NPT Biennial Safeguarding Report 2022 – 24

Foreword

Welcome to the Biennial Safeguarding Report for Neath Port Talbot County Borough Council.

As Director of Children and Adult Services, Housing and Communities I am pleased to present this biennial safeguarding report. The past two years have brought unprecedented pressures across the board, from increasing demand on services to the complex challenges faced by our most vulnerable in our communities, Despite these hurdles, our teams have demonstrated remarkable resilience and commitment, covering vast ground in both preventative and responsive safeguarding measures. We continue to uphold our responsibility to protect children and adults at risk and this report highlights the achievements, challenges and vital steps we are taking to ensure their safety and well-being.

Andrew Jarrett (Director of Social Care, Housing & Communities and Chair of the West Glamorgan Safeguarding Board)

As Head of Children's Services and Chair of the Corporate Safeguarding Group, I am delighted to introduce this biennial safeguarding report, which reflects our ongoing commitment to a strengths-based approach. Our approach to practice not only recognises the capabilities and potential of individuals but also deepens our understanding of the communities we serve and the complex dynamics within our organisation. In facing the significant pressures of societal and systemic challenges, we understand that safeguarding is not a task we can achieve in isolation. It requires strong, relational working – both within our teams and in collaboration with children, adults, parents, partners and our communities. Together, we aim to build on the strengths of our collective knowledge and resources to foster a safer, more resilient environment for all.

Keri Warren (Head of Children's Services & Chair of Corporate Safeguarding Group)

Introduction

The purpose of this bennial safeguarding report is to provide a comprehensive assessment of the measures and actions taken to protect the safety and well-being of children and adults across Neath Port Talbot (NPT). This report encompasses the efforts and outcomes related to practice across Children's Social Care (CSC), Adult Social Care (ASC) and Corporate Safeguarding, ensuring a holistic approach to safeguarding across all departments and services.

By consolidating information from CSC, ASC and Corporate Safeguarding this report aims to present a unified and detailed account of our safeguarding efforts. The insights and findings from this report will guide future policy and practice development, training initiatives, and operational improvements, reinforcing our commitment to creating a safe and protective environment for all individuals living and working in NPT.

Scope and structure of the report

This report will cover the period 1st March 2022 and 31st March 2024. Data will be referred to from previous years where it is felt necessary to illustrate trends. The three areas of practice covered by this report are:

CSC

CSC is dedicated to protecting children from harm, abuse, and neglect. This report details the specific actions taken to safeguard children across NPT, including case management, inter-agency collaboration, and preventive measures. It highlights the successes and challenges encountered in providing a safe environment for children and outlines any strategic improvements implemented to enhance service delivery.

ASC

ASC focus on the protection and support of adults, ensuring their safety and well-being. This section of the report provides an analysis of the safeguarding measures in place for adults at risk, including response to incidents, support mechanisms, and inter-agency coordination. It also reviews the effectiveness of risk assessment procedures and the implementation of protection care and support plans tailored to individual needs.

Corporate Safeguarding

Corporate Safeguarding involves the integration of safeguarding principles into all aspects of organisational operations. This section of the report evaluates the effectiveness of policies, procedures, and training programs designed to ensure that all employees and stakeholders understand their roles and responsibilities in safeguarding vulnerable individuals. It also examines the governance structures and accountability mechanisms in place to oversee and enhance safeguarding practices across the organization.

This report, whilst referencing the work of the Regional Safeguarding Board, referred to hereon in as 'the Board' will not report on the work of the Board. To understand the work of the Board, the West Glamorgan Safeguarding Board Annual Report (2023 – 24) can be accessed via https://www.wgsb.wales/ .

Legislative and policy framework

Children

In Wales, the safeguarding of children is underpinned by robust legislation and policy frameworks aimed at protecting their welfare and rights. The Social Services and Well-being (Wales) Act 2014 places a duty on local authorities to safeguard and promote the welfare of children within their jurisdiction. In addition this act also sets out the responsibilities of local authorities and their partners to provide care and support for children in need, including those at risk of harm. Underpinning this statute is the Children Act 1989 and in addition to this the Welsh Government has issued statutory guidance such as, 'Working Together to Safeguard People Volume 5 – Handling Individual Cases to Protect Children at Risk'[1] and

[1] Working Together to Safeguard People Volume 5 – Handling Individual Cases to Protect Children at Risk https://www.gov.wales/sites/default/files/publications/2019-05/working-together-to-safeguard-people-volume-5-handling-individual-cases-to-protect-children-at-risk.pdf

the Wales Safeguarding Procedures (2019)[2], which outline procedures for multi-agency cooperation and the roles and responsibilities of professionals involved in safeguarding children.

Adults

Safeguarding adults in Wales is governed by the Social Services and Well-being (Wales) Act 2014, which establishes a comprehensive framework for the protection and support of adults. This Act mandates local authorities to conduct assessments and provide necessary interventions for adults at risk of abuse or neglect. It also emphasizes the importance of person-centred care and the involvement of adults in decisions affecting their well-being. The Wales Safeguarding Procedures (2019)[3] provide detailed procedures for identifying, reporting, and responding to adult safeguarding concerns, ensuring a coordinated approach among agencies. These procedures are supported by Working Together to Safeguard People Volume 6 – Handling Individual Cases to Protect Adults at Risk[4].

