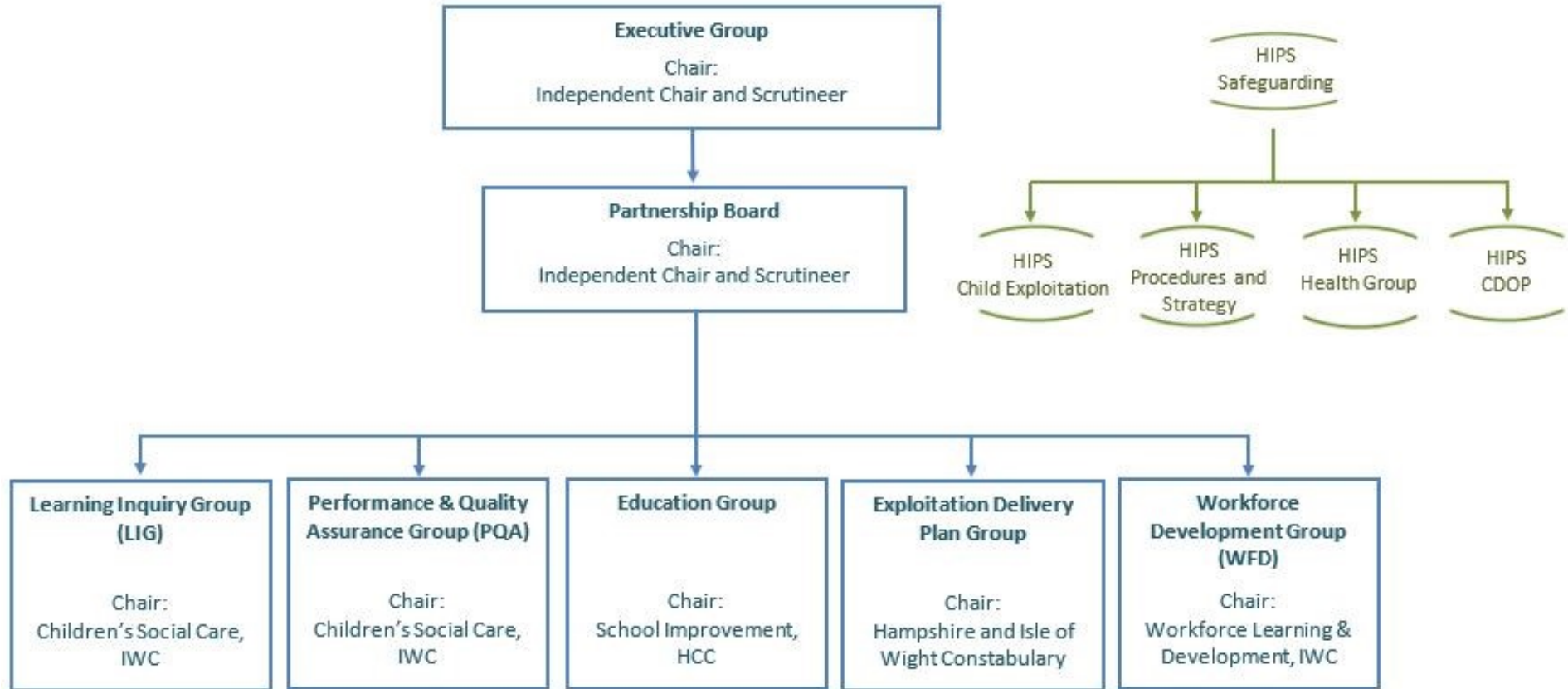
The IOWSCP independent chair and scrutineer, safeguarding partners and partnership members are committed to:

- Child focused leadership which is effective and ambitious across the partnership
- Ensuring agencies understand their roles and responsibilities through active engagement in multi-agency safeguarding arrangements
- Ensuring an environment in which multi-agency safeguarding practice can continuously improve
- Supporting effective information sharing in systems which ensures professionals are confident and knowledgeable about vulnerable children
- Facilitating and delivering high support and healthy challenge within the multi-agency safeguarding system
- Creating a culture of continuous learning and development



**THE ISLE OF WIGHT SAFEGAURDING CHILDREN PARTNERSHIP STRUCTURE**

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Functional Links		
<ul style="list-style-type: none"> <li>• Children's Trust Board</li> <li>• Child Death Overview Panel (CDOP)</li> <li>• Community Safety Partnership (CSP)</li> <li>• Corporate Parenting Board</li> <li>• Domestic Abuse Partnership Board</li> </ul>	<ul style="list-style-type: none"> <li>• Family Justice Board</li> <li>• Health and Wellbeing Board (HWB)</li> <li>• IOW Safeguarding Adults Board (SAB)</li> <li>• Missing, Exploited and Trafficked Risk Assessment Conference (METRAC)</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-Agency Public Protection Arrangements (MAPPA)</li> <li>• Multi-Agency Risk Assessment Conference (MARAC)</li> <li>• Office of Police &amp; Crime Commissioner (OPCC)</li> <li>• Violence Reduction Unit (VRU)</li> </ul>



## THE HAMPSHIRE, ISLE OF WIGHT, PORTSMOUTH, AND SOUTHAMPTON (HIPS) PARTNERSHIP ARRANGEMENTS

The IOWSCP works collaboratively with Hampshire, Portsmouth and Southampton Safeguarding Children Partnerships and this collective is known as HIPS. The HIPS partnership provides opportunities for working together across borders on strategic issues and common themes. This arrangement supports each LSCP area to retain a focus on local priorities. The HIPS Executive Group consists of the safeguarding partners from each LSCP area and is chaired by Scott MacKechnie, as independent chair and scrutineer.

The HIPS Executive Group works to ensure:

- ✓ Greater co-ordination, in particular for agencies that work across the local authority borders within the HIPS region
- ✓ Reduction in duplication of effort
- ✓ Shared learning regarding effective practice
- ✓ Shared learning arising from reviews of serious safeguarding cases

The HIPS Executive group has four standing subgroups:

### HIPS Health Group

This group co-ordinates safeguarding business across the HIPS wide integrated care system. The group leads on the promotion and implementation of effective practice and learning, including revision to protocols and procedures from the perspective of the HIPS health economy.

### HIPS Strategic Child Exploitation Group

This group leads on the development and shared implementation of the HIPS Child Exploitation Strategy. Working to develop a shared understanding of the exploitation risks and responses to children, which may include organised exploitation. This year has seen the development of the [HIPS Child Exploitation and Extra-Familial Harm Strategy 2023/2026](#).

### HIPS Procedure and Strategy Group

In quarter 4 of 2022/23 the HIPS Executive Group agreed to extend the terms of reference of this group to have oversight of implementation of the HIPS Child Sexual Abuse Strategy and for updating the associated toolkit. This group also develops and reviews all HIPS wide multi-agency safeguarding policies and

procedures that inform single agency policy and procedure across the HIPS areas. This is maintained via a shared [HIPS Procedures](#) website.

### Child Death Overview Panel

The Child Death Overview Panel (CDOP) reviews all child deaths determining if there were modifiable factors that contributed to the death and what action may be required to reduce/prevent such deaths happening in the future. CDOP also considers trends and themes in data and may refer cases to the SCP where there is cause or belief that neglect or abuse may have been a factor in the child's death. In quarter 3 of 2022/23 it was confirmed that accountability of CDOP would move to the HIOW Integrated Care Board. This is planned for 2023/24. The HIPS Executive Group will continue to receive the CDOP Annual Report and thematic briefings.

## LINKS TO OTHER PARTNERSHIPS

The IOWSCP has formal links with other IOW and Pan-Hampshire strategic partnerships. IOWSCP Board members bring information to IOWSCP meetings from other partnerships, enhancing information sharing and planning and maximising opportunities for shared work. Examples include:

- **Health and Wellbeing Board and Corporate Parenting Board** – protocols in place to ensure shared commitments in strategies and Business Plans between the Boards and the IOWSCP
- **Safeguarding Adults Board (SAB)** – work on shared projects and joint workforce development opportunities
- **Domestic Abuse Partnership Board** - awareness raising and learning and development opportunities
- **PREVENT Board** – awareness raising and learning and development opportunities
- **Violence Reduction Unit (VRU)** – violence reduction work around criminal exploitation and knife crime
- **Hampshire Safeguarding Children Partnership** - creating joint toolkits, resources and sharing learning and development opportunities

## COMMUNICATION AND INFORMATION SHARING

The IOWSCP website contains safeguarding guidance and information for professionals, parents/carers, children, and a newly created volunteer/community page. The website signposts to local and national resources; houses key documents and forms; provides links to toolkits and HIPS procedures; and has a training page detailing the IOWSCPs comprehensive learning and development course programme.







There is a [Communications and Engagement Strategy](#) in place to ensure effective

communication with safeguarding partners and relevant agencies.

Following each IOWSCP Partnership Board meeting, a newsletter is produced with information about decisions made, presentations and links/signposts to key documents and articles. The Education Group provides a briefing for all education colleagues following each meeting and each quarter a HIPS Exploitation Group newsletter is shared. The induction pack for new Partnership Board and subgroup members continues to be an extremely useful document and is always well received.

## THE PARTNERSHIP ENCOURAGES MEMBERS TO BRING CONCERNS TO THEIR ATTENTION AND TAKES ACTION TO RESOLVE THEM

Examples:

CONCERN RAISED		ACTION TAKEN		OUTCOME/IMPACT
There is a 39% increase in referrals to the Multi Agency Safeguarding Hub (MASH). 50% of the subsequent assessments Children's Social Care have undertaken determine that social work interventions are not required. What is driving this increase in referrals?		A group was commissioned in MASH to look at where there has been an increase in referrals, and identify where these should not have been referred in.		Findings were reviewed at a partnership meeting. It was noted there was no single source across the partnership for these referrals. It was suggested that there may be an increase in professional concern regarding risk following the national Star and Arthur reviews and Ofsted inspections, where schools understand the advice is to refer every concern. There hasn't been a correlated increase in children subject to child protection plans or children becoming looked after.
Questions were raised about the increase in reporting of cruelty and neglect seen in the quarterly datasets Police share with Partners.		An evidence-based approach was taken to evaluate and test the hypothesis that cruelty and neglect is increasing across Hampshire and the Isle of Wight and identify if this is a result of improved training and crime recording across the force or if there is an emerging issue or risk.		Hampshire and IOW Constabulary presented a Cruelty and Neglect Police Analysis report. The Constabulary have a 94% compliance rate for recording crimes which demonstrates confidence in reporting and recording. It was noted where there are no formal Constabulary outcomes, this reflects where a crime is recorded and through an agreed multi-agency framework, it is a single agency response, generally Children's Services.
Members of Performance & Quality Assurance subgroup queried the data on children attending A&E following accidents and how best to collect and review this.		IOWSCP Partnership Team, Named Nurse for Safeguarding Children, (IOW NHS Trust), the Interim Designated Nurse for Safeguarding Children & Looked after Children (ICB) and Public Health met to discuss how best to progress this.		The indicator will be removed from the dataset and instead public health will provide an annual report to PQA, which indicates themes arising from the data, comparison with national data and what work is being undertaken in response to this. This will provide a better overview and assurance of any response required. The Named Nurse for Safeguarding Children will raise any exceptions arising during the year.

## FINANCE

The three safeguarding partners agree levels of funding for the IOWSCP functions with additional contributions from the National Probation Service. Wider partners generously give their staff time for learning and development delivery, subgroup and task and finish group attendance and activity. Funding arrangements are regularly reviewed at the Executive Group and reported to the Partnership Board. The financial challenge for many frontline services across the safeguarding partnership is one of increasing demand, with reducing income from central government.

The IOWSCP wider partner agencies have expressed their commitment to cross-agency support and continued to demonstrate a shared responsibility for funding and supporting safeguarding activity during 2022/23 ensuring that the IOW's innovative and robust partnership is sustained.

FUNDING CONTRIBUTIONS 2022/2023	
<b>Total partner contributions for 2022-23</b>	<b>£176,919</b>
Isle of Wight Council	£120,325
Clinical Commissioning Group / Integrated Care Board	£40,576
Hampshire & Isle of Wight Constabulary	£13,616
National Probation Service	£830



There are a total of **24,850 children** on the IOW

**17.7%** of residents are children

**663** Early Help assessments were completed on the IOW in 2022/23, compared to **508** in 2021/22

0 - 5 year olds 6,854  
 6 - 11 year olds 8,383  
 12 - 16 year olds 7,061  
 17 - 18 year olds 2,552

(ONS Census 2021)



**60%** of land is rural

**57.6%** of the population live in 6 main towns: Newport, Ryde, Sandown, Shanklin, Cowes and East Cowes (ONS Mid 2020 estimates)

**547** per 10,000 children were a Child in Need (CIN) at the end of March 2023 on the IOW, compared to **283** per 10,000 in the South East

**118** children per 10,000 were Looked After Children (LAC) at the end of March 2023 on the IOW, compared to **58** per 10,000 in the South East.

**89** children per 10,000 were subject to a Child Protection Plan (CPP) at the end of March 2023 on the IOW, compared to **43** per 10,000 in the South East.

