

# **Stoke-on-Trent and Staffordshire Safeguarding Children Partnership (SSSCP) Recovery**

## **For Stoke-Trent and Staffordshire Safeguarding Children Board (SSSCB) Meeting 4<sup>th</sup> June 2020**

### Background

Following the changing situation with COVID-19 the government announced lockdown and social distancing measures were introduced. Whilst we recognise that this step was necessary its effects disproportionately affect children as the sources of support that were previously available to most children and young people, including school and a network of friends and extended family members, have been removed. Additionally, there has been an increase in family stress for households facing additional financial and social pressures from COVID-19 (RCPCH, May 2020).

This will inevitably lead to more children and young people suffering abuse and neglect and this is happening hidden in homes where it is difficult to prevent, detect or intervene in a meaningful manner. As a result, the Staffordshire and Stoke on Trent Safeguarding Board have prepared a recovery paper to determine our approach moving forward.

### Role of the Safeguarding Board

We recognise that each organisation will have their own recovery however it is the role of the Safeguarding Board to support and enable local organisations and agencies to work together in a system where:

- children are safeguarded, and their welfare promoted
- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats
- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- information is shared effectively to facilitate more accurate and timely decision making for children and families

As part of this role we have engaged with all safeguarding partners to ascertain the stages and the remit of their recovery plans. The results of these questions can be found in Appendix A.

### Summary of the Findings

The key findings from this are;

- All partners are moving to recovery planning.
- There are considerable backlogs which will impact on our recovery, for example the recovery of the courts will significantly reduce capacity for some considerable time.
- All agencies foresee an increase in demand, but it is clear that there is a lack of consistency about what we should be planning for. One organisation is planning for 3 scenarios (10%, 20% and 30% increases.) Given the level of uncertainty this seems a pragmatic approach and one the board may advocate for.
- No partners have plans to stop and reduce services levels as we respond to this increased demand. We would recommend that this is given some consideration as without significant investment which is not available currently we may need to plan for redirecting staff and volunteers to key pressures.

## Emergent Risks

In addition to the risk assessment that was produced for the SSSCB. These findings have highlighted new risks which include;

- Capacity to meet backlogs whilst balancing increases in demand;
- Surges in demand and complexity and work required to support families back to previous ways of living and working e.g. attending school
- Access to PPE is of concern to some partners
- There is no additional funds to mitigate the impact of potential increases in demand
- The implementation of track and trace could be presenting an additional pressure for the partnership's recovery efforts and this is a particular pressure for areas such as police where people are physically in work and therefore the risk of spread is greater and establishments such as schools, care homes, residential care etc.

As a result the Risk Assessment will be reviewed to include these areas and we recommend that the partnership start to develop a coordinated plan for increased demand.

## Recommendations

<b>Recommendation</b>	<b>Action Required</b>	<b>Who</b>	<b>When</b>
Coordinate the partnership to manage and catch up with any backlogs.	<ul style="list-style-type: none"> <li>• Understand the backlog the partnership is dealing with and what aspects will have to be reinstated for example looked after children initial and review health assessments.</li> <li>• Agree a coordinated response to meeting this backlog which is cognisant of the increases in demands.</li> </ul>		
Develop a planned and coordinated approach for dealing with potential increases in demand across the system.	<ul style="list-style-type: none"> <li>• Support the development of three scenarios when planning for recovery.</li> <li>• Review the likely increases in demand paper developed for the SGC and prioritise the approach taken for key risk areas through partnership planning.</li> <li>• Agree a partnership approach to stopping, reducing services and potential investment areas.</li> <li>• Lobby for any available funds to be made available to support increased demand.</li> </ul>		
To prevent poorer outcomes longer term develop a preventative approach to engage families now and as we move through the recovery phase.	<ul style="list-style-type: none"> <li>• Develop a preventative approach to families who may be in need during COVID-19 to prevent increases in demand.</li> <li>• Develop an outreach approach to support families back to education and accessing wider community networks of support as they</li> </ul>		

	<p>reopen.</p> <ul style="list-style-type: none"> <li>• Consider a preventative approach to developing matters arising as a result of reduced education, increased neglect and stressors for families.</li> </ul>		
<p>Support the continued professional development of staff and volunteers who are new and may be able to recognise safeguarding concerns</p>	<ul style="list-style-type: none"> <li>• Develop an approach to train new volunteers and staff who may be able to spot early signs for children at risk.</li> <li>• Ensure that all those potentially seeing children are up skilled to recognise signs and symptoms and are able to report concerns (pharmacy staff, contact tracers, swab takers and NHS volunteers.)</li> </ul>		