Corporate Safeguarding

Corporate Safeguarding in Wales involves integrating safeguarding practices into all organizational processes and ensuring that all employees and stakeholders are aware of their responsibilities. The legislative framework is primarily supported by the Social Services and Well-being (Wales) Act 2014, which imposes a duty on organizations to collaborate and share information to protect individuals at risk. The Welsh Government's Corporate Safeguarding Good Practice Guidance[5] outlines the obligations of public bodies to embed safeguarding into their corporate governance structures, training programs, and operational practices. The Corporate Safeguarding Good Practice Guidance is incorporated into the NPT Corporate Safeguarding Policy[6] and ensures that safeguarding is a priority across all levels of the organization, promoting a culture of vigilance and accountability.

Demographics

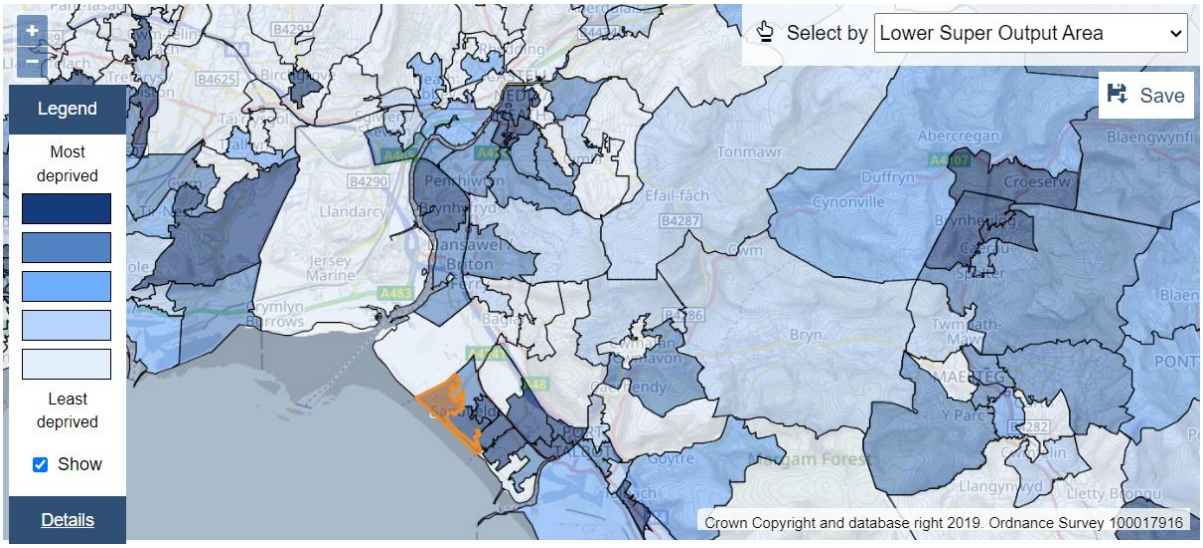
Approximately 142, 300 people live in NPT[7] of which approximately 28,000 are Children. The age profile of NPT is in line with the average for Wales: Aged 0-15: 17.5% compared to an average of 17.9% in Wales; Aged 16-64: 61.5% compared to an average of 61.1% in Wales; and Aged 65 and over: 20.9% compared to an average of 21.0% in Wales[8]. NPT is less ethnically diverse than the average for Wales. NPT has: A greater proportion of white residents (98.1% compared to 95.6%); Fewer residents with mixed/ multiple ethnic groups (0.7% compared to 1.0%); Fewer Asian/ Asian British residents (1.0% compared to 2.3%); Fewer Black/ African/ Caribbean/ Black British residents (0.2% compared to 0.6%); and Fewer residents with other ethnicity (0.1% compared to 0.5%)[9].

NPT has a greater proportion of residents with poorer health and greater disability than the Welsh average: 75 fewer residents report 'very good or good health' (73.7% compared to 78.1%); a greater proportion report 'bad or very bad health' (10.3% compared to 7.5%); and a greater

[2]Wales Safeguarding Procedures (2019) – Children https://www.safeguarding.wales/en/
[3]Wales Safeguarding Procedures (2019) – Adults https://www.safeguarding.wales/en/
[4] https://www.northwalessafeguardingboard.wales/wp-content/uploads/2019/10/Handling-Individual-cases-to-Protect-Adults-at-Risk.pdf
[5] https://safeguardingboard.wales/wp-content/uploads/sites/8/2022/05/WG-Corp-Safeguarding-Policy-Guidance.pdf
[6] https://beta.npt.gov.uk/health-and-social-care/safeguarding-adults-and-children/corporate-safeguarding-policy/#:~:text=The%20Board%20works%20to%20protect,or%20other%20kinds%20of%20harm
[7] ONS Census, 2021
[8] ONS Population Estimates, 2019
[9] ONS Census, 2011

proportion have their day-to-day activities 'limited a lot' (15.7% compared to 11.5%) and 'limited a little' (11.8% compared to 10.8%).[10] A greater proportion of residents in NPT are providing unpaid care than the average for Wales (14.6% compared to 12.1%) and a significantly greater proportion (41.2%) are providing more than 50 hours unpaid care a week[11]. In terms of economic activity, compared to the working age resident average for Wales: NPT has a lower proportion who are economically active (71.2% compared to 75.7%); Similar proportions are unemployed (3.8% compared to 3.7%); A lower proportion are long-term sick economically inactive (23.5% compared to 28.3%); A similar proportion of economically inactive working age residents are students (26.5%); and A greater proportion are economically inactive and looking after family/ home (18.0% compared to 15.2%)[12]

In terms of income and poverty: NPT full-time equivalent gross weekly earnings is less than the average for Wales (£534 compared to £542). The Welsh Index of Multiple Deprivation (WIMD) identifies deep rooted areas of deprivation around the Sandfields, Neath and Briton Ferry areas and more generally shows high proportions of Lower Super Output Areas (LSOAs) as shown on the map below.