**5.4%** of pupils on the IOW with Special Educational Needs (SEN) and/or Educational, Health and Care Plan (EHCP) in 2022 compared to **4%** England average

**17,838 children** attending IOW schools

**577** children Electively Home Educated (EHE) - end of March 2023

**IOW schools\*:**  
**39** Primary schools  
**6** Secondary schools  
**3** Through schools (2 private)  
**3** Special schools

\*www.compare-school-performance.service.gov.uk



**47** Early Years Settings



Children with English as an additional language:

**3.8%** of Primary children  
**3.2%** of secondary children  
 (Gov.uk LAIT)



Free school meal entitlement:

**23.7%** of primary-aged children

**21.2%** of secondary-aged children

(Gov.uk LAIT)

The IOW was ranked **96** out of 317 Local Authority areas for average rank, in 2019 on the indices of multiple deprivation

**12** areas on the IOW are among the 20% most deprived in the country

(Gov.uk IMD 2019)



# WE ARE SAFEGUARDING CHILDREN

## PART A: WE HAVE CLEAR AND EFFECTIVE THRESHOLDS, ASSESSMENTS, PLANNING AND DECISION MAKING TO SAFEGUARD CHILDREN

The Hampshire/IOW Multi-Agency Safeguarding Hub (MASH) is well-established and has been positively recognised in inspection outcomes, most recently the July 2021 Hampshire Joint Targeted Area Inspection (JTAI). Decision making across both the Children’s Reception Team (CRT) and MASH is regularly reviewed and monitored. The IOWSCP undertake annual multi-agency case file audits. The application of thresholds is consistently applied, and all contacts are reviewed within a reasonable timeframe. Where referrals don’t meet thresholds, early help services are offered.

### CONTACTS, REFERRALS AND ASSESSMENTS

During 2022-23, there was a continued rise in demand as more families struggled due to the ongoing impact of the pandemic and the cost-of-living crisis. The latest South East quarterly data (Q3) has the rate of contacts per 10,000 0- to 17-year-olds as 1,764 for the Isle of Wight, compared to the South East average of 808.

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CONTACTS / REFERRALS / ASSESSMENTS	20/21	21/22	22/23
Total number of contacts to the Children’s Reception Team (CRT)	12,556	14,167	16,309
% contacts progressed to referrals	40.62%	43.47%	42.6%
No. of child in need referrals	5,575	6,508	6,953
% of re-referrals to CRT / MASH	36.85%	39.30%	41.8%
Assessments completed within timescales	93.8%	96%	89.4%
Initial Child Protection Conferences (ICPC) held within timescales	79.45%	77.90%	65.2%
No. of referrals to the Local Authority Designated Officer (LADO)	168	80	226
No. of referrals to the LADO that met criteria	86	71	163
% of closed Early Help Plans where improvements were seen	74%	43%	61%
Total number of children open to social care during the year	1343	1407	1434

Isle of Wight data for re-referrals to CRT MASH includes all second or subsequent referrals, regardless of the outcome of the first referral. This ensures every child, and their circumstances are considered every time. The reasons for the re-referrals are monitored by managers; some re-referrals are as a result of families not initially feeling ready to have children’s services involvement.

The number of referrals continues to rise, and this has been challenging. To respond to the sustained increase, there has been an investment in staffing to support additional recruitment. The increase in demand for Early Help, indicates there were more families in need of support post pandemic, and the cost of living crisis continues to impact families.

**Feedback on Early Help services from children and families:**

Parent A (as reported): *“You told us your relationship with your Lead professional is really good. You said that your son also gets on really well with your Lead Professional. You told us you feel very involved and very listened to. You feel as a family you are involved. You have been impressed with the steps put into place. You gave an example saying that your child is not getting as many behaviour points or getting into trouble as much. You are no longer receiving phone calls from school all day and it is just a lot easier to handle life.”*

Parent B (as reported): *“You told us that you find the Team Around the Family (TAF) meetings really helpful, you can talk through all your problems. You told us about the other professionals that attend your TAF meetings. You said that you cannot fault the help put into place and you feel listened to, involved and supported. The Early Help Plan has definitely been helpful for you. TAF meetings set aside time to speak and all of the people involved can suggest further services and help with referrals.”*

CHILD PROTECTION (CP) PLANS	2020/21	2021/22	2022/23
<b>Number of children subject to CP Plans</b>	188	161	<b>218</b>
As of the 31 <sup>st</sup> December, the Isle of Wight rate per 10,000 of 0-17 year olds who were subject to a Child Protection Plan was 81, compared to a South East average of 44. Children’s Social Care are investigating this further by reviewing the decision making on a sample of children.			
<b>Number of unborn babies subject to Child Protection plans</b>	22	26	<b>24</b>
All cases with an identified safeguarding risk are assessed using the Unborn Baby Safeguarding Protocol. All unborn babies subject to child protection are discussed at the multi-agency psycho/social meetings held every two weeks. Community staff access supervision where cases can be discussed, and escalation supported should it be required. Training and support have been provided to upskill community midwives.			
<b>Percentage of repeat Child Protection conferences held in time frames</b>	98.3%	94.4%	<b>97.4%</b>
Despite there being more children subject to a plan, there is improved timeliness of reviews.			

**Voice of the family:**








*“Thank you for being such an amazing social worker, you really are a credit to your team. It’s so nice to know that there is a social worker out there that wants to make a positive impact on a family’s lives.”*

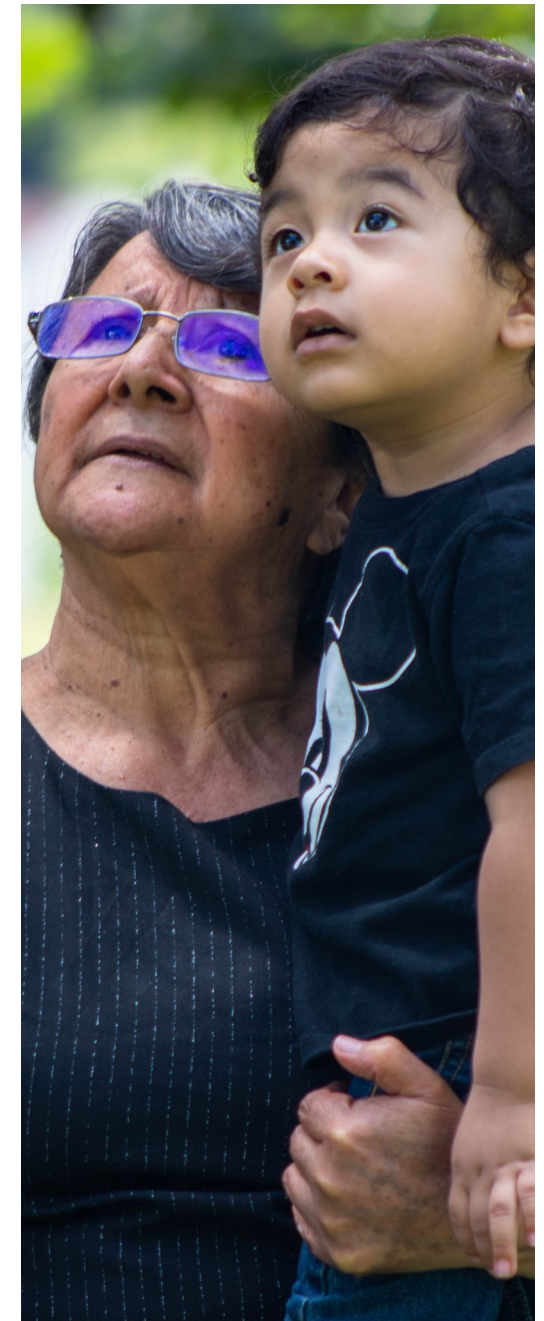
Compliment from a parent to the CP Chair, thanking the CP Chair for, *“helping them to realise how damaging their acrimonious relationship was for their children, with both parents making significant improvements in how they communicate with each other.”*



MAIN CATEGORY OF RISK CHILD PROTECTION PLANS	2020/21	2021/22	2022/23
Emotional Abuse	26.6%	21.7%	<b>10.6%</b>
Physical Abuse	2.7%	9.3%	<b>2.8%</b>
Sexual Abuse	7.4%	5.6%	<b>7.8%</b>
Neglect	63.3%	63.4%	<b>78.9%</b>

The percentage of children subject to physical or sexual abuse remains low. The number of children experiencing emotional abuse rose during the pandemic, possibly because of the multiple stresses’ families experienced. It has decreased since. Children experiencing neglect has increased.

LOOKED AFTER CHILDREN		2020/21	2021/22	2022/23
<b>Total number of Looked After Children</b>		272	279	295
	<b>Number of children in care per 10,000 during the year</b>	110	114	118
<p>The number of children who leave care is in line with the South East average but the number of children becoming looked after continues to be higher. Work is being undertaken to ensure that children remain safely at home, wherever possible, and that reunification is considered and progressed as appropriate.</p>				
	<b>% of looked after children reviews completed in time frames</b>	89.2%	83.6%	87.9%
<p>Children and Families teams and Independent Reviewing Officers have worked together to ensure that children are reviewed in a timely way. This performance is tracked in the reporting to the Children and Families Management Team.</p>				
	<b>% health reviews completed in time frames</b>	81.9%	83.9%	91.2%
<p>Strong working practice has been developed between social workers and nursing teams to ensure that health assessments are prioritised. There is a clear escalation process to ensure notification of a child becoming looked after is shared quickly with health partners.</p>				
	<b>% of vaccinations for looked after children completed in time frames</b>	84.4%	74.7%	69%
<p>Following Covid, the vaccination programme has a backlog. Whilst vaccinations are continuing, they are sometimes administered later than before so are showing as late.</p>				
	<b>% of dental checks for looked after children completed in timeframes</b>	24.5%	52.85%	47%
<p>Similar to the national picture, getting a dentist is a challenge. This has been addressed but there is a lag whilst recording catches up with practice.</p>				
	<b>% of care leavers 18+ in suitable accommodation at year end</b>	75.2%	85.7%	79.3%
<p>The number of young people in suitable accommodation has reduced and in Q3 was 83%, which is below the South East average of 90%. Work is ongoing across the council to increase suitable, affordable housing for care leavers.</p>				
	<b>% of care leavers 18+ in employment/education/training at year end</b>	59.6%	74.3%	75.7%
<p>In Q3 this was 68%, higher than the South East average of 59%. Close working relationships with the Department for Work and Pensions (DWP) and good engagement with our care leavers has enabled this to increase.</p>				



## PART B: WE ARE SAFEGUARDING CHILDREN IN SPECIFIC CIRCUMSTANCES

SCHOOL ATTENDANCE DATA	2020/21	2021/22	2022/23
School attendance rate during the year (Primary)	96.6	94.2	94.4*
School attendance rate during the year (Secondary)	94.2	90	89.8*

\* Indicative data from the Department for Education may be subject to change

Indicative data suggests attendance rates in primary schools are slightly below the national average (94.7%). Secondary school attendance rates are below the national average (91.1%). The gap between IOW and national rates has reduced throughout this academic year. The Education and Inclusion Service (EIS) continues to work with other agencies and schools to implement a range of strategies to improve attendance and reduce the barriers to school attendance which can be multi-faceted and complex for some children. Specific and targeted work has been completed to improve attendance in Year 11, due to concerns with the attendance of this cohort and the important time this is in education.

CHILDREN ELECTIVELY HOME EDUCATED (EHE)	2020/21	2021/22	2022/23
Number of children leaving school to become EHE during the year (Primary)	111	58	68
Number of children leaving school to become EHE during the year (Secondary)	125	102	116
Number of children returning to school from EHE during the year (Primary)	57	69	43
Number of children returning to school from EHE during the year (Secondary)	49	50	62

Locally and nationally, the Covid pandemic triggered an increase in the number of electively home educated pupils. On the IOW, the last academic year (2021-22) saw numbers stabilise, but numbers have started to increase again. At the end of March 2023, there were 577 EHE pupils, representing 3.6% of school age

population. There has been a 21.5% increase since the start of this 22/23 academic year. There has been a proactive multi-agency focus on identifying unregistered Elective Home Educated/Children Missing Education pupils led by the Education & Inclusion Service, with information obtained from NHS partners and other partner agencies including IOW College, Children's Social Care and other Local Authorities. This has led to an increase in the number of registered EHE pupils.

100% of parents who opt for home education are contacted on registration and sent information. The overall engagement rate of families (those who respond to requests for review visits or provide EHE reports, within timescales) is 91%. This is very positive and has increased on last year due to temporary staffing arrangements in place.

CHILDREN SUSPENDED OR EXCLUDED FROM SCHOOL	2020/21	2021/22	2022/23
Primary children suspended from school (Fixed Term) during the year	140	165	138
Secondary children suspended from school (Fixed Term) during the year	709	880	967
Children excluded from school (Permanent) during the year (Primary)	1	0	0
Children excluded from school (Permanent) during the year (Secondary)	18	8	10

Whilst there are fewer primary school children being suspended this academic year, there has been an increase in the use of suspensions in primary schools. This may reflect the complex challenges a small number of children are facing which is impacting on their behaviour. The EIS are working with other agencies to support all schools in reducing the use of suspension while maintaining high standards of behaviour.



CHILDREN MISSING FROM EDUCATION (CME)	2020/21	2021/22	2022/23
Missing from Education during the year (Primary)	26	18	78
Missing from Education during the year (Secondary)	23	18	50

The number of CME referrals has increased significantly in both phases this academic year. There has been an increased focus on multi-agency partnership working arrangements to proactively identify CME. There has also been an increase in families moving overseas, which can result in schools submitting CME referrals, and this is due in part to Ukrainian refugees returning to Ukraine. There have also been changes in how cases referred in by other Local Authorities are recorded as CME to ensure consistency and accuracy.

### CHILDREN AT RISK OF, OR EXPERIENCING EXPLOITATION

The HIPS Child Exploitation Strategic Group ensures that the HIPS SCPs implement best practice to protect children from all forms of exploitation. The group also considers the multi-agency response to children who go missing. Closer working through a 'hub and spoke' approach across HIPS is being explored and will be progressed, as agreed, in 2023.