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1	Have you started to plan for recovery? If your answer is No, please go to Q7.	Y	Y	Y, although not specifically focused on safeguarding so apologies if some of the answers are broader than this remit.	Y, this is being led by NSPCC central services with input from local teams	Y	Y	Y	Our approach during this pandemic has been based on the following key principles: <ul style="list-style-type: none"> <li>• Safety and Wellbeing of children and staff drive our approach at all times.</li> <li>• Vulnerable children have been particular focus for support.</li> <li>• Key workers have been supported across the city.</li> <li>• Recognition of the views of our partners and stakeholders</li> <li>• Sharing</li> </ul>	Y	Y	Regular Safeguarding Children Meetings are taking place including planning team capacity discussions. We are not in a position to formerly produce an action plan until capacity issues resolved.	Y	Y	Y	Yes, we have. It is however very much business as usual for WMAS. We anticipate our workload to increase dramatically when lockdown is eased or removed.

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									<p>resources – working with our statutory and wider partners at all times.</p> <ul style="list-style-type: none"> <li>The views of children are heard and responded to.</li> </ul> <p>We have begun a recovery plan. This is a high level plan including the management of buildings and accessibility by the public etc. A more detailed plan for Children's Service is being developed, including the re-introduction of face to face contact. Although for cases that have been RAG rated as red face to face</p>							

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									<p>contact has been taking place.</p> <p>As we move towards recovery planning, we are stressing the following:</p> <ul style="list-style-type: none"> <li>• Safety and accountability – appropriately signed-off risk assessments.</li> <li>• Collaborative approach – working with partners and their services users.</li> <li>• Vulnerable children and Key Worker children will continue to be the focus of</li> </ul>							

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									<p>support.</p> <ul style="list-style-type: none"> <li>• Adherence to government guidance on social distancing and corporate H&amp;S advice.</li> <li>• Communication – all parties to keep other partners informed of progress.</li> <li>• Access to testing and appropriate resources.</li> </ul> <p>Response to new or continuing risk.</p>							
2	As part of your recovery are you planning for increases in	Y	Y	Y - there will be waves/ripples of adverse impact that the sector	Y	Y	Y	Service user contacts should be an equivalent volume as before the	Y	Y	Y	Y	Y	Yes Restoration planning is underway.	Y	We are anticipating that demand will go up but are unsure by how much and when.

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	demand ?			will need support to overcome across topic areas such as funding, transitioning back safely, volunteer deployment, health and safety, risk assessments, insurance, etc.				EDM implementation. Planning will involve increasing capacity for office use for face to face which is severely restricted at present								
3	If yes what increases are you planning for? E.g. 10%	It is difficult to predict increase in demand, however we are aware that there are currently approximately 75 cases awaiting sentence at youth Court which equates to approximately 10 to 12 weeks throughput.	We are working with the courts around the backlog of applications, as well as adjourned hearings.	I am not sure a numerical figure or percentage means anything in our situation. More voluntary groups in crisis, more young people impacted by a	10-20%	25 %	Increase in population via courts.	Unknown Very High Risk, MAPPA panelled, CP, DA and newly released prisoners must be seen at present. Expansion will be dependant on ability to distance in & out	We have seen a reduction of 19% in respect to Contacts to Children's Services in comparison to the previous four months before lockdown. In respect to education this usually makes up about 17% of contacts received. Since lockdown this	40 % The referral rates have increased over the last few weeks and as such I am basing my estimate upon demand from last week's data compared to referral rate pre Covid This percentage factors in an	10% 20% and 30% increases for MASH and MARAC areas of business. Child Protection and Exploitation Investigations have	We are aware that there will be an increase in child protection referrals and domestic abuse incidents post lockdown period therefore recognise a potential significant increase, statistics unknown.	We do not have any firm planning assumptions regarding demand increases although we are expecting a surge in mental health referrals as we move into the recovery phase. This is being planned for across	Restoration planning is underway which will include capacity and demand. As some services have seen a drop in referrals in April and May we are anticipating an increase in demand in future months, and	No set figure	We are unable to put a figure on it at this time.