NPT has lower rates per 10,000 households of homeless households,[13] however this has likely changed post Covid and as a result of the cost of essentials crisis. The Census data identifies 47 Gypsy and Traveller households within NPT, out of a total of 1,004 in Wales[14]. Whilst the number of lone parent households across NPT sits above the national average, see Table 1.

Lone Parent Households	NPT	Wales
Percentage of lone parent households	12.2%	11.4%
Percentage of lone parent households with dependent children	62.5%	66.3%

[10] ONS Census 2011
[11] ONS Census 2011
[12] ONS Annual Population Survey 2020
[13] Welsh Government 2020
[14] ONS Census 2011

Percentage of lone parent households with non-dependent children	37.5%	33.7%

Table 1.

Demographic changes impacting safeguarding

In 2023 Age UK in their report, 'The State of Health and Care of Older People'[15] captured the harsh reality that looms for Social Care and therein Adult Safeguarding,

'When the NHS was founded and our adult social care system established 75 years ago, one in two people died before the age of 65. Now, fewer than one in seven people do so. Today, a 65 year-old man can expect to live another 18.5 years, and a 65-year-old woman 21. In 2023 there are 11 million people aged over 65 in England. This is projected to increase by 10% in the next five years and by 32% by 2043 (1.1 and 3.5 million people respectively). The population aged 85+, the age group most likely to need health and care services, is also projected to rise rapidly, increasing by 8.2% in the next five years and by 62.7% by 2043 (126,000 and 956,000 people respectively). This level of growth is not new. Between 2010 and 2020, the population in England over 65 grew by over 22%'.

The impact goes without saying, an increased ageing population will result in an increase in safeguarding activity and whilst Wales has an 'Age Friendly Wales Strategy' and more recently has published a national action plan to prevent older person abuse, which is to be lauded, without radical systems change and investment it is likely that more older people will be at risk of abuse and that local authorities across Wales will need to revisit how it prioritises the response to abuse and neglect across the life-course, which could see other risk and harm and responses to these, such as, Domestic Violence and Abuse (DVA), Exploitation, Sexual Abuse remaining under-developed post 18 years of age.

Furthermore, as the level of child poverty and inequalities grow across society there remains, for this and many other good reasons, a need to continue to shift practice away from a late and costly interventionist response and to better understand context (Poverty and Inequalities) when considering matters pertaining to safeguarding. Why? The current system preoccupation with the reactive over the preventative and proactive will remain costly to the LA, a LA faced with a fiscal future of uncertainty. And there is evidence already to suggest this is not a pipe dream. The Scottish Government have modelled the potential savings of prevention and conclude, '…early years interventions from pre-birth to age five…' suggested there are potential net savings '…of up to £37,400 per annum per child in severe cases and of approximately £5,100 per annum for a child with moderate difficulties in the first five years of life'[16]. In the long term, this model suggested that 'failure to effectively intervene to address the complex needs of an individual in early childhood can result in a nine-fold increase in direct public costs, when compared with an individual who accesses only universal services'[17]. I will return to key issues and challenges in more detail under the sections covering child protection and adult safeguarding.

[15] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age-uk-briefing-state-of-health-and-care-july-2023-abridged-version.pdf

[16] Sturgeon, N., Swinney, J., Russell, M., and MacAskill, K. (2010) The financial impact of early years intervention in Scotland. Available from: http://www.gov.scot/Topics/Research/by-topic/children-and-young-people/EarlyYears

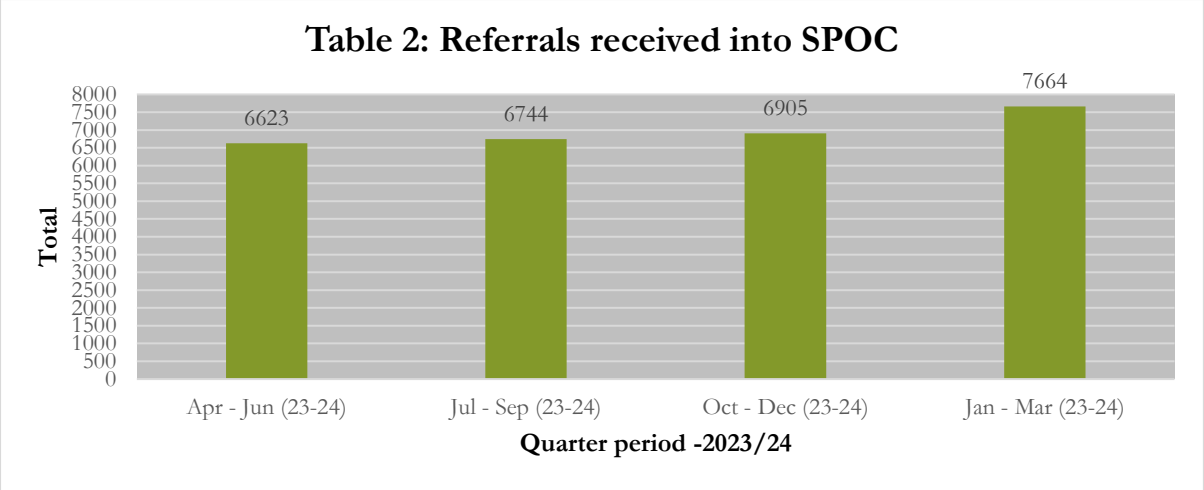
[17] Sturgeon, N., Swinney, J., Russell, M., and MacAskill, K. (2010) The financial impact of early years intervention in Scotland. Available from: http://www.gov.scot/Topics/Research/by-topic/children-and-young-people/EarlyYears

Child Protection (CP)

The LA is well furnished with policy, procedures, practice guidance and pathways for responding to risk and harm: in families and that which occurs outside the family home across CSC and ASC. However, further work is required to develop practice guides for: Child Criminal Exploitation, specifically how to effectively intervene with debt-bondage; how to effectively respond to online abuse and harm; matters of gender identity; child on parent abuse.