In March 2023 the HIPS Child Exploitation and Extra-Familial Harm Strategy 2023-26 was approved by the HIPS Executive. This strategy sets out how partner agencies work together to identify and protect children at risk of exploitation and extra familial harm across the HIPS. The HIPS Child Exploitation Strategic group is supported by each LSCP coordinating their own local delivery plan and a HIPS Operational group that collaborates in delivering the strategy, providing a forum to ensure learning opportunities are shared. This has resulted in multi-agency webinars and learning and development packages being delivered virtually. Two members of the Youth Commission attend and feed into the Strategic Group.

TOTAL NUMBER OF CHILDREN ASSESSED AS AT RISK OF CHILD SEXUAL EXPLOITATION (CSE) / CHILD CRIMINAL EXPLOITATION (CCE) DURING THE YEAR (CSC DATA)	2020/21	2021/22	2022/23
Low risk during the year	146	118	105
Medium risk during the year	64	81	37
High risk during the year	76	101	57

An IOW multi-agency Missing, Exploited, Trafficked Risk Assessment Conference (METRAC) group chaired by the Police meets regularly to review all children identified as at 'high' risk of exploitation. Each child is considered by the multi-agency group and actions identified to reduce risks and safeguard the child. Children identified as 'medium' risk are reviewed by Neighbourhood Teams.

MISSING CHILDREN	2020/21	2021/22	2022/23
Number of missing episodes during the year	636	348	428
Number of children who went missing during the year	127	140	116
Number of children missing from care during the year	48	42	36

Missing episodes have increased overall but less children are going missing, both as a whole cohort and those missing from care. Work has been undertaken to increase the take up and recording of return conversations. It is anticipated that this will reduce repeat missing episodes.



## MULTI-AGENCY RESPONSE TO EXPLOITATION

- ➔ Philomena Protocol: A Police project to improve collaborative working with partners to support looked after children who are reported missing and are committing minor offences. The aim is to prevent unnecessary criminalisation of looked after children.
- ➔ Operation Salvus: A Police initiative now embedded in practice to identify the highest risk missing children, ensuring that Police officers who respond to these missing episodes engage the child in a consistent and child-centred way and ensure a support plan is in place to negate further risk to them. Evaluation outcomes from a dip sample showed the frequency of missing incidents have nearly halved. There is still scope for improving responses regarding medium and low risk children.
- ➔ Operation Endeavour: Supports Police information sharing with a focus on ensuring schools are aware when a child has been missing.
- ➔ The Youth Commission: Provides a voice for young people who feel affected by exploitation in its various forms and want more accessible support with a focus on digital exploitation, and clear guidance on where to go to for help and how to support friends experiencing these issues.
- ➔ A variety of multi-agency learning and development events considering different aspects of child exploitation.
- ➔ Modern Slavery Partnership: Reviewed and refreshed in 2022/23 with a new strategy in development.
- ➔ Violence Reduction Unit (VRU): The VRU mission is to build a collaborative courageous and sustainable partnership which will drive the change required to successfully address the causes and consequences of violence. The VRU centrally funds interventions including Choices, a transition programme for year 6 and 7 pupils, Navigators in A&E and RESET (custody Navigators).
- ➔ Regulatory Services: The Hackney Carriage and Private Hire Licensing Policy has been updated to ensure it meets the new safeguarding standards set out in the Statutory Taxi and Private Hire Vehicle Standards (“the Standards”) issued under the Policing and Crime Act 2017 published in July 2020. Licensing provide mandatory bespoke safeguarding learning to taxi drivers, new and old on local and national safeguarding issues.
- ➔ One full time UTurn worker is embedded within the Isle of Wight 0-19 Early Help contract and referrals are received via METRAC. 1-1 work is undertaken with the child to address exploitation

## CHILDREN AT RISK OF, OR IN, THE CRIMINAL JUSTICE SYSTEM

	2020/21	2021/22	2022/23
Children at risk of, or in, the criminal justice system during the year who the Youth Offending Team (YOT) worked with	204	225	259

The numbers of children who offend whilst subject to a YOT statutory intervention continues to reduce. The actual numbers per quarter is in single figures, which allows us to undertake some in depth understanding about what these children need.

## CHILDREN WITH MENTAL HEALTH AND WELLBEING NEEDS

	2020/21	2021/22	2022/23
Total number of referrals received into Child and Adolescent Mental Health Service (CAMHS) at year end	671	907	773
Total number of cases open to CAMHS at year end	384	528	513

The number of referrals received by CAMHS reduced in 22/23, however, the complex needs of the children and young people referred to CAMHS increased. There was an increase in referrals for children and young people who were experiencing an eating disorder. In response, CAMHS expanded the eating disorder team over the last two years and introduced a Holistic at Home Treatment Team, which has enabled CAMHS to reduce admissions to the children’s wards and reduce admissions to tier 4 beds. The eating disorder team has had no admissions to the children’s ward since September 2022 and no young people have needed a tier 4 bed between September 2022 – April 2023.

The CAMHS team has expanded significantly, with recruitment into additional roles. They have recruited a new high intensity Cognitive Behavioural Therapy (CBT) therapist to the CAMHS team, which has enhanced the offer of CBT to children and young people. Feedback has been positive. The team endeavours to work jointly with other services, in particular Children’s Services. It’s paramount to ensure that if young people are admitted to hospital with self-harm or suicidal thoughts, that they can be discharged into a home environment where they feel safe and secure.

## CHILDREN WHO ARE PRIVATELY FOSTERED

There were less than 5 children privately fostered in the year 2022-23. It is anticipated that this may increase if language schools on the Island restart.

Posters have been shared to promote the need for private fostering arrangements to be referred to Children's Services, however numbers remain low. A further awareness campaign with language schools is planned for next year.

## CHILDREN WHO ARE YOUNG CARERS

CHILDREN WHO ARE YOUNG CARERS	2020/21	2021/22	2022/23
Total number	305	336	390

The Young Carers Project is run by the YMCA as part of the recommissioned Family Centre offer from Barnardo's. The Young Carers service on the Island is categorised into two tiers of intervention: Standard or Intensive support. Young carers receiving standard support are provided with one 1:2:1 support session each week. Young carers receiving intensive support are provided with keeping in touch phone calls or group activities per month in addition to the one 1:2:1 support session.

All registered young carers on the Island are offered respite. Young carers open at respite have a team around them already (for example through Early Help) as they have been assessed as having low-level caring needs.

## CHILDREN LIVING WITH DOMESTIC ABUSE

PERCENTAGE OF CHILD PROTECTION PLANS WHERE DOMESTIC ABUSE WAS A SECONDARY CATEGORY AT REVIEW CONFERENCES	2020/21	2021/22	2022/23
Emotional	14.9%	8.1%	5%
Physical	2.7%	4.4%	1.4%
Neglect	14.9%	14.9%	16.5%

The distribution of cases across the categories shows a decrease over time in children with a second category of domestic abuse, where the primary category is emotional abuse and a slight increase in the percentage where the primary category is neglect. Children's Services contribute funding to the integrated commissioning of Paragon to ensure support and intervention for victims and perpetrators of domestic abuse. The High Risk Domestic Abuse (HRDA) process is in place on the Island and offers a whole family approach to multi-agency information sharing where there are concerns about high risk domestic abuse.

2022/23 has seen the enactment of the Domestic Abuse Act 2021 which recognises children who experience domestic abuse are victims. The IOWSCP works closely with the Domestic Abuse Partnership Board to ensure the provisions of the Act are implemented locally. This has included contributing to the review of the HIPS Safeguarding Children Experiencing Domestic Abuse Procedure which is due for ratification in quarter 1 2023/2024.

Safeguarding children where they experience domestic abuse remains a cross cutting priority for the IOWSCP in 2023/24, recognising the short and longer term impacts on children's welfare and wellbeing.



## AGENCY CONTRIBUTIONS

### SOLENT NHS TRUST SAFEGUARDING TEAM

Within the Solent NHS Trust Safeguarding Team, there are regular conversations, within the antenatal and postnatal period, covering a range of topics to reduce accidental injury in under 1's; these include [Every Sleep Counts](#) and [ICON](#). The Unborn Baby Safeguarding Protocol is regularly circulated to the 0-5 service, keeping the protocol at the forefront of practice.

Solent Sexual Health services have access to the IOWSCP strategies and toolkits and use these to inform decision making for safeguarding referrals. The Neglect Strategy and toolkit and the Family Approach Protocol is encompassed in Trust wide training. Solent staff groups also access learning and development available through the IOWSCP and this is widely promoted to staff to increase their knowledge, confidence and competence. Multi-agency learning and development provided by the IOWSCP, facilitates building professional relationships, the use of a common language and enables a greater understanding of roles and responsibilities.

Solent NHS Trust ensures safeguarding learning is disseminated via a range of avenues. The safeguarding team are members of the HIPS Health Group and are actively involved in working parties and workstreams. Our Chief Nurse or Head of Safeguarding attend the IOWSCP Board meetings and cascade information via our safeguarding steering group; these meetings are a standing item on the agenda. Our Named Nurse has been actively involved in supporting HIPS assurance and work streams in relation to the national child safeguarding practice review for Arthur Labinjo Hughes and Star Hobson and the resulting learning and recommendations.

### BARNARDO'S

Messages and information for parents regarding reducing accidental injuries in under ones have been disseminated to all staff across the IOW and followed up. The Safeguarding Adolescents and Neglect Strategies have been disseminated, and managers and workers reflect on the linked toolkits during case discussions. Quotes from the toolkit/threshold charts are used within referrals, Child in Need and Child Protection reports.

Our practitioners have a good understanding of the Child Exploitation Risk Assessment Framework (CERAF) and are trained to recognise and act when signs of exploitation are observed. They support wider colleagues from schools, for example, to consider exploitation and support with the completion of CERAFs. Our UTurn worker shares information regarding child exploitation geographical areas of concern on the Island so that our practitioners are mindful and consider exploitation when working with children and parents, which enables robust decision making in terms of appropriate level of support for families.

Learning and development has had a direct impact on practice. For example, practitioners now ensure recording uses the term "Was Not Brought" instead of "Did not attend". New staff in the Mental Health Support Team bring specific questions to their clinical skills supervision group following IOWSCP courses and this leads to meaningful discussions amongst the team. Through neglect learning and development, practitioners are now aware of the revised strategy and toolkit and feel confident in accessing it. Children's Reception Team (CRT) & Multi Agency Safeguarding Hub (MASH) training provided new practitioners with an understanding of the role of the CRT and MASH, the team supporting them and an understanding of the importance of being efficient and accurate when reporting concerns.

Learning from IOWSCP audits is disseminated to senior managers and staff teams. NSPCC and national child safeguarding practice reviews are shared with teams where relevant – for example learning from the Star Hobson and Arthur Labinjo-Hughes review resulted in senior managers ensuring a referral to CRT MASH was made for a child which shared similarities to the concerns missed regarding Star's mother and partner. Other areas of multi-agency work which have had an impact on our organisation include working with the IOW Supporting Families panel, and the Frankie and TrustTalk2 counselling services, which work exclusively with young people who have experienced childhood sexual abuse/exploitation, and/or Female Genital Mutilation. The development of the multi-agency supporting families panel this year has resulted in a multi-agency case discussion regarding all referrals for early help. Up to date information as well as the sharing of the most recent assessment for the family has enabled the panel to ensure timely and appropriate interventions are offered to families.

## CHILDREN'S SOCIAL CARE

Isle of Wight Children's Services consider the HSCP & IOWSCP Neglect Strategy and toolkit as a key resource for our staff and those across all partner agencies working with children on the Island. The toolkit provides key practical tools to help professionals in their direct work. For example, the '[A day in the life](#)' tool provides a rich, granular source of evidence of the child's lived experience and the impact of neglect. This evidence is used to support parents' understanding and work with the child and family.

Children's Services are core partners in the multi-agency response to children at risk of exploitation on the Isle of Wight and are a member of the IOW Exploitation Local Delivery Plan Group and the HIPS Child Exploitation Strategic Group. Operationally, Children's Services work closely with other agencies to ensure an effective response to missing, exploited and trafficked children through the Missing Exploited Trafficked Risk Assessment Conference (METRAC).

Signposting to the IOWSCP workstreams, multi-agency learning and development and toolkits is embedded throughout safeguarding training for early years, schools and front-line Children and Families (C&F) staff. The IOWSCP courses upskill social care staff and external providers as well as providing local knowledge, emerging issues and changes in legislation and guidance, following case reviews and auditing. Children and Families Practice Educators and Learning Development Officers attend the IOWSCP courses to update their knowledge on contemporary safeguarding issues, new research outcomes, policy and procedures as well as available tools to include in our learning and development sessions for our newly qualified social workers. The Isle of Wight Principal Social Worker is a member of the IOWSCP Workforce Development Group and ensures the IOWSCP annual learning needs analysis is reflective of our service needs in a multi-agency context.

We prioritise attendance and chairing of IOWSCP multi-agency audits as required. Senior managers from the IOW Children's Service have led multi-agency learning events and the Deputy Director chairs the Learning Inquiry Group. We ensure feedback and learning is disseminated to frontline staff. The Area Director for the Isle of Wight chairs the Performance, Quality and Assurance Group on behalf of the partnership, taking a lead role in ensuring the effectiveness of multi-agency case file audits. We chair and coordinate the multi-agency Safeguarding Leads meeting, attended by senior managers to consider cases collaboratively and have presented to the Headteachers forum with colleagues from MASH. We also deliver training to partners as part of the IOWSCP learning and development

offer such as the 'Introduction to CRT/MASH.