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		YOS are also expecting an increase in Out of Court Disposals post lockdown, which we are predicting may be up to 30%.		shrunk economy, sporadic access to education, issues of resocialisation, mental health, neglect, etc.				routes etc...	has reduced to 5%, a 12% reduction so we are anticipating a rise in Contacts, especially based on previous Education Contacts. Although, we are likely to see a higher percentage given increased child protection risks during lockdown.  In the same 4 month period we have seen a reduction of 17% in assessments being commenced.	increase in demand from normal referral rates as a result of more families experiencing hardship due to loss of income.	contingencies to review demand on a daily basis to redeploy resources where appropriate Investigative Functions	the health economy.	in other services we are planning to respond to those who have missed routine checks or planned non urgent therapy. These numbers % vary between services.			
4	Do you have plans in place to mitigate any increased risk?	Y.	Yes, the flow of applications is being managed in private. Public law is prioritise	SCVYS will always do whatever we can within the resource capacity we have available. We are	Y as above	Y	Y	This will be to consider the measures mentioned above PPE may also be required to protect staff in some	Yes we are retaining our Managed Service Team for a further 6 weeks at the front door following the re-opening of schools to support us with the likely	Y	Y	No not at full capacity, proposal being drawn up to look at team capacity	Y	*Restoration planning is underway. Risks will be identified as part of this process.  All cancelled activity was subject to quality	Y	We will liaise with the LA and health leads to discuss the demands and time scales put on WMAS from all areas.

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			d.	trying to prepare groups now, but some will inevitably not be ready, and others will struggle despite their best efforts due to finite resources, etc.				locations	increase in referrals and subsequent assessments.  We have produced a recovery plan with our Legal Dept which is being agreed by the court in respect to the court backlog and children not being discharged from care or final orders being granted		supported by Force thematic/ dept leads. Governance and assurance of the plan is maintained through the Force Gold Group.		impact assessment which identified any risks which are being mitigated and managed via our risk management processes."			
5	If not what areas are of risk would you escalate to the SSSCP as being unmet?		None	Child Poverty is likely to get worse with the economic downturn and likelihood of higher unemployment.				IF PPE could not be sourced/replenished	N/A	N/A	None at this time.	Safeguarding Team capacity remains on the risk register.	No identified areas of risk identified at current time although internal governance processes provide an escalation process for concerns within the Trust to enable any emerging risks to be escalated to the SSSCP as appropriate via the	Restoration planning is underway and so we cannot provide answer to this at this time.	N/A	All areas would be discussed at the earliest opportunity.

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													Health Forum.			
6	Are there any aspects of service you will have to stop or reduce to help you mitigate these risks or meet additional demand?	N	Allocations may need to be prioritised and if there is a spike in applications.	We are not planning any reductions, but we will need to focus resources as we understand and identify the key factors of the waves of impact as they arrive.	N	N	Y	Home Visits for now will remain only and amount to service user location verification	We are not planning on reducing or stopping any services at this time, but this will be kept under review and considered dependent upon being able to meet increased demand	No	None in relation to child issues	No	N	Restoration planning is underway and so we cannot provide answer to this at this time. We intend to resume services. Some elements of service delivery will be changed and some activity types may not be resumed immediately.  There is an opportunity to collectively prioritise some services that have stopped e.g. National Child Measurement Programme to see if this is the most value added use of clinical time in light of COVID or	It is not possible to stop any aspects of the LAC service, during the recovery phase, as patients will continue to become looked after.	No. Throughout Covid 19 WMAS has continued to operate its safeguarding function.