Statistics on CP response

Over the past year the LA has seen a significant increase in the number of Contacts[18] received by the Single Point of Contact (SPOC) (Table 2)

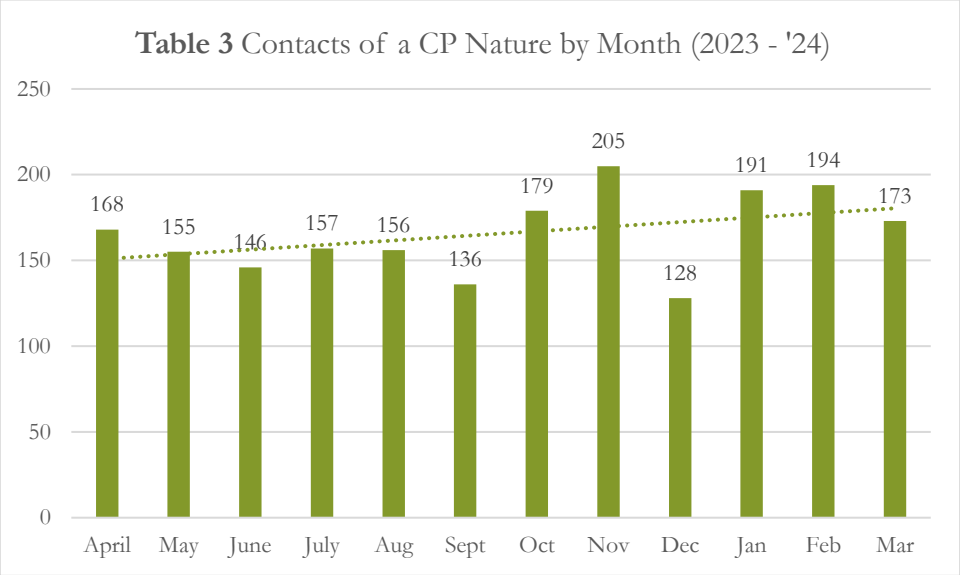


Of note, the LA has seen a significant increase in the number of Contacts received from Probation over the past 4 years, (206 in 2020 to 806 pa in 2023) with other notable increases seen from: Police (1000 more year on year over the past five years, going from 5700 p/a in 2019 to 7690 in 2023); Hospitals – from 144 in 2019 to 778 in 2023); and, schools – from 216 in 2020 to 1090 in 2023. Over the course of the year 2023-24 only 25% of Contacts progressed to action (EiP, TAF, Care and Support, CP, CLA). This rightly gives rise to the question have we got our thresholds right across the partnership and it is proposed that an in-depth analysis be undertaken to better understand both the increase and the conversion rate. It is not enough to suggest this increase is due to complexity alone, rather we need to understand what complexity looks like in a bid to address and effect meaningful and sustainable changes. Whilst the number of re-referrals[19] was on average 30% month-on-month for 2023-24, a piece of work is required to understand this re-referral rate and whether this is contributing to the increase in the number of Contacts i.e. How effective are interventions and services pre-contact; could the number of re-referrals be reduced if received, screened or assessed in a different and more robust manner?

[18] A 'Contact' is the initial point of engagement with Social Care. It is the first instance when information is received about a child or adult who may need support or protection. Whereas a 'Referral' occurs when the initial 'Contact' reveals that there is a need for further assessment or intervention by Social Care.

[19] A 're-referral' is recorded when a child who has been referred for assessment by social care services is referred again within 12 months of the initial referral.

During 2023 – 24 the local authority received 1988[20] CP contacts as shown in Table 3.



Police report the most CP concerns, followed by Education, Internal SW team and Health. Few CP reports are received from individuals: 6 from Mothers or Fathers or 89 from Relatives or 9 from Friend or Neighbour, and these numbers have dropped by more than half on 2022 – 2023 numbers, suggesting possible distrust of social work/LA; or unable to identify risk and harm or not knowing how or who to report to. But for whatever the reason there is clearly a need to engage more with our communities. What is however pleasing to note is a significant increase in the number of requests made by mothers, fathers and relatives over 2023 - 24 for support, which may well suggest families do have confidence in social work and the LA more generally?

The most prevalent harm and risk is Child Sexual Abuse (CSA), which includes Harmful Sexual Behaviour (HSB), Child Sexual Exploitation (CSE) and Online abuse, followed by Physical Abuse and Neglect. However, it should be noted that Domestic Violence and Abuse (DVA) can be found in just under two thirds of the CP Contacts, which are then categorised Physical Abuse or Neglect. The Local Authority (LA) with partner agencies has recently concluded a Review of the response to DVA across NPT Social Care, one of the key recommendations of this review was to develop a suite of data to better understand DVA across the life-course. Other recommendations made are being taken forward by the partnership to further develop our response to DVA.