Other areas of multi-agency work that have had great impact within Children's Service include:

- [The Hampshire and Isle of Wight Approach](#) – this is our practice framework and we have liaised with partner agencies to share the journey and help streamline the multi-agency approach to safeguarding.
- [High-Risk Domestic Abuse \(HRDA\)](#) - a local, multi-agency, whole family focused process where information on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies is shared.
- [Corporate Parenting Board \(CPB\)](#) – which includes health commissioners, the Virtual School and adult services. The CPB has been able to use its position to influence policy beyond the Council, for the benefit of Children in Care and Care Leavers. Work is underway to ensure that the voice of children and young people is central to the CPB and that they are actively involved with the Board. We have HYPE (Hearing Young People's Experiences) Junior for Children in Care and HYPE for older children and care-experienced adults.
- [Complex Case Panels](#) - there are a number of multi-agency meetings for partners to work together and resolve issues and obstacles at a senior level and to develop early insight into systemic issues that may arise. These include the 'Complex Children's Panel', for children with multi-agency involvement, and the Hampshire and Isle of Wight C&YP Escalation Panel for those who either require tier 4 provision but cannot access it or need to be discharged from tier 4 provision but have no safe place to be discharged to.
- [Homes for Ukraine](#) - working alongside community partners on this scheme for the Island, and our Resilience Around Families Team (RAFT) continue to assess and review hosts for Ukrainian families.

## EDUCATION

The Neglect, Safeguarding Adolescents, Child Exploitation and Family Approach strategies and toolkits have been shared with primary, secondary schools and the IOW college. Through feedback from the Education and Inclusion Service (EIS), schools have greater awareness of exploitation risks to children, especially when considering suspensions/exclusions.

The IOWSCP Keeping Children Safe in Education Self-Assessment identified the need to have a consistent way of reporting physical abuse and bullying behaviours.

A small working group developed a new 'Recording Behaviour' guidance sheet for schools. An IOWSCP multi-agency case file audit highlighted a need to review policies and procedures regarding vulnerable children missing education for medical reasons or illness, ensuring a multi-agency approach to ensure education is delivered. This work is well underway and due for completion by September 2023.

Lurking Trolls resources (a campaign designed to help protect children from online harm) have been introduced into primary schools and special schools. The impact of these resources has been evaluated in 2022/23 and the evaluation and recommendations shared at the education subgroup.

Other areas of multi-agency working include strong links between the Education and Inclusion Service (EIS) and HIOW Constabulary regarding school absence and suspensions/exclusions, considering risks linked to child exploitation. The scoping of this in 2022-23 has led to a 2023-24 IOWSCP priority around the impact of disrupted attendance. Links between EIS, health providers and GPs are being strengthened, including through attendance at team meetings, group supervision and Mental Health Support Teams.

### HAMPSHIRE AND ISLE OF WIGHT FIRE AND RESCUE SERVICE (HIWFRS)

The workstreams of the IOWSCP provides guidance and clarity to HIWFRS personnel who work with children and young people and support HIWFRS to ensure our actions are appropriate and proportionate. This is relevant for the safeguarding adolescents workstreams. HIWFRS safeguarding procedures and guidance documents are developed in accordance with IOWSCP documents.

HIWFRS mandatory level 1 and 2 safeguarding training is in accordance with guidance outlined by the IOWSCP. Other learning and development provided by the IOWSCP is regularly promoted to, and accessed by, key HIWFRS personnel who work with children and young people and supports them to build their skills and knowledge in specific areas, such as Brook Traffic Light Tool; Family Approach to Parental Mental Health, Domestic Abuse and Substance Misuse; Safeguarding Adolescents.

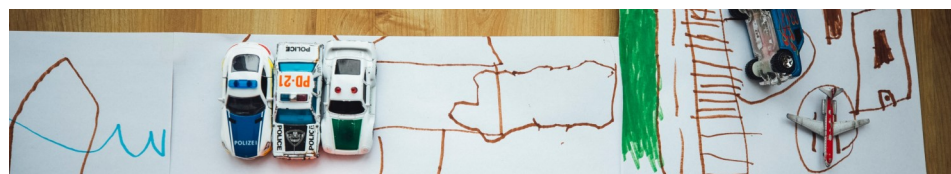
Partnership working is embedded in all HIWFRS safeguarding procedures and practices, and is regularly reviewed in internal quality assurance activity, case reviews and safeguarding development days. Child Safeguarding Practice Reviews and audits are reviewed by the HIWFRS safeguarding team to identify the

relevant learning which is then cascaded to all relevant staff through regular community safety updates. The HIWFRS safeguarding team reviews and amends any HIWFRS safeguarding procedures and practices in response to identified learning; updates resources / training from the IOWSCP.

### INCLUSION IOW

Inclusion IOW is a service open to all age groups on the Isle of Wight who are using or affected by someone else's use of alcohol or drugs. Inclusion IOW utilises the Neglect and Safeguarding Adolescents Strategies and toolkits to inform referrals to CRT / MASH. The midwife in the Inclusion team works across agencies, including making referrals to MASH using the Unborn Baby Safeguarding Protocol and the HIPS Threshold Chart. If an assessment is deemed appropriate, Inclusion will support the family through the process using the Family Approach Protocol with early intervention; practical help; advice and emotional support with a non-judgemental approach. This has been recognised by clients and their families as being significant in them accepting the support and changing their behaviours in preparation for parenthood. The continuity in supporting clients open to Children's Social Care throughout the safeguarding process; attending Child Protection conferences; Core Group meetings and Child in Need meetings helps to develop a relationship that achieves the best outcome for the parent and baby.

Inclusion have a strong partnership with the Youth Offending Team (YOT), schools and youth organisations and regularly work with housing providers, especially ones with placements of looked after children. Through the implementation of the Neglect Strategy and learning provided by the IOWSCP, children's needs are met, and support provided, or if necessary, interventions made. The Substance Misuse Midwife attends the psycho/social meetings every 2 weeks with the Maternity Safeguarding Team, Community Team Lead Midwife, Health Visitor Clinical Team Coordinator, Assistant Team Manager (CSC) and Substance Misuse Midwife. This encourages good multi-agency working and frequent sharing of information, as was evidenced in the IOWSCP multi-agency audit of the HIPS Unborn Baby Safeguarding Protocol.



## HAMPSHIRE AND ISLE OF WIGHT CONSTABULARY

Hampshire and Isle of Wight Constabulary worked in collaboration with partner agencies to develop the HSCP/IOWSCP 'supporting your adolescent' toolkit for parents/carers. This tool has been widely used and actively promoted.

The Constabulary worked in partnership to develop the HIPS Child Exploitation and Extra Familial Harm Strategy 2023-26. In addition, we have a centralised Missing Exploited Team (MET) that engages with partners, both statutory and non-statutory, to address issues and identify those at risk using the Child Exploitation Risk Assessment Framework (CERAF). On the Island, we have a Police Community Support Officer (PCSO) who sits within our High Harm Team, and they contribute to wider multi-agency work with children considered to be at medium risk of exploitation. This arrangement works well and provides consistency.

The IOWSCP promotes the Constabulary's Safe4Me website, which supports educators, service providers and parents to keep children and young people safe by providing signposting to professional services (including the IOWSCP learning and development platform) and offers resources and toolkits that are current and align with the national PSHE/RSE curriculum.

The work of the IOWSCP influences our strategy regarding Public Protection Notices (PPN), and feeds into our own in-house training programmes. We conduct monthly multi-agency scrutiny panels to dip sample PPN's as part of the quality assurance process.

Constabulary representatives are members of each IOWSCP subgroup, chairing the Child Exploitation Local Delivery Plan group, and participate in the multi-agency auditing and scrutiny programme. As subgroup members they provide assurance to areas that require improvement and monitor recommendations to ensure learning is embedded in practice.

The IOWSCP learning and development programme provides valuable information and awareness to our officers and staff. Multi-agency working has influenced our approach and by listening and engaging directly with children and young people, this has led to capturing their views to support change, as set out by our Child Centred Policing (CCP) strategy.

## MENTAL HEALTH AND LEARNING DISABILITY DIVISION, IOW NHS TRUST

The IOW NHS Trust Mental Health and Learning Disability (MHLD) teams routinely access the IOWSCP tools provided locally. This ensures consistent

practice and a unified language and terminology, which helps improve communication between teams and organisations. The resources provided ensure that our teams maintain a proactive and early intervention approach to supporting children and families.

The MHLD division forms part of the wider Trust Joint Safeguarding Group (JSG) which enables sharing across disciplines, early identification of risk and shared learning. The division provides information and support to the IOWSCP's auditing and scrutiny programme with key staff attending learning reviews. The divisions clinical quality lead provides information to the local MARAC and HRDA meetings and ensures that risks that may concern a child or family are shared in with the relevant teams when required.

## HAMPSHIRE AND ISLE OF WIGHT PUBLIC HEALTH

Public Health is fully engaged in the IOWSCP and this includes, where appropriate, being members of task and finish groups; bringing a population health perspective to help develop strategies and toolkits and supporting the development of consistent, high-quality resources that will result in improved outcomes for children and families e.g., the Safeguarding Adolescents toolkit.

The Public Health function in the Isle of Wight Council is to lead and commission a range of specialist areas including public health nursing, sexual health, substance misuse, domestic abuse services, weight management, and smoking cessation services. Providers of these services enable their staff to access and use IOWSCP resources, strategies and toolkits. For example, the Public Health nursing services routinely use and comply with the HIPS Unborn Baby Safeguarding protocol, Protocol for the management of actual or suspected bruising in infants who are not independently mobile, ICON and Every Sleep Counts. These are monitored through robust quarterly quality reporting.

The use of these workstreams, strategies and toolkits enable Public Health commissioned services to follow consistent high-quality protocols and policies within the delivery of their respective services to children and families, enabling effective identification and assessment of needs and keeps the safety of the child and family at the centre of service delivery.

Public Health safeguarding leads continue to deliver annual safeguarding learning and development opportunities for the wider HIOW Public Health team and teams are informed of the IOWSCP learning and development through safeguarding updates disseminated from the Board.

Public Health works in partnership with the providers of commissioned Public Health services, but also across the wider children's health and care system. For example, the Public Health team leads both the Hampshire and Isle of Wight Domestic Abuse Partnership Boards (chaired by the Director of Public Health). These Boards oversee the strategy for domestic abuse to reduce abuse, increase safety and protect children.

Public Health nursing workforce recovery has presented a significant challenge this year but through robust partnership with the provider, alongside working with wider agencies such as Health Education England and the Office for Health Improvement and Disparities (OHID), a clear transformation plan has been agreed. This will support service delivery through skill mix, whilst continually striving to increase the numbers of nurses that can be trained to become Specialist Community Public Health Nurses (health visitors and school nurses) thereby aiming to mitigate risk of reduced identification and assessment of need.

The Strategic Drug and Alcohol Partnership work collaboratively to prevent and reduce the harm associated with substance misuse (to individuals, their families and communities) and increase the opportunities for recovery for those who are dependent on drugs/alcohol. The national drugs strategy has provided an opportunity to focus on reducing the demand for drugs and alcohol, which has included a clear approach on early intervention and signposting for children, young people and families most at risk of substance misuse (identifying hidden harm) and providing targeted interventions thereby reducing the escalation of use and harm to young people.

## INTEGRATED CARE BOARD (ICB)

As a safeguarding partner, we have ensured health representation on the Partnership Board, Executive, subgroups and task and finish groups and supported the development of the partnership business plan and workstreams which includes: the development of strategies, performance assurance, review of serious safeguarding cases and learning and development programmes. The workforce capacity challenges, and reduced resources, are recognised within the system and therefore the workstream of the partnership provides an opportunity to navigate and prioritise safeguarding.

IOWSCP tools and workstreams have supported staff to safeguard children and their families: strategies and toolkits being reflected in training; designated and named professionals working closely with the EIS to improve outcomes for

children missing from school due to for medical reasons; named GP for safeguarding children providing audit findings and recommendations to primary care; named GP working with the police to develop and deliver child exploitation training to GPs across HIPS. In addition, the HIPS workstreams encourage equity across the wider system, for example, the launch of the HIPS Child Sexual Abuse strategy and toolkit.

The designated professionals, named GP, named nurses and the ICB project officer support the delivery of multi-agency training events, such as the IOWSCP conference, looked after children staff training, foster carer training, child exploitation training and the safeguarding adolescent training.

The multi-agency training supports staff development to work confidently with children, young people, their family and other professionals within partner agencies. Effective knowledge allows them to be able to manage complex cases using professional judgement regarding risks to ensure the safety of children, for example case discussions at primary care safeguarding supervision and safeguarding leads meetings.

National, regional, and local learning is used to update the ICB safeguarding standards for health providers and are shared with Public Health to ensure equity of standards in commissioning and assurance. Learning from reviews is also reflected in our safeguarding training and disseminated to colleagues through the NHS England designated professionals meeting. Examples include the HIPS Child Sexual Abuse Strategy task and finish group and the learning from the Learning and Inquiry Group.

The ICB has supported various workstreams during the reporting period. These have included: the Unborn Baby Safeguarding Protocol audit and Vulnerable Children Missing Education for Medical Reasons or illness audit; improving the quality of looked after children initial health assessments; development of CSE training for primary care with Hampshire Constabulary and supporting HIPS CSE webinars; HIPS Child Sexual Abuse Strategy development and launch in March 2023; Safeguarding leads meetings and case discussions; scrutiny of the IOWSCP PQA safeguarding dataset. Additional workstreams include place of safety meeting – working with partners to understand the role of partners and health in place of safety; the IOWSCP Child Exploitation Delivery Plan Group; Child Death Overview Panel and Corporate Parenting Board.



## ISLE OF WIGHT NHS TRUST

The Family Approach Protocol and toolkit are used by maternity staff when assessing and planning care for pregnant people and their families, ensuring they get the right support at the right time. The Unborn Baby Safeguarding Protocol is a key part of all supervision sessions with community midwives and helps support practitioners when assessing risks, ensuring as many babies as possible are protected from harm. ICON and Every Sleep Counts are delivered to all expectant and new parents and the resources available in the toolkits support practitioners to deliver these messages in bespoke ways to families with learning difficulties or challenges. The Protocol for the management of actual or suspected bruising in infants who are not independently mobile is well known and embedded in our emergency department, children's ward, maternity and Special Care Baby Unit.