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														whether this capacity could be redirected to address needs that have emerged during COVID. "		
7	If Yes what will stop or reduce?		There will be a delay in allocations potentially.				reduction in education when we eventually start again	Home visits provide limited assurance re safeguarding of others at present	N/A	N/A	N/A	N/A	N/A	Restoration planning is underway and so we cannot provide answer to this at this time.	N/A	N/A
8	What do you perceive to be the key risks or areas of need to children and their families as we move into recovery phase? E.g. Capacity to meet demands, backlog,	Due to the expected demand during the recovery phase we may have to triage cases in order to deal with the highest risk cases as a priority. Our National Standards gives us flexibility to tailor our offer with regards to time frames, and we will	Potential issues of delay. Children being seen physically in all cases.	Capacity to meet demand. Throughout this period we as a team have been fully stretched supporting the sector, as well as creating, sourcing, packing and delivering	Reconnection between service users and staff Referral pathways may need maintenance/renewing in terms of the impact of reduced service accessibility upon children and young people's awareness of	The YOS has seen a reduction in prevention referrals along with a reduction in court appearances and a reduction in referrals for the disposal process. Some of this reduction will be due to less contact amongst children and adults and less offending behaviour which will normally take place in social settings.	Introducing a full regime again – what form that will take – awaiting guidance from HMPPS on exceptional delivery model	Courts processing a backlog may produce a surge in demand. If pressure for early release of prisoners increases this may also produce a demand surge. Case supervision plans will	It is anticipated that we will see an increase in child protection referrals, especially related to the impact of domestic abuse and children's mental health. These referrals are likely to come from schools as they re-open and children again become more visible. There may also be an increase in	Slow recovery of community/voluntary sector services will lead to an escalation in risk and referral to CSC. This could mean the Local Authority is	Potential for surge of reported cases relating to concern for children as unlocking	Workforce capacity to manage safeguarding activity in the team. Primary Care safeguarding development and delivery of service eg; training.	Demand will be managed and prioritised as is usual practice. Any concerns regarding capacity, demand etc. will be escalated in accordance with existing internal processes and twice weekly senior operational and clinical meetings are taking place	"Capacity to meet demand Backlog of developmental checks and routine (non urgent) therapy (O.T, Speech Therapy, Physio). Interdependency of partner restoration e.g. midwifery Reduced	"Patients who have had telephone initial health assessments undertaken during the Covid-19 outbreak have had an "incomplete summary report" submitted "pending examination and to hear the voice of the child", as applicable. All these	Depending on demand there could be a delay in getting requested information back to you. This as you know is because we are a region wide service and will need to prioritise cases coming into the organisation.

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	staffing issues etc.	use this to manage capacity.		mental health self-care packs to 737 local vulnerable young people. The sector needs will only grow as organisations seek to return to normal.	services/support	However, some of the reduction in demand may be due to Courts, Police and Education operating limited services. Therefore when these services resume to full capacity there may be a heightened demand. However, in the coming weeks the YOS will have 2 staff members returning from sick leave and all practitioners have worked on creating extra capacity for the following months. Therefore, it is anticipated that the YOS will be capable of managing the anticipated demand.		require re-revision / oversight as all had to be reviewed and verified by managers under the EDM	neglect cases going forward as families lose income following the loss of employment and the furlough scheme no longer being available to employers, thus leading to increased redundancies. Increased caseloads following assessments and possible loss of staff via track and trace measures being introduced which could mean workers having to self-isolate for 14 days if having been in contact with someone showing positive for Covid-19, The increase in face to face contact and how this is managed will	unable to meet its Statutory responsibilities	Insufficient staff capacity to manage demand following easing of lockdown restrictions, i.e. children returning to school leading to increase in referrals to CSC.	phase take place opening of educational establishments etc.	Potential for longer term impact of mental health/drug & alcohol related issues.	Capacity	within the Trust. The membership of this group includes the Head of Safeguarding in order to enable rapid response to any emerging areas of concern or risk.	throughput of activity where open drop in clinics move to scheduled appointments	Physical building capacity/footfall for F2F services, particularly in services shared with partners or other services.	Delayed referral to services	Impact of partial school provision (EHWB in addition to physical health services)	Impact of availability of staff who are shielded	Impact of PHE guidance on immunisations "	children will need to be brought back to clinic for an examination and to speak to the child, except for those who have recently been examined in a paediatric clinic or during a CP medical. This will be additional work. UASCs have not been seen or assessed by telephone during this period due to the number of people required at the assessment and interpreter difficulties over the telephone. Capacity will be our main issue as we will continue to meet deadlines for

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									<p>also be a challenge, but a plan is being developed to manage this.</p>	<p>ble families</p> <ul style="list-style-type: none"> <li>Children in Care numbers will further increase .</li> <li>Potential insufficient capacity in the prevention/ Placement service.</li> <li>Vulnerable children remaining out of education due to Parents resistance in returning their children to school and the lack of clear central</li> </ul>	<p>of resources – mitigated through revised business continuity/recovery plans.</p>				<p>new LAC patients as well as seeing these patients, with no increase in staffing. Ensuring quality and timeliness of future IHAs will be challenging."</p>	

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										<p>government guidance.</p> <p>Partners – as recovery progresses priorities change and a return to a more silo working arrangement occurs. The community spirit and enhanced partnership working achieved during response, which has led to shared aims, objectives and creative solution</p>						

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										s could be lost.						
9	If you don't have a plan to recover when do you think you are likely to have one?		n/a						N/A	N/A	N/A	Plan to move to full capacity as soon as possible	We will have more detail available during June in line with other health organisations	Restoration planning is well underway and will be finalised in June.		