In response to the most prevalent concern: CSA the LA partnered with the Centre of Expertise for CSA in 2023-24 and identified a practitioner from each of the CSC teams to undertake a ten month training programme on CSA. These practitioners are now Practice Leads for CSA across the LA and will continue to develop practice across their respective teams and the wider service. This investment will serve the LA well as the next iteration of the CSA National Delivery Plan is launched in 2025.

[20] This number reflects only those risks and harm captured with some omitted from the current data return.

Whilst this report focuses on the response and identification of safeguarding concerns the LA has recently (February 2024) concluded a review of Care and Support. The reason for this being, the majority of children and families receiving a service from CSC, do so under the threshold of Care and Support (C&S). National data collected by both Wales and England, indicates this is the case in all LAs. However, despite the C&S population representing the largest cohort of 'cases' open to the LA, there is little to no research exploring this key area of social work. Whilst Welsh government has collated a C&S census data since 2017, there has been no published research addressing good practice or what works in this arena. Similarly, in England until the charity What Works In Children's Social Care published its report *Understanding Service Provision For Children In Need In England* (2022), this area of practice was fundamentally neglected. Like all LA's, NPT invests significant time and resources focusing on the safe reduction of the Children Looked After (CLA) population and the development of effective outcome focused responses to safeguarding matters. The review was undertaken to raise the profile of C&S practice across NPT and offer insight into the demand and context of C&S work in the LA. The recommendations of this review will be taken forward during this financial year.

Upon receipt of a CP Contact consideration is given to next steps. Following lateral checks with partner agencies and families, when appropriate, the LA may decide to progress to a strategy discussion or meeting[21]. During 2023 – 24 the LA held 1194 strategy discussion or meetings (See Table 4), this number also includes review strategy meetings and is likely increasing owing to the local authority's increase in activity responding to harm outside the family home.

2021-22	2022-23	2023-24
776	1004 (+418)	1194 (+190)

Table 4 No. of Strategy Discussions/Meetings held

Similarly the number of S47 enquiries[22] undertaken has increased over the past three years (Table 5). However what is reassuring to note is that the percentage of S47 enquiries that find risk has increased from just over 50% in 2019 to nearly 80% in 2023 - 24. This is important in so far we would not wish to put families through these intrusive enquiries without reasonable cause.

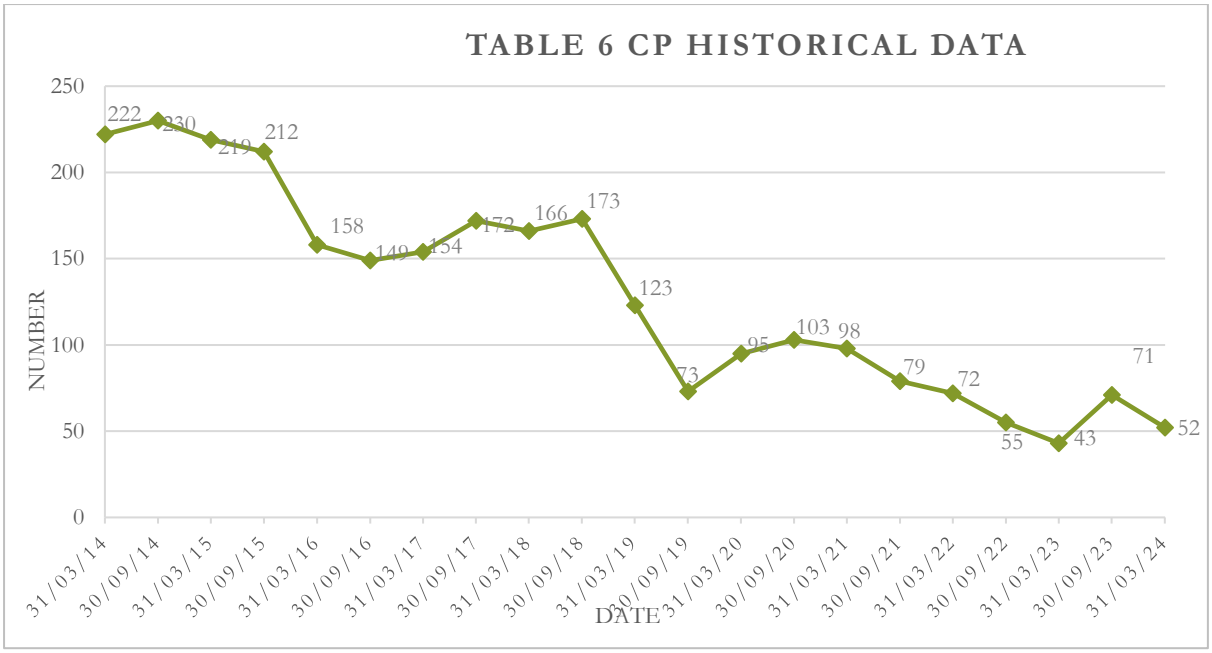
[21] A strategy discussion or meeting is a multi-agency meeting convened when there is a reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm.
[22] A Section 47 enquiry (Children Act 1989) places a duty on local authorities to make enquiries when they have reasonable cause to suspect that a child in their area is suffering, or is likely to suffer, significant harm. The purpose of the S47 enquiry is to determine whether any action is needed to safeguard or promote the child's welfare.