IOWSCP toolkits and strategies are linked from our Trust intranet safeguarding children page, and we refer to these when completing supervision with front-line staff. Staff are encouraged to access training through the IOWSCP to further develop and improve their skills in specific areas. Attending training through the LSCP allows staff to learn alongside partner agencies and gain a greater understanding of the wider resources available to them when working to protect children from harm.

The Trust participates in multi-agency audits with learning outcomes disseminated to front line staff in relevant departments through training, newsletters and supervision. Specific actions are tracked through our Joint Agency Safeguarding Strategic Group. Leads review all National Panel Child Safeguarding Practice Reviews and review current practice and guidance to ensure any changes are made to reflect the national recommendations. The IOWSCP subgroups are attended by members of the Integrated Safeguarding Team and learning and actions from these subgroups is fed back to the Trust via our Joint Safeguarding Strategic Group.

The named midwife for safeguarding children chairs the multi-disciplinary Psycho/Social meeting every 2 weeks. All high-risk cases are discussed, and multi-agency support plans agreed. This allows for effective information sharing and safety planning for our most at risk families. The effectiveness of this approach was highlighted in a recent IOWSCP multi-agency audit.

The Named Nurse for Safeguarding Children worked closely with the IOWSCP and YOT to deliver 2 workshops regarding Case Joe. These workshops encouraged debate and discussion and practitioners left really considering their current practice and how this could change.

The IOWSCP Unborn Baby Safeguarding Audit, which was chaired by the Named Nurse for Safeguarding Children, was also a good example of multi-agency work. It was a well-attended audit, which generated healthy discussion and debate. Recommendations were made which will make a difference to practice and outcomes for babies and their families.

## YOUTH OFFENDING TEAM

The Isle of Wight Youth Offending Team (YOT) works with children and families from the ages of 10 to 18 and is a statutory partnership between police, probation, local authority, education, health, and central government, therefore, there is a governance and infrastructure which supports partnership working. The team has a seconded Police Officer, a CAMHS practitioner and a part-time Probation Officer.

As a service, we routinely use the Safeguarding Adolescents Strategy and toolkit as it is at the heart of what we do. YOT's overall objectives are to prevent offending, re-offending and to safeguard children. We use this toolkit mostly when the safeguarding risk is not within the home.

The child exploitation workstream is also fundamental to our practice. Child exploitation can bring children into the criminal justice system, and we need to balance the risk to others and the needs of the child. For example, we routinely complete CERAFs and incorporate them into our own assessments. Therefore, this workstream is key to having successful outcomes. It supports us in planning with the child and family on how their needs are addressed.

During 2022/23, the IOWSCP learning and development programme supported new staff inductions and existing staff were encouraged to undertake refresher training. In addition, the Head of Service is part of the Workforce Development group and has undertaken observations of courses to monitor quality. They were also part of the Child Joe learning review.

Staff including the Head of Service, Team Managers and practitioners attend a range of partnership groups and meetings. These reflect both the criminal justice and safeguarding element of the role. Examples include IOWSCP subgroups and main board; meetings to discuss specific children, and community safety partnerships.

The networks, which result from involvement in partnership work, are invaluable to achieving better outcomes for individual children.

# BUSINESS PLAN PRIORITIES 2022-23

The 2020-23 IOWSCP Business Plan sets out strategic priorities for Partnership work over a three-year period, as well as shorter one-year priorities. Business Plan objectives are identified from themes arising from existing scrutiny and quality assurance programmes and findings from local and national learning reviews. Progress on Business Plan priorities is monitored through the Executive Group as well as outcomes and impact of the work. 2022/23 was the final year of the current IOWSCP Business Plan.

## PART A — LONG-TERM STRATEGIC OBJECTIVES

### Priority: Safeguarding Adolescents

The Safeguarding Adolescents Group was set up to explore partnership understanding, responses and provision for safeguarding adolescents. The group aimed to identify gaps and strengths in practice and develop a partnership response through a strategy and toolkit. The aim is to ensure adolescent children and their families receive the right level of support and intervention at the right time by skilled professionals.

#### ACTIONS TAKEN:

- ✓ HSCP and IOWSCP Safeguarding Adolescents Strategy and toolkit for practitioners and parent/career toolkit published on the website following the launch
- ✓ Workshop with young people for their input on a children and young persons' version of the 'Safeguarding Adolescents' toolkit
- ✓ Developed multi-agency workforce development opportunities on safeguarding adolescents
- ✓ Monitored recommendations from the 2021/22 Child Sexual Exploitation case file audit
- ✓ IOWSCP annual conference with the theme 'Safeguarding Adolescents – What Works?'

#### OUTCOMES AND IMPACTS:

- ★ Learning and development has been well received - 100% of attendees strongly agreed or agreed that the training met its learning outcomes and they understood how to apply the learning to their day-to-day role
- ★ Children's voice and perspective included within the adolescent toolkit (to be launched quarter 2 2023-24)
- ★ Agencies provided assurance that professionals leading case planning and review meetings routinely send revised plans and meeting notes to family members and professionals involved in the cases in a timely way
- ★ Agencies circulated the National Referral Mechanism (NRM) referral process chart to promote understanding and effective use of the NRM
- ★ 100% of attendees at the 2022 IOWSCP Annual Conference - 'Safeguarding Adolescents What Works' strongly agreed or agreed that the topics were relevant to them



- ★ Feedback from conference attendees:
  - ◇ "Very interesting and useful conference with good ability to network"
  - ◇ "Excellent conference, very informative and enjoyable"
  - ◇ "Supporting your adolescent toolkit has been informative for our Child Abuse Investigation Teams, Response and Patrol and Neighbourhood Teams"

### Priority: Responding to Neglect

**The Neglect Strategy and toolkit addresses the need for professionals to understand, identify and work effectively together to achieve better outcomes for children experiencing neglect. The aim of the Hampshire and Isle of Wight Neglect Strategy and supporting toolkit is to prevent and reduce the impact of neglect and to ensure the safety and wellbeing of children and young people. The strategy, which provides the framework under which ongoing multi-agency work will be undertaken, was revised and re-launched in February 2021 and a revised course offer put in place.**

#### ACTIONS TAKEN:

- ✓ Case file audit September 2022: 'Children referred to MASH where neglect is the presenting issue'. This audit looked at cases referred to CRT MASH and their journey from the point of referral, through assessment, and decision-making processes, to the actions taken and the outcomes reached by the multi-agency partnership. The audit included a frontline practitioner survey
- ✓ Multi-agency Neglect Task and Finish group re-established to evaluate the impact of the revised materials and course training
- ✓ Evaluation of the Hampshire and IOW training offer

#### OUTCOMES AND IMPACTS:

- ★ New case studies added to the toolkit
- ★ Hampshire and IOW training slides have been revised to reflect changes to the toolkit
- ★ Information, resources and links to the strategy and toolkit reviewed and updated
- ★ Multi-agency training 'Understanding and Responding to Neglect' continued, to encourage referring agencies to use the tools and resources in cases of neglect, and has been well received with 100% of attendees strongly agreed or agreed that the training met its learning outcomes and that they understood how to apply the learning to their day-to-day job
- ★ IOWSCP offer further workforce development opportunities on the use of the thresholds document, how to complete an effective referral (IARF) and MASH processes



### Priority: Child Sexual Abuse

The HIPS Child Sexual Abuse (CSA) Strategy has been developed to support a coordinated approach to preventing child sexual abuse, and to improve the identification, protection, and support for victims, survivors, and their families. It has been created to improve the ways in which children's needs and risks are understood, recognised, and responded to at all stages.

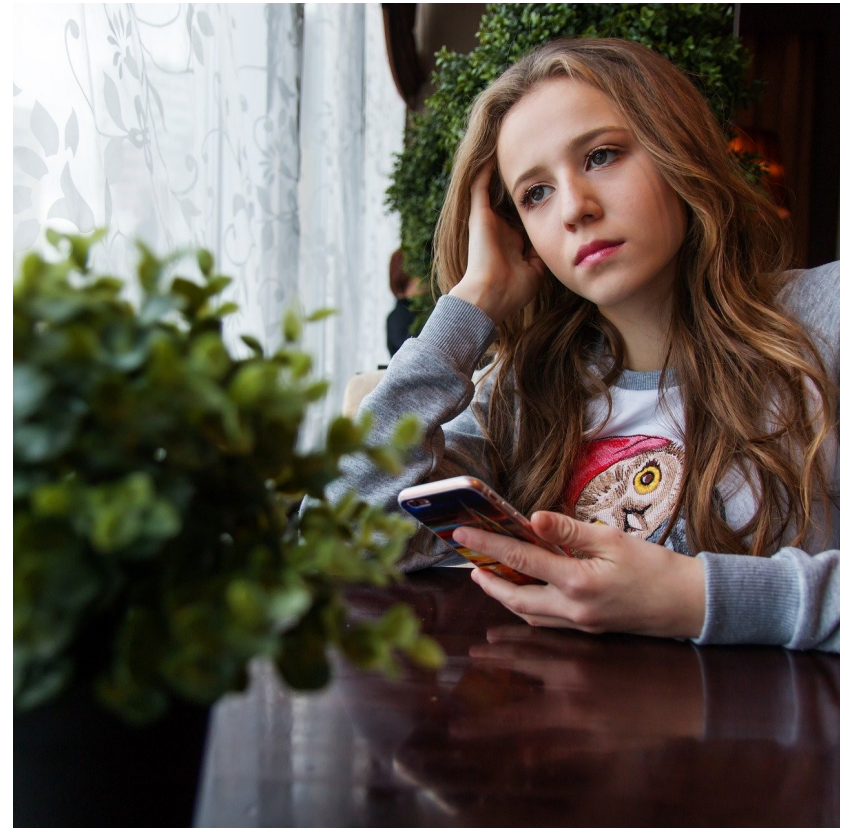
The successful implementation of the HIPS Child Sexual Abuse Strategy will be achieved through continued cultural change in which the workforce, communities, and families develop the confidence to "think the unthinkable", recognise the signs that abuse might be occurring, and have brave conversations.

#### ACTIONS TAKEN:

- ✓ Multi-agency consultation through the HIPS Child Sexual Abuse Strategy Task and Finish group to finalise the Child Sexual Abuse Strategy
- ✓ Multi-agency cooperation and coordination through the HIPS Child Sexual Abuse Strategy Task and Finish group to develop materials for a Child Sexual Abuse toolkit
- ✓ Publication and launch of the HIPS Child Sexual Abuse toolkit
- ✓ Development of multi-agency workforce development opportunities around child sexual abuse to raise professionals' awareness

#### OUTCOMES AND IMPACTS:

- ★ Child Sexual Abuse Strategy published, appropriate for public and professional audiences
- ★ HIPS Child Sexual Abuse toolkit created to support professionals with identification, reporting, assessment, prevention of child sexual abuse, local and national support services and case studies
- ★ HIPS Child Sexual Abuse Strategy key performance indicators in development
- ★ Multi-agency participation in HIPS wide launch of the Child Sexual Abuse Strategy and toolkit (66 IOW participants)
- ★ Agreement to develop a parents and carers toolkit focused on prevention, identification and support



## PART B — SHORT-TERM STRATEGIC OBJECTIVES

### Evaluate the impact of IOWSCP initiatives and programmes

- The IOWSCP, via delivery of various initiatives, can evidence positive impact on IOW children and families.
- Staff in relevant agencies to understand, recognise and respond to safeguarding risks to unborn/new-born babies and follow agreed multi-agency procedures to ensure effective safeguarding arrangements at the earliest opportunity

#### ACTIONS TAKEN:

- ✓ Evaluation report on the impact of the Lurking Trolls online safety campaign
- ✓ Multi-agency case file audit on the Unborn Baby Safeguarding Protocol completed
- ✓ Set up a Safeguarding Infants Task and Finish Group

#### OUTCOMES AND IMPACTS:

- ★ Safeguarding Infants Task and Finish group will oversee the first phase evaluation of ICON and Every Sleep Counts programmes, completed in quarter 1 2023/24
- ★ Clarification sought from the HIPS Unborn Baby Strategic Group around the responsibility of sharing of information within the protocol
- ★ Recommendations from the multi-agency case file audit on the Unborn Baby Safeguarding Protocol approved by the IOWSCP Executive and implementation monitored through the IOWSCP PQA group.



### Promoting the work of the IOWSCP

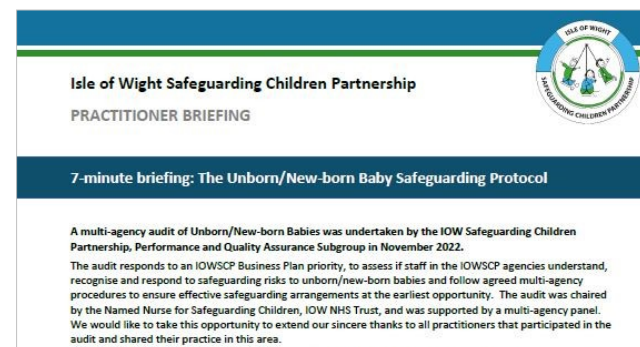
- Improved and effective dissemination and communication channels across the IOWSCP Safeguarding Partners and Relevant Agencies.
- Staff in relevant agencies are aware of, know where to go to find information on, and are fully utilising information and opportunities provided by the IOWSCP.
- Learning and practice improvements highlighted by the IOWSCP's work is effectively disseminated and embedded in relevant agencies.

#### ACTIONS TAKEN:

- ✓ Continue work on the IOWSCP website to ensure child friendly information, and align the content of thematic sections for practitioners and parents/carers
- ✓ Practitioner's briefing paper supporting the learning from the Unborn Baby Safeguarding Protocol audit

#### OUTCOMES AND IMPACTS:

- ★ Multi-agency feedback regarding the effectiveness and reach of the IOWSCP toolkits, strategies and resources to support work within their agencies and when working with other agencies



### Scoping the scale of the problem of non-attendance and exclusion of vulnerable children

The Partnership wished to better understand the issue of non-attendance of vulnerable children at school, to include post-Covid return of children to school and reasons for non-attendance; children excluded from school; children with reduced timetables; and school attendance (including children missing school for medical reasons).

#### ACTIONS TAKEN:

- ✓ Multi-agency audit of cases where vulnerable children are missing school due to medical needs and how these are managed in line with local policy
- ✓ Monitoring/assurance of recommendations from the Q2 multi-agency case file audit for vulnerable children missing school due to medical needs

#### OUTCOMES AND IMPACTS:

- ★ School attendance of vulnerable children taken forward as a strategic priority for the IOWSCP business plan 2023-24 with a thematic audit planned for quarter 1 2023/2024
- ★ Innovative good practice shared on the use of AV-1 Robots to ensure children with medical needs remain engaged in education and have a presence in the classroom



## PART C — SHORT-TERM CAMPAIGN OBJECTIVES

### Reducing non-accidental injuries in under 1s

Promote public and professional awareness of safeguarding children under 1 including non-accidental injuries (NAI) and the key triggers leading the NAI.

#### ACTIONS TAKEN:

- ✓ Create a data line for confirmed NAIs annually via Children's Social Care
- ✓ Safeguarding Infants Task and Finish Group agreed by Executive
- ✓ Unborn/new-born baby audit completed
- ✓ Safeguarding Infants e-learning progressed and in its final sign off stage
- ✓ Frontline practitioner and professional lead surveys sent as part of the first phase evaluation of Every Sleep Counts and ICON campaigns

#### OUTCOMES AND IMPACTS:

- ★ Practitioners Briefing from Unborn Baby Safeguarding audit approved by Executive, including links to e-learning and promotion of toolkits and resources
- ★ Recommendations from Unborn Baby Safeguarding Protocol audit monitored through the PQA group
- ★ First phase evaluation completed end quarter 4 2022/23 in preparation for Safeguarding Infants Task & Finish Group with recommendations to consider and progress



## Keeping children safe online

The Partnership aimed to develop a multimedia campaign aimed at parents/carers to encourage greater understanding of the need to parent children both online as well as offline; describe ways to parent children online; and provide key resources and contacts for help

### ACTIONS TAKEN:

- ✓ Analysed data in Public Health survey and Safeguarding in Education 157/175 audit to understand the needs of children
- ✓ Office of the Police and Crime Commissioner survey of parents/carers completed
- ✓ Cyber Ambassadors in schools continue to be recruited and to promote effective online safety messages
- ✓ Lurking Trolls campaign launched, and copies sent to schools and the EHE community via public libraries
- ✓ Online safety focus in Safeguarding in Education 157/175 audit

### OUTCOMES AND IMPACTS:

- ★ OPCC training for parents/carers developed and promoted to schools
- ★ Evaluation of the Lurking Trolls campaign shared with the education subgroup. Recommendations included continuing to promote the Lurking Trolls resources as part of online safety awareness



## Books & audiobooks



## Meet the trolls



# LEARNING AND DEVELOPMENT

## INDEPENDENT SCRUTINY AND ASSURANCE

Partners maintain the Learning and Improvement Framework, annually scrutinise and challenge performance, identify, disseminate and embed learning and engage with IOW children and their families.

Scrutiny and assurance activities include consideration of decision making, risk assessment, consistent application of thresholds, the voice of the child and practice is reviewed through:

- ★ Quarterly data sets and reports, to evidence safeguarding practice and impact
- ★ Local Child Safeguarding Practice Reviews (LCSPR) and case reviews
- ★ Examination of research, local and national reports and National Panel reviews
- ★ Themed multi-agency case file audits
- ★ Keeping Children Safe organisational self-assessments
- ★ Workforce learning and development evaluation and analysis of outcomes

### THE VOICE OF THE CHILD

HYPE (Hearing Young People's Experiences) is a forum for young people in care and care leavers. The group meets monthly to discuss issues relating to the services they receive. They identify what is working well and areas for improvement, which are then discussed at the Corporate Parenting Board (local issues) and the All-Party Parliamentary Group (APPG) for children in care and care leavers (national issues).

The Corporate Parenting Board (CPB) comprises of members and officers from across frontline services. The group usually meets quarterly, and the voice of young people is a standing agenda item enabling them to raise issues. In 2022/23 there were 3 CPB meetings and 4 young people attended. The CPB action plan is regularly reviewed and based around the pledges made to children in care and care leavers. There is a high level of scrutiny from councillors by incorporating the pledge into the running of the CPB in this manner.

Early Help services are engaged in the corporate parenting effort to increase how

included our Island children feel within their local communities. Existing local support and provision is being mapped and there is potential grant money available for any gaps to be filled.

Care Leavers receive enhanced support from their Personal Assistants (PAs), they have been offered multiple vouchers for food and have been able to request further support regarding their utilities to avoid any risk of fuel poverty. Council tax payment is also waived. A savings policy has been drafted to ensure best practice is standard, with young people's increased knowledge of their savings, how to add to and access it.

### CORAM VOICE

In 2022, 33% of children in care on the Island, aged 4-18, responded to the 'Your Life, Your Care' survey, which provides children the opportunity to form a collective voice. The Bright Spot survey for children in care is made up of four well-being domains: relationships, resilience, rights, and recovery.

The local authority is then provided with a detailed report exploring their children and young people's responses. From these, statistical comparisons can be made against other local authorities, those of their peers in the general population and against previous results. Relationships with carers were highlighted as strong in the report, with 90% of children surveyed reporting that 'they always felt safe where they lived' – a higher percentage than peers in the general population.

Child's voice:

*"It is good. 100% great. My foster family is family"*

*"I just want to stay with my nanny and grandad. [My social worker] says I will be staying with them forever and that makes me happy"*



## SAFEGUARDING ADOLESCENTS YOUNG PERSONS WORKGROUP

After the successful launch of the professionals and parent/carer safeguarding adolescents toolkits, 15 children from the IOW Youth Trust Taskforce met as a workgroup to provide feedback on agencies submissions. The young people involved valued the experience and provided some insightful comments and suggestions which are reflected in the resources being developed for our young people.

EXAMPLES OF HOW FEEDBACK FROM CHILDREN AND FAMILIES HAVE BEEN SOUGHT AND USED			
AGENCY	FEEDBACK SOUGHT:	CLIENTS SAID:	AGENCIES DID:
Barnardo's	Young people's experience of mental health services, including their feedback regarding the use of technology and the service model moving forwards	<p><i>"My whole life is on my phone"</i></p> <p><i>"The internet [google and/or social media] is often unhelpful. Having a dedicated space such as a private app reduces the risk of finding something triggering on the internet."</i></p> <p><i>"Contact from someone to check in and remind me to use "bridging the gap resources" e.g. self-help, helps"</i></p>	<p>Informed the service model written in a tender bid.</p> <p>An app developed by the Barnardo's innovation lab is being piloted across Barnardo's' young people mental health services as an aid/adjunct for therapy.</p> <p>'Safe wait protocol' updated to ensure all families on waiting lists have periodic contact to provide assurance, safety checks and signposting.</p>
Children's Social Care	<p>Bright Spots survey of children in care 2022</p> <p>Views of children and their families as part of the Children's Social Care annual participation action plan</p>	<p><i>"Coming into care was the best thing that ever happened to me. It's given me so many opportunities."</i></p> <p><i>"My foster family is family."</i></p> <p>Care leaver parents fed back that they would like to be able to access more social activities together.</p>	<p>Children's Social Care now run activities for care leaver parents with their children as part of 'Have your say' week. These feature fun activities children choose, for them, their families, workers, senior managers, and elected members. Families are asked what they feel is working and what can be done to improve practice.</p>
Hampshire & IOW Fire & Rescue Service	Feedback/evaluation of the experiences of the young people participating in the 12-week Prince's Trust Team programme	<i>"They always helped me immediately when I came to them with a problem. They're very attentive and always checked up on me afterwards. They're empathetic and overall, very good at their jobs."</i>	Enables us to review our practices regarding safeguarding young people who are on the Prince's Trust programme to ensure they are supported, listened to, kept informed and are safe.
Inclusion Isle of Wight	Care Opinion used to collect feedback on experiences within the service.	<p><i>"Thank you for all the work you have done with N and our family as a whole. You are the first professional he has ever opened up to"</i></p> <p><i>"Out of all the professionals that ever worked with my family you are the only one that has ever believed in L. That means a lot – thank you."</i></p>	<p>Regular review of individual practitioners' development plans.</p> <p>We organised a consultation event for families – feedback from this event is currently being reviewed</p>

EXAMPLES OF HOW FEEDBACK FROM CHILDREN AND FAMILIES HAVE BEEN SOUGHT AND USED			
AGENCY	FEEDBACK SOUGHT:	CLIENTS SAID:	AGENCIES DID:
IOW NHS Trust and Integrated Care Board	<p>Transformation workshops - young people's views are gathered on what health subjects are important to them</p> <p>Friends and Family Test – feedback from patients accessing their service</p> <p>Looked after Children's Service – feedback from the children and young people is sought via HYPE (Hearing Young People's Experience)</p>	<i>"The children in care nursing team are always approachable and supportive"</i>	Feedback is used to shape the service delivery and what areas need to be adapted to effectively meet the needs of the children.
IOW NHS Trust Mental Health and Learning Disability (MHL D)	Inpatient services work with the Carers IW team to ensure this captures the voice of the child/family wherever possible.	<i>"We just wanted to say a massive thank you to you for everything that you have done for us as a family. You got the ball rolling when it comes to professional intervention, without you I think we would still be stuck and struggling."</i>	We have increased our lived experience and peer support staff, all of whom have attended additional 'think family' training sessions. The team are working to ensure that we have representation at all levels of service development, and they work in partnership with third sector organisations to make sure that we reach across the demographics of young people on the Isle of Wight.
Youth Offending Team	Standard continuous feedback	<p><i>"YOT was good. It kept me out of trouble. (They) made me think of all the consequences of my behaviour."</i></p> <p><i>"I found that YOT helped me in numerous ways, by helping me stay out of trouble and making sessions interesting."</i></p>	Informs our service delivery plans
Public Health	<p>Engage with local communities through the Insight and Engagement team for specific pieces of work</p> <p>Public Health team, through Hampshire Health in Education and PEACH (Partnership for Educational Attainment and Children's Health) use data gathered from children and young people through school surveys to identify local needs.</p>	Engagement within the first 1,001 days report (still in development).	<p>Information is used in a wide variety of ways including to inform transformation plans, routine continual improvement of service delivery, identifying local needs and supporting bids.</p> <p>It also informs service planning and system thinking.</p>

## MULTI-AGENCY SAFEGUARDING DATA

Our Performance and Quality Assurance Group (PQA) consider a six-monthly report from data submitted by partner agencies. It highlights trends and questions for the Executive to consider and action. Two data reports were considered by the Executive during 2022/23 and the following points/questions posed:

QUESTIONS / MATTERS RAISED		RESPONSES
There is a significant increase in CAMHS' case load. Is the pandemic responsible for the increase in child mental health issues, how is CAMHS meeting the higher demand for services?	➔	The number of referrals is possibly due to the pandemic; the national picture also shows this trend. The complexity of the needs of children has risen, and children and young people are presenting with more severe mental health concerns, requiring more intensive intervention. In 2022 IOW CAMHS was given investment to expand the team, aiding their ability to assess young people in 4 weeks and treat within 18. The number of eating disorder referrals has also risen significantly over the last two years. CAMHS received additional funding for an eating disorder service, allowing them to recruit an additional nurse, family therapist and physical health nurse. Furthermore, a team has been set up who offer intensive support at home for children (and their families) who are suffering with an eating disorder. It is hoped this will reduce the need for Tier 4 inpatient admission beds.
The number of Early Help Plans open longer than 12 months has increased. Are waiting times for early help services being monitored?	➔	Parenting programmes through Barnardo's are often held half termly. Intensive Family Support (IFS) sessions have some operational issues as the allocated time for IFS was also being used as family time. This is being rectified and waiting times should reduce. This is being monitored. Currently there is a 4-6 week waiting time, target is for a 3-week waiting time.
Access to dental provision for looked after children continues to be a significant concern. Are there any addition plans in place to ensure looked after children are having dental checks within timescales?	➔	The DentAid bus (a mobile dental unit provided by DentAid – a charity that provide dental care and oral health advice) will not be returning to the Island however some dental practices on the Island are now offering dental appointments to Looked After Children.
For schools that do not have a Service Level Agreement (SLA) in place, how do we assure ourselves of attendance practice that relates to safeguarding?	➔	The EIS continue to monitor school attendance for schools without an SLA in place. From September 2023 there will be a statutory requirement for schools to share their attendance data with the local authority.
What percentage of children in care go missing?	➔	Data for November 2022 is 2.1% of children in care go missing against 4.3% in November 2021. The target is 4% of the cohort or less. Many episodes are because the child returned home late.
There was a significant number of Child In Need referrals in quarter 2022 (936) and 65 Early Help assessments stepped up to Children's Social Care. That leaves 871 referrals – are we confident early help is reaching the right families at the right time?	➔	CSC analysis found that of the 1,031 Child In Need referrals in quarter, 101 were step ups from early help and an additional 315 families were known to Early Help previously. It was noted this data should be seen in the context of the increase in demand - there had been a 39% increase in demand on MASH.
The number of adults assessed for mental health where there is a child/children in the household rose significantly between 2021-23	➔	The current data shows people with associated children – this may include children not living at the same address. Since providing this data, a clinical lead has been recruited to ensure a new electronic patient record system is set up to capture and report all risks including safeguarding risks.