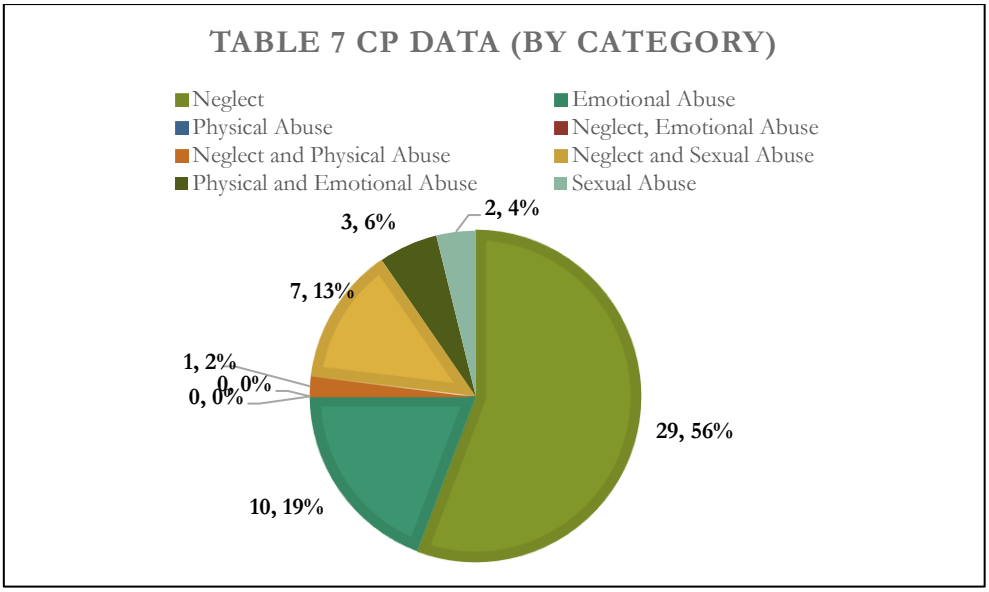
2021-22	2022-23	2023-24
256	348 (+92)	415 (+67)

Table 5 No. of S47 enquiries undertaken

At the end of 2023 – 24 there were 52 children on the CP register. The increase in numbers in the September, as highlighted by Table 6 related to large sibling groups, one of which comprised of eleven children. It will be observed that the CP registration number has decreased over the years and it is important to offer some reassurances in respect of this number: a multi-agency decision determines whether a child's name is placed on or removed from the CP register; the LA has strengthened multi-agency oversight at the conclusion of the S47 enquiry, thus offering an opportunity for healthy challenge at that juncture; the partnership is mature and there is no notable increase in challenges raised as a result of the lower number of children on the CP register; there is no increase in the number of internal learning reviews owing to near-misses and nor is there an increase in the number of child practice review referrals or reviews more generally. Further, there were no re-registrations in 2023-24 and a paper was presented to Scrutiny during 2023 - 24 setting out the reasons for statutory reviews: CP Case Conferences and CLA reviews, falling out of statutory timescales – the report found no cause for concern.

Neglect is the most common reason for CP Conference registration as is illustrated by Table 7 and again there is a large proportion of DVA found in such cases, but no sub-categories are currently captured. As the Local Authority moves to a new IT system there is a need to develop data metrics to ensure a more granular understanding of presenting concerns, for example, the typologies of DVA, CSA and Neglect are only three example areas, which would enhance both understanding of future challenges, effectiveness of response whilst informing decision-making, intervention(s) and training etc.





It is pleasing to note that following research published to understand the rates of babies being taken into care across Wales and the UK more generally: Recurrent care[23] and Born into Care[24] that the LA paid particular attention to this area of practice and as a result the number of Pre-Birth Conferences (Table 8) have reduced over the past three years.

Number of pre-birth child protection conferences convened during the year	2021/22 15	2022/23 13	2023/24 8

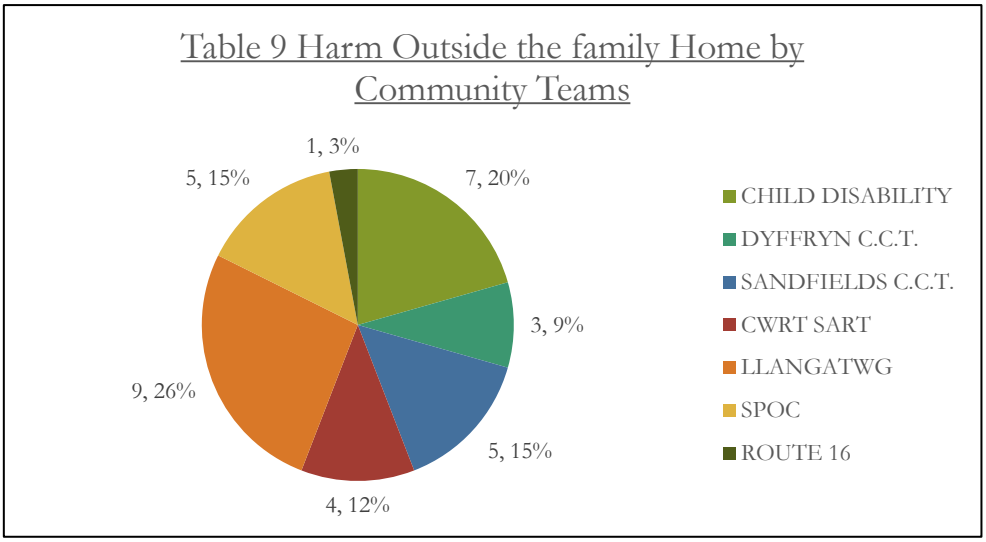
[23] Recurrent care proceedings: five key areas for reflection from research (2021) https://www.nuffieldfjo.org.uk/resource/recurrent-care-proceeding