## LOCAL AGENCY ANNUAL REPORTS

Reports were presented to the PQA group in 2022/23 to provide assurance about agency approaches to safeguarding children, and to further develop a shared understanding of services and how they operate. Examples of questions raised by the group and agency responses:

AGENCY	QUESTIONS / MATTERS RAISED		RESPONSES
<b>Private Fostering</b>	From July 2022, unaccompanied minors are permitted to apply for a visa and stay with an adult known to their family	➔	These situations will be considered as private fostering, so numbers are expected to increase. A campaign to raise awareness of private fostering is under way.
<b>LADO</b>	Why are there a high number of unsubstantiated referral outcomes?	➔	This is normal for allegations against people in positions of trust. Numbers are in line with Hampshire and other South-East Local Authorities.
<b>MAPPA</b>	The numbers of those subject to MAPPA continues to increase each year. How are police responding to this challenge?	➔	The Police MET team are undertaking more work around sexual harm prevention orders and non-convicted persons of interest and are recruiting in a regional capacity for an orders officer.
<b>Early Help</b>	What's being done to address the issue of child development being a presenting factor for early help?	➔	Barnardo's are commissioned to provide the school readiness programme and are working with Public Health to support parents to sign up.
	Is the cost-of-living crisis a factor in referrals?		It is a factor and Early Help work with the Citizens Advice Bureau to provide support.
<b>Education and Inclusion Service (EIS)</b>	Is the voice of the Electively Home Educated children captured?	➔	EIS try to capture this through feedback from parents. It is an area EIS wish to develop.
	Is there an increase in the number of Electively Home Educated children experiencing mental health issues?		A third of children coming off school roll were noted for reasons of emotional/physical health. There is a dedicated EHE School Nurse in place.
	Have any schools received GP fit notes for children?		There has been a large increase in this and EIS are working on this with CAMHS. The ICB have offered to support EIS team on this issue.
<b>Cafcass</b>	Is it possible to hear more of the voice of the child within the report for the IOWSCP?	➔	Cafcass has limited interaction with children, so this is difficult to capture locally, however they have a national team who gather the voice of the child, and this steers their direction
<b>Beaulieu House (children's residential and respite service)</b>	How do you plan for recruitment so the workforce can return to full capacity?	➔	A recruitment drive is planned for spring for the remaining positions. The induction process has changed to encourage and develop new staff.

## LOCAL CHILD SAFEGUARDING PRACTICE REVIEWS (LCSPR) AND LOCAL LEARNING EVENTS

The Learning and Inquiry Group (LIG) considers serious safeguarding cases referred to determine whether a local child safeguarding practice review (LCSPR) is appropriate and proportionate. Where the criteria for a LCSPR are not met, but the LIG agrees there is multi-agency learning, a multi-agency local learning event may be undertaken, led by members of the LIG.

### Serious safeguarding cases are those in which:

- Abuse or neglect of a child is known or suspected and
- The child has been seriously harmed or died

The Group also discuss and share local learning from single agency reviews and other LSCP and national child safeguarding practice reviews.

The purpose of any case review conducted by the IOWSCP, or nationally, is to identify learning and whether improvements to safeguarding practice are necessary, through a better understanding of what happened and why things happened as they did.

During 2022/23 LIG received two referrals for consideration and members agreed that the referrals did not meet the criteria for a child safeguarding practice review and a local learning event was not required.

Following completion of a local learning event and subsequent report in 2021, two workshops were held with practitioners to share the learning in this reporting period.

These included:

- ➔ The importance of listening to children and gathering their views, including relaying explanations to a child about their expectations and wishes.
- ➔ Understanding that the child's voice goes beyond what they actually say and includes other aspects of their presentation such as their behaviour, body language, observation of the child and their interaction with others.
- ➔ Understanding the child's experience from their point of view.
- ➔ The importance of understanding the fundamental difference between signposting and referring for services. Signposting should not be relied on when working with families with vulnerabilities and in particular if it is known there is a history of poor engagement with services.
- ➔ When a practitioner refers to another service, the referring practitioner

should be informed if the service is not taken up. This can be followed up with the family.

- ➔ Child/adolescent to parent/carer violence and abuse (CAPVA) is where a child/adolescent is physically aggressive, emotionally abusive, or controls a parent/carer through coercion. There are a range of services on the Island that can support:
  - IOW Youth Offending Team "Who's in Charge" CAPVA course for parents, also delivered by Barnardo's
  - IOW Youth Offending Team Youth Crime Prevention service and Parenting Officer
  - Recovery Toolkit Programme - where behaviour is a response to trauma
  - Referral to Multi Agency Risk Assessment Conference (for over 16s) if they are perpetrating violence to parents/adults
  - Hampton Trust Independent Domestic Violence Advisors can support parents
  - Paragon – Support for children and adult victims/survivors
  - MASH referral can be made and access to the Resilience Around the Family (RAFT) team for support

## EVALUATION OF THE WORKSHOPS

All participants strongly agreed or agreed they understood how to apply what they have learned in their day-to-day work.

Participants identified changes to their practice as a result of the workshop and this included:

- Focusing more on the child's voice not just being verbal communication
- Make sure staff are fully aware of CAPVA
- Making sure all staff members have a good understanding of the difference between sign posting and referring
- Making sure that any referrals that are made are followed up
- Ensuring every aspect of the child is captured in 'child's voice' whether verbally or non-verbally
- A greater understanding in CAPVA and how to support and signpost
- "The information and training from this workshop will influence how I proceed with a child and family I am working with"

## RESEARCH, REGIONAL/NATIONAL REPORTS AND NATIONAL CHILD SAFEGUARDING PRACTICE REVIEWS

HIPS managers share learning from their case reviews to support identification and response to common or emerging themes, with opportunities to maximise learning across the region.

The IOWSCP team ensure that national reviews are shared across the partnership. In 2022/2023 this included the Arthur Labinjo Hughes and Star Hobson review. This was considered at Executive, Partnership and LIG level.

Phase one of the Child Safeguarding Practice Review panel's review regarding children with disabilities and complex needs identified three urgent actions for the Directors of Children's Services (DCS) to co-ordinate the response to. The DCS for the IOW expanded the scope of the request to include a number of children with disabilities and complex needs and reported to the IOW Executive and Board the findings from the urgent actions undertaken. No serious or significant concerns were identified for any of the children reviewed.

The national panel have published papers in respect of the management of bruising in non-mobile infants and multi-agency safeguarding and domestic abuse. Both papers have been shared with the Board and considered within both the Learning and Inquiry Group and the Performance and Quality Assurance Group.

## MULTI-AGENCY CASE FILE AUDITS

Thematic multi-agency case file audits are undertaken by the PQA group as part of the IOWSCP's scrutiny and quality assurance work. They are led by a multi-agency panel, chaired by a Service Lead and practitioners involved in the cases participate in an open reflection of the work undertaken, arriving at agreed strengths and areas for further development in practice.

In 2022/23, 3 of the 4 scheduled case file audits went ahead, but due to winter pressures, the Joint Targeted Area Inspection (JTAI) dry run in Q4 was postponed to Q1 23-24.

### CASE FILE AUDIT 1

#### Vulnerable Children Missing Education for Medical Reasons or Illness

★ 10 cases audited, with 33 staff attending

Purpose: Provide information on how well schools and partner agencies are recognising and responding to children with illness or medical needs that impact on their ability to access education.

### Key strengths:

- ✓ Some schools reacted swiftly and creatively to keep children and families engaged and maintained regular contact through a key person
- ✓ Young Carer referrals made when appropriate
- ✓ There were examples of excellent multi-agency working and information sharing
- ✓ Some schools challenged parents regarding their children's attendance and the drive to keep education in place for the child was strong
- ✓ CAMHS demonstrated trauma informed practice in working flexibly with children in their homes

### Key development opportunities to strengthen practice:

- ➔ The Local Authority "Policy for access to education for school age children and young people with medical needs" is not being used fully by schools and needs revision, together with clear referral and assessment forms to prompt schools through the process
- ➔ School Nurses involvement at the earliest opportunity in completing Health Needs Assessments to inform planning. These should cover physical and mental health
- ➔ The voice of the child needs to be captured and recorded to inform interventions
- ➔ Consideration should be given to the completion at an earlier stage of Early Help Assessments
- ➔ There needs to be full and thorough information sharing between agencies with regards to cases so that schools are clear about the adaptations needed to ensure access to education
- ➔ Professional's meetings should be utilised where there is a need to share information about a case and decide how best to engage families in getting their children back to school
- ➔ There is a need to explore wider issues that may be contributing to the child's absences as well as the medical issues, such as domestic abuse, neglect, adult mental health needs, adults living in the home, and fathers not living in the home and how they might support the child

## CASE FILE AUDIT 2

### Cases referred to the Children's Reception Team (CRT) / Multi-Agency Safeguarding Hub (MASH) for Neglect

- ★ 6 cases were audited by a panel of 9 professionals

Purpose: Examine current practice with regards to cases referred to CRT / MASH where neglect was the presenting issue and examine their journey from the point of referral to CRT MASH, through assessment, and decision-making processes, to the actions taken and the outcomes reached by the multi-agency partnership.

In addition, a frontline staff survey was conducted, and the results analysed to inform the audit.

#### Key strengths (in all cases):

- ✓ The referrals contained clear and detailed reasons for the referral
- ✓ There was good management oversight
- ✓ The threshold applied to the cases was consistent and appropriate
- ✓ The case outcomes were reached within agreed timescales

#### Key development opportunities to strengthen practice:

- ➔ MASH staff had not consistently used the Neglect Strategy or toolkit to assist with their assessments in each case. 19 of the 63 staff survey responders indicated that they had used the Strategy, toolkit or Thresholds Document in their referrals
- ➔ Police information was sought in 1 of the 6 cases. In 3 of the other 5 cases, Police information should have been requested and might have influenced outcomes
- ➔ In 6 cases there was no description by referrers of the level of concern and outcomes being sought. Further training may be required to encourage this level of analysis
- ➔ Checks for parent/carer health records remains an issue, since they are not readily available and in one case child health checks were made and returned but not reflected on the Integrated Care System
- ➔ Of the 6 cases audited, 1 referrer received referrer feedback from CRT MASH, 1 from CAST (Children's Assessment Safeguarding Team) and 2 didn't receive feedback from either teams. NB: feedback is not provided for Public or Police referrals.

- ➔ Results of the staff survey showed that regarding referral feedback from CRT MASH or CAST, 6 people said they always received feedback, 70 said they sometimes received feedback, and 46 said they never received referrer feedback

## CASE FILE AUDIT 3

### Unborn/New-born Baby Safeguarding Protocol

- ★ 10 cases were audited, with 22 staff attending

Purpose: To provide information on current practice, including recognition and responses to safeguarding concerns about unborn/new-born babies.

#### Key strengths:

Referral to CRT/ MASH:

- ✓ In 90% of cases the referrals for services for the unborn/new-born baby were clear and timely.
- ✓ In 90% of cases the referrals considered SCP protocols and procedures, notably the Unborn/New-born Baby Safeguarding Protocol.
- ✓ In 70% of cases referrer feedback was provided (or not required).

#### Assessment:

- ✓ In all cases the recording in assessments was clear and concise and in 90% of cases the concerns for the unborn/new-born baby were fully described.
- ✓ Multi-agency information, full history of the case, overview of key events, concerns recorded and used to inform decisions, was apparent in 80% of the cases.
- ✓ In most cases, the assessments demonstrated analysis of the needs of the baby, risk factors, short and longer-term impact of risks and the likelihood of change within the family.
- ✓ Views of parents/carers/key professionals and the voice of the unborn/new-born baby were captured in 70% of the assessments.
- ✓ In all relevant cases, assessments considered risks to the unborn/new-born baby where child protection concerns were identified for older siblings
- ✓ In 90% of cases the assessment was completed in a timely way to ensure effective pre-birth planning

#### Planning:

- ✓ The majority of plans in place identified the nature, source and severity of the risk to the unborn/new-born baby and family members.

- ✓ 80% of the plans were clear and concise, with clear objectives that were focused on the unborn/new-born baby
- ✓ Where a discharge planning meeting was required, this had happened in all cases
- ✓ In all cases, interventions and services were appropriate
- ✓ In 7/9 cases there was evidence of partner engagement in the planned work.
- ✓ Continuity of key worker was an area of strength, and particularly evident from Midwifery and Health Visiting

#### Review:

- ✓ Where plans were reviewed, the perspective/voice of the unborn/new-born baby and parents and carers were actively sought and recorded

*Across the three areas of assessment, planning and review, the panel noted 6/10 positive examples of the inclusion of the father's history in determining strengths, needs and risks.*

#### Challenge and Management Oversight:

- ✓ There was evidence of safeguarding supervision and case management decisions being recorded in the majority of cases and is noted as an area of strength for Children's Social Care
- ✓ There was evidence of professional challenge and escalation where required
- ✓ In all cases, it was agreed that the unborn/new-born baby's needs had been met and they were currently safe

#### Further Strengths:

- ✓ Regular Psycho/Social meetings between midwifery, maternity, health visiting and substance misuse midwife held
- ✓ Professional's persistence and flexibility in engaging parents in support from agencies
- ✓ Positive examples of effective multi-agency working, including professional meetings and effective information sharing using the Child and Family Assessment
- ✓ In 70% of cases information regarding ICON and safer sleep had been shared with the parent(s)

#### Key development opportunities to strengthen practice:

- ➔ Information sharing at the point of referral AND at subsequent meetings.