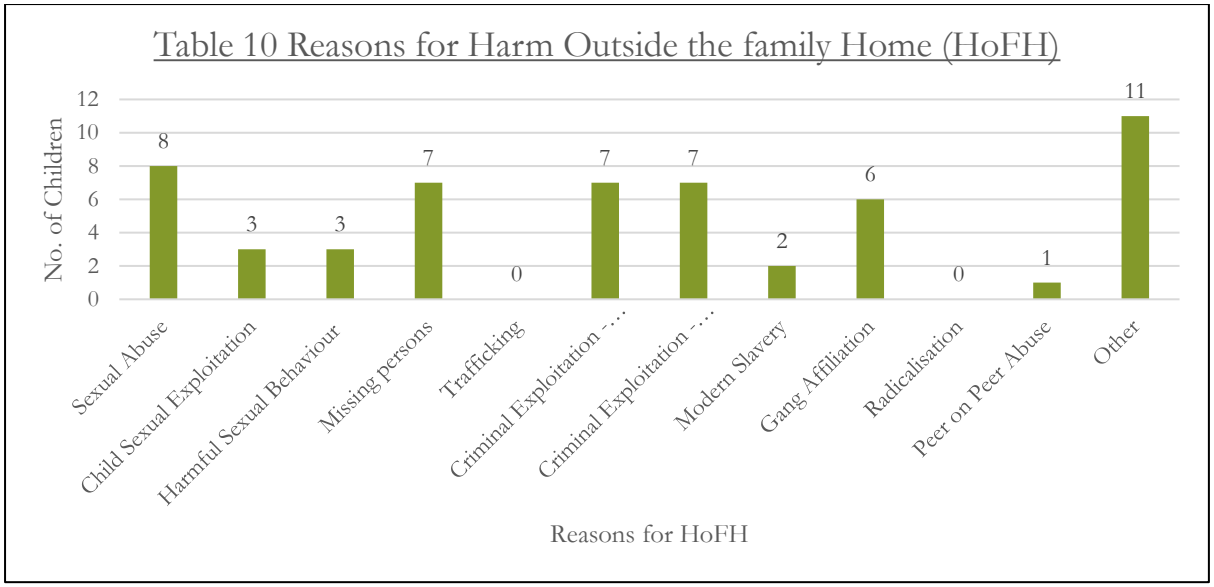
[24] Born Into Care: Wales (2019) https://www.nuffieldfjo.org.uk/resource/born-into-care-wales

Table 8

The above data illustrates practice relating to intra-familial harm, however the LA has an established response to Harm outside the Family home. Such risk and harm includes, Child Sexual and Criminal Exploitation, Missing Persons (MISPER), Peer on Peer abuse, Gang related and Serious Youth Violence and the identification of Places and Persons of Interest.

At the end of 2023-24 the Local Authority was working with 34 children who had been harmed or were at risk of harm outside the family home, see Table 9. The types of harm and risk are shown below in Table 10. The LA must develop its data moving forward to be able to differentiate between those harmed and those at risk of harm as the numbers are currently conflated and each commands a different response. Furthermore, whilst places of concern are now captured and responded to by the LA and wider partnership there is a need to build functionality to map out such places and overlay against other metrics to build a more sophisticated understanding of vulnerability, risk and harm across the LA.





[25]

Key issues and challenges in child protection

Child protection covers a broad spectrum of harm and risk: intra-familial through extra-familial (harm outside the family home). It is often reactive and late intervention and the challenge for the Local Authority is to press harder and move to a more preventative space. The latter should not be read to infer that the current response is not holding, rather serves to prompt reflection and discussion for future change and reform. In response to HoFH the LA has, with the partnership, already occupied such a space in responding to emerging gangs and serious youth violence across the Borough, however there is more to be done and the starting point is the development of a more sophisticated suite of data. The current data are primarily lag indicators, allowing for patterns, trends and themes to be identified and acted upon after an event(s), however there is a need to better capture lead indicators to influence the future, to serve as possible predictive measures.

The pathway for responding to harm outside the family home is currently being considered to include a more natural step post-section 47 enquiries, one more akin to a CP case conference but specifically for harm outside the family home, the distinct difference being that such harm is not attributable to the care a child receives, hence the CP Conference is not appropriate for this type of abuse and harm, whilst also recognising the need to forge better relationships with parents – relationships that recognise parents as partners and not pariahs. On this point, it is pleasing to share that as a region we are leading on Parent Peer Advocacy and will have the first Parent Peer Advocacy Support Service (PPASS) launch in July 2024. This service will

[25] The total number of risks or harm is higher than the number of children identified as HoFH as there have been several risks identified for each child.

see parents with experience of the child protection (CP) system supporting those parents involved in the CP system and it is hoped that as a region practice in this space will evolve as it has done in other parts of the world[26] to ensure a more humane response to matters pertaining the child protection. The intra-familial harm pathway is also being revised to strengthen collaboration across the partnership and to ensure children, parents and families are fully engaged. For example, the LA has an offer of Family Group Conferencing post-S47 enquiries to allow families the opportunity to develop their own plan to mitigate risk(s) identified.

Whilst the LA has a low number of Children Looked After (CLA) 234 at the end of 2023 – 24, placement sufficiency across Wales makes it increasingly more difficult for the LA to identify suitable placements for children first time. Placement sufficiency also increases the risk of using unregulated placements. The Local Authority has stringent measures in place to manage what is essentially a national issue, however it is anticipated that the situation will get worse before it gets better as Welsh Government move to a not for profit agenda for Care (an initiative supported by the LA notwithstanding the pressures this is likely to have on the LA over the forth-coming years). There are also risks inherent in the identification and subsequent placement of Unaccompanied Children, which the local authority is instructed by the Home Office to accommodate despite the context noted above in relation to placement sufficiency.