- ➔ A multi-agency Pre and Post-birth Safeguarding Plan for Vulnerable Babies template should be completed by 34 weeks or at the earliest opportunity for all unborn babies
- ➔ Planning - The protocol highlights the responsibilities for distribution of the plan and provides a template for this including details of all professionals involved
- ➔ Challenge and management oversight - Supervision was noted as an area for assurance for some health services, including Maternity and the 0-19 service
- ➔ Missed opportunities - While missed opportunities were noted in 4/6 cases, these ranged from more intensive work being undertaken perinatally which was impacted by engagement of the parent, to lack of robust evidence of meetings taking place, and the history of parents being fully considered in the assessment and plan



## SECTION 11 AUDIT

Following discussions with partners, and in recognition of the pressures on agencies over the winter period, the timing of the Section 11 Keeping Children Safe organisational self-assessment was moved on a permanent basis to quarter 1 of each financial year (April-June). This change was intended as a supportive measure to facilitate engagement in the self-assessment process. This will take place in quarter 1 2023-24.

The safeguarding partners were aware this would leave a short gap in assurance during the transition to the new time frame. Therefore, agencies were asked to raise by exception any issues relating to the Section 11 standards they would want the IOWSCP safeguarding partners to be sighted on, including any issues associated with their workforce, emerging safeguarding risks and any mitigation.



## SAFEGUARDING IN EDUCATION AUDIT

Under section 157 and 175 of the Education Act 2002, all schools are required to carry out an annual self-assessment audit to review their safeguarding arrangements for children. In 2022, 100% of IOW schools and colleges completed a self-assessment. The results of the completed tools were analysed, and a report produced with comparative data, for consideration by partners.

The self-assessment tool is updated annually in-line with legislation: [Keeping Children Safe in Education](#), [Working Together to Safeguard Children \(2018\)](#) and [EYFS guidance](#).

RECOMMENDATION	OUTCOME
Work on expectations about challenging and reporting prejudicial language and behaviour (PLAB) into processes and school policies is needed.	The IOW Headteachers Inclusion and Belonging steering group meet regularly. Feedback from schools that have used the PLAB toolkit say that it has informed their practice going forward and they would like this to be promoted again at the district heads meeting. The IOW PLAB conference (30 <sup>th</sup> June 2023) will provide an opportunity to do this. The Equality and Rights Advocates (EARA) group meet termly, and the children and young people have been very active in sharing the work they have been doing in schools to challenge prejudice and discrimination. There are currently 7 secondary schools and 12 primary schools across the Island involved in the initiative.
Schools have requested more awareness around child-on-child abuse.	HMI (His Majesty’s Inspectors) have been invited to speak at the Headteachers forum in June 2023. Clarification on guidance around child-on-child abuse has been an agenda item in the Education subgroup and child-on-child abuse will be an agenda item at the HSCP/
IOWSCP raise awareness around the toolkits that are available to support schools.	There will be a joint HSCP and IOWSCP online Designated Safeguarding Lead (DSL) Conference and bespoke IOW DSL half-day conference in June 2023. The focus of the IOW session will be around using the toolkits to support practice.

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Progress on individual school action plans from 2021 were reviewed as part of the 2022 self-assessment process. In the Autumn term, members of the Education subgroup undertook school verification visits to ensure that the process remains ‘fit for purpose’.

Key Data:

- Section 1 – Safeguarding information for all staff

96% of schools self-assessed areas in this section as being fully in place and 4% partly in place, with the later having development plans in place to address this.

- Section 2 – The Management of Safeguarding through School leadership (including recruitment and selection)

97% of schools self-assessed areas in this section as being fully in place, 3% partly in place and 1% not in place. 100% of schools had Safe Recruitment and Selection in place.

- Section 3 – Local arrangements

80% of schools self-assessed areas in this section as being fully in place, 16%

partly in place and 4% not in place. The Local Authority staff development agenda changed, and as such, schools were given access to the allegation managements e-learning, the school being aware of the IOW and HIPS strategies and online toolkits and identifying which toolkits and strategies are used in practice. Schools and colleges identified that 52% of areas within these sections are fully in place, down from 60% last year. By the end of 2022-23 financial year, the Managing Allegations and Working with the LADO e-learning has been completed by 192 users under the schools and early years organisation framework.

- Section 4 – Prejudicial language and behaviour

40% had this fully in place and 49% partly in place compared to 22% fully in place and 58% partly in place in 2021.

Overall, 93% of the areas were fully in place, 6% were partly in place and 1% was not in place. Schools where it was not in place had extensive action plans to address this.

## WORKFORCE LEARNING AND DEVELOPMENT

The joint Safeguarding Adults Board (SAB) and IOWSCP Workforce Development subgroup (WFD) is well established and there is synergy between the two workforce development agendas in terms of pooled budgets for areas of joint interest as well as separate courses that are relevant for the individual Board / Partnership. A cyclical process is in place for ensuring training meets the needs of the workforce.

Learning Needs Analysis is undertaken annually, with feedback from a staff survey of workforce development needs considered alongside course evaluations, attendance numbers and observations of learning delivered. Learning needs are also identified through the Partnerships' scrutiny and assurance programmes and learning reviews. Learning and development is delivered face-to-face, online or in an e-learning / briefing format. Some IOWSCP learning and development is shared with HSCP and HIPS.



A comprehensive list of 18 courses were offered during 2022/23, with 736 attendees from a wide range of agencies.

Data from the 2022/23 programme of learning and development showed that:

- ★ 99% of attendees strongly agreed or agreed, that training met its learning outcomes.
- ★ 99% of attendees strongly agreed or agreed, that they understood how to apply the learning in their day-to-day role

- ★ 91% of all attendees felt the style of delivery enhanced their experience of the event

Attendee evaluation included actions they intended to take in their workplace as a result of the learning. A selection is included below:

*"Very informative and extremely useful for working in my role"*

*"The course gave me a really good overview of the CRT/MASH team and the roles of the workers. The trainer was really knowledgeable and took the time to allow questions and to check the knowledge of the group. The interactive elements were good and really got me thinking about the workload and number of contacts/ referrals that the team receive"*

*"I thought the course was really well presented and the staff were amazing at delivering it"*

*"The two-day safeguarding course was most informative. The trainer was very knowledgeable, approachable and I am able to use a lot of the training to inform my day-to-day practice"*

*"Felt it was clear, conducive and helpful. Good engagement levels were held with the breakout activities and the information was delivered to a manageable level to learn from"*

*"I have a better understanding on forms of abuse and how to record safeguarding concerns and when to recognise there is a problem"*

*"The importance of multi-agency working. Having the confidence to challenge behaviour/actions. Sharing knowledge of safeguarding with peers"*

*"To not let my own opinions cloud my judgements. To be aware that there may be a bigger picture rather than just the information in front of me"*

*"Ensure that safeguarding forms part of the agenda for staff supervision - ensure that relevant questions re safeguarding are asked during caseload reviews. Ensure that learning from serious case reviews is regularly cascaded to staff"*

*"Focusing more on the child's voice not just being verbal communication"*

*"Providing clear resources to support practitioners with signposting parents and carers to a range of services for support and ensuring staff are aware of services available to provide early help and support for families before it reaches a referral stage. Ensuring staff are aware and understand the significance of a child's voice even for babies and children who may not have the vocabulary yet to fully communicate their needs"*

# STRATEGIC PRIORITIES 2023-24

This year, in light of the national child safeguarding practice review report of Arthur Labinjo-Hughes and Star Hobson, the Government consultation “Stable Homes Built on Love” and the anticipated changes from an updated ‘Working Together’, partners agreed strategic priorities for one year.

## PRIORITY 1: ASSURING THE IMPLEMENTATION OF THE MULTI-AGENCY HIPS CHILD SEXUAL ABUSE (CSA) STRATEGY AND TOOLKIT

1. Key performance indicators identified and reported (both HIPS/LSCP level)
2. Local delivery plan is in place identifying actions for the local area
3. Thematic audit of child sexual abuse quarter 4 2023/24
4. Multi-agency learning and development is in place

## PRIORITY 2: IDENTIFY, UNDERSTAND, AND RESPOND TO VULNERABLE CHILDREN WITH DISRUPTED ATTENDANCE

1. Undertake a thematic audit of vulnerable children, where there are features of disrupted attendance
2. Consider compliance with DfE guidance: Working together to improve school attendance / mental health issues affecting a pupil’s attendance
3. Develop a resource to identify and respond to “educational neglect”
4. Develop learning and development opportunities – multi-agency roles and responsibilities in supporting attendance

## PRIORITY 3: PROMOTING AND EMBEDDING THE WORK OF THE PARTNERSHIP

1. Establish a Comms and Development Group (joint with HSCP where possible)
2. Develop an IOW comms plan
3. Engage with the wider community organisations/voluntary sector to promote effective safeguarding of children and young people
4. Update and improve toolkits
5. Organising multi-agency staff surveys to understand workforce knowledge and confidence

# RELEVANT AGENCIES

- Adult Mental Health Services
- Child and Adolescent Mental Health Services (CAMHS)
- Child And Family Court Advisory Service (CAFCAS)
- Early Years Settings
- Education establishments (primary, secondary, independent, post-16 years provisions, special schools, pupil referral units)
- Faith Groups
- Hampshire & Isle of Wight Fire & Rescue Service
- Healthcare providers (including those represented through membership of the Hampshire and Isle of Wight Integrated Care System (ICS) and Integrated Care Board (ICB))
- Housing Providers
- Inclusion IOW
- Isle of Wight Coroner's Office
- Isle of Wight Primary Care providers
- Isle of Wight Council, Adults Social Care (ASC)
- Isle of Wight Council, Childrens Social Care (CSC)
- Isle of Wight Council, Education and Inclusion
- Isle of Wight Council, Housing
- Isle of Wight Council, Public Health
- Isle of Wight Council, Regulatory Services
- Isle of Wight NHS Trust
- Isle of Wight Youth Offending Team (YOT)
- Language Schools
- Love 146
- National Probation Service (NPS)
- NHS England/Improvement
- Paragon
- Perinatal Mental Health, Southern Health
- Solent NHS Trust
- Sporting Organisations, via the Hampshire and Isle of Wight County Sports Partnership (Energie Me). This includes national sporting bodies who have branches operating on the IOW such as the Football Agency (FA)
- The Office of the Police and Crime Commissioner (OPCC)
- Voluntary Sector Organisations



# GLOSSARY

APPG — All-Party Parliamentary Group  
C&F — Children and Families  
CAFCASS — Children and Family Court Advisory and Support Service  
CAMHS — Child and Adolescent Mental Health Service  
CAPVA — Child/Adolescent to parent/carer violence and abuse  
CAST — Children’s Assessment Safeguarding Team  
CBT— Cognitive Behavioural Therapy  
CCE — Child Criminal Exploitation  
CCP — Child-Centred Policing  
CDOP — Child Death Overview Panel  
CERAF — Child Exploitation Risk Assessment Framework  
CIN — Children In Need  
CME — Child Missing from Education  
CP — Child Protection  
CPP — Child Protection Plan  
CPB—Corporate Parenting Board  
CRT — Children’s Reception Team  
CSA — Child Sexual Abuse  
CSC — Children’s Social Care

CSE — Child Sexual Exploitation  
CYP — Children and Young People  
DCS — Directors of Children’s Services  
DSL — Designated Safeguarding Lead  
DWP — Department for Work and Pensions  
EARA — Equality and Rights Advocates  
EIS — Education and Inclusion Service  
EHE — Electively Home Educated  
HCC — Hampshire County Council  
HIOW— Hampshire and Isle of Wight  
HIPS — Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Children Partnerships  
HIOWFERS — Hampshire and Isle of Wight Fire and Rescue Service  
HMI — Her Majesty’s Inspectors  
HRDA — High Risk Domestic Abuse  
HSCP — Hampshire Safeguarding Children Partnership  
HYPE — Hearing Young People’s Experiences  
IARF — Inter-Agency Referral Form  
ICB — Integrated Care Board



ICON — Infant crying is normal, Comforting methods can help, It's okay to walk away, Never, ever shake a baby  
ICPC — Initial Child Protection Conference  
ICS — Integrated Care System  
IFS — Intensive Family Support  
IOW — Isle of Wight  
IOWSCP — Isle of Wight Safeguarding Children Partnership  
IWC — Isle of Wight Council  
JSG — Joint Safeguarding Group  
JTAI — Joint Targeted Area Inspection  
LAC — Looked After Child  
LADO — Local Authority Designated Officer  
LCSPR — Local Child Safeguarding Practice Review  
LIG — Learning Inquiry Group  
LSCP — Local Safeguarding Children Partnership  
MAPPA — Multi-Agency Public Protection Arrangements  
MARAC— Multi Agency Risk Assessment Conference  
MASH — Multi-Agency Safeguarding Hub  
MET — Missing, Exploited and Trafficked  
METRAC — Missing, Exploited, Trafficked Risk Assessment Conference  
MHLD — Mental Health & Learning Disabilities  
NAI—Non-Accidental Injuries  
NRM — National Referral Mechanism  
OHID — Office for Health Improvement and Disparities  
OPCC — Office of the Police & Crime Commissioner  
PA — Personal Assistants  
PCSO — Police Community Support Officer  
PLAB — Prejudicial Language and Behaviour  
PPN — Public Protection Notice  
PQA — Performance & Quality Assurance Subgroup  
RAFT – Resilience Around Family Team  
RSE — Relationships and Sex Education  
SAB — Safeguarding Adults Board  
SCP — Safeguarding Children Partnership  
SLA — Service Level Agreement

TAF — Team Around the Family  
VRU — Violence Reduction Unit  
WFD — Workforce Development Subgroup  
YOT — Youth Offending Team