To bring this section to a close, child protection here in NPT and indeed across Wales face several key issues and challenges in the coming years, shaped by socio-economic factors, policy changes, and emerging risks. What follows are the primary challenges:

Impact of Socio-Economic Factors

High levels of poverty and economic deprivation can lead to increased risk of abuse and neglect. This includes inadequate housing and homelessness, which can exacerbate vulnerabilities and impact children's well-being. This likely to become more acute across the Borough by the uncertainty of TATA steels future. The LA must better understand the communities across NPT and consider embedding a poverty aware approach to practice as proposed by the likes of Featherstone[27]

Policy and Legislative Framework

Whilst the LA works to identify key local drivers to enhance and develop the Child Protection response across the Borough, there are significant pressures to deliver on national policy

[26] Tobis, D. (2013) From Pariahs to Partners: How Parents and their Allies Changed New York City's Child Welfare System.
[27] Featherstone, B., Gupta, A. and White, S. (2018) Protecting Children: A Social Model. Policy Press. Bristol.

drivers with no additional financial support or resources to support implementation. For example, National Delivery Plans on Child Sexual Abuse, responding to serious youth violence, the not for profit agenda etc. Each of these drivers is understood and deemed necessary, however they do add to the significant pressures experienced by the LA, for example, the need to join-up the existing silo partnership boards.

Resource and Workforce Challenges

Following on from the above point, limited funding for child and family services can affect the quality and availability of support for vulnerable children. This year the LA was able to train up a practitioner from every child and family team to become a practice lead for child sexual abuse, however as the LA faces significant financial cuts over the forthcoming years its capacity to develop practitioners will be constrained.

Whilst the LA has a stable workforce across Child and Adult Services, there is a shortage of trained social workers across Wales and this increases the risk locally of increased caseloads and potential burnout.

Furthermore, should demand continue to increase at the Children's front-door there is a risk of missing critical information and failing to respond to risk and harm in a timely and effective way, or put differently, as the haystack gets bigger the needle becomes more difficult to find. There is also a risk of staff burn-out, which may result in staff sickness and thus exacerbating the pressures faced by the Single Point of Contact (SPOC) and the other teams across CSC.

Mental Health and Well-being

Increasing prevalence of mental health problems among children and adolescents, exacerbated by the COVID-19 pandemic require a change of approach to mental health and well-being more generally and as is noted above, in the absence of any suite of data it is not possible to properly understand this issue across NPT to inform services and interventions. For example, in the absence of data there is anecdotal evidence to suggest that children require more timely access to mental health services and well-being services.

Technology and Online Safety

The rise of online grooming, cyberbullying, and exploitation poses significant challenges for safeguarding across the LA and beyond, for such types of abuse know no boundaries (geographically speaking). Ensuring that children, parents, and professionals have the skills to navigate and safeguard against online risks is a priority for the LA and Regional Safeguarding Board.

Complex Family Dynamics

Addressing the impact of poverty and inequality, DVA, substance use and parental mental health and abuse on children, which has seen increased reporting during the pandemic remains a daily challenge.

Education and Schools

Ensuring that schools are equipped to identify and respond to safeguarding concerns, intra-familial and also harm outside the home: peer on peer abuse (Estyn, 2021[28]), gang related violence and serious youth violence. There is a need to address the safeguarding of children who are excluded from school or frequently absent. Consideration might be given to pupils excluded from school or have poor attendance being automatically referred to the LA Children's Services teams as a Safeguarding concern given the increased risks associated.

Inter-Agency Collaboration

Given the reported complexities of need, risk and harm, coupled with the growing safeguarding backdrop there is a need to ensure seamless information sharing and collaboration between different agencies involved in child protection. The LA is due to roll-out, with partner agencies, a Multi-Agency Safeguarding Tracker (MAST) in a bid to ensure vulnerability is made visible across the partnership, however this will merely aid identification and the LA must consider how it could strengthen multi-agency (MA) arrangements, for example, the development of MA teams across all areas of practice and not falling short at the front-doors. Such teams could serve to promote integrated service delivery, provide holistic support to children, families and communities and likely improve outcomes for children, families and communities.

Emerging Risks

Child Criminal Exploitation (CCE), the issue of children being exploited by criminal gangs involved in drug trafficking (county lines) is woefully under-developed at a national level in the absence of a national strategy/plan. Until such time as the LA and partners have a statutory definition of CCE; a specific offence relating to CCE; gender bias and the criminalisation of predominantly young boys is recognised we will continue to fail to address the pressing issue. It must be recognised that CCE aligns more to modern slavery and human trafficking yet this legislation is seldom applied or arguably is not fit for purpose when applied to safeguard boys exposed to CCE. It follows that tackling the risk of child trafficking and ensuring appropriate support for victims remains a significant gap.

[28] Estyn (2021) We don't tell our teachers – Experiences of peer –on-peer sexual harassment among secondary school pupils in Wales https://estyn.gov.wales/improvement-resources/we-dont-tell-our-teachers-experiences-of-peer-on-peer-sexual-harassment-among-secondary-school-pupils-in-wales-2/

Climate Change and Environmental Risks

Preparing for and mitigating the effects of climate change on children's health and safety, including increased natural disasters and displacement is not yet a challenge being considered or fronted, but illustrates the forth coming challenges faced by the LA.

Adult Safeguarding

Overview of adult safeguarding policies and procedures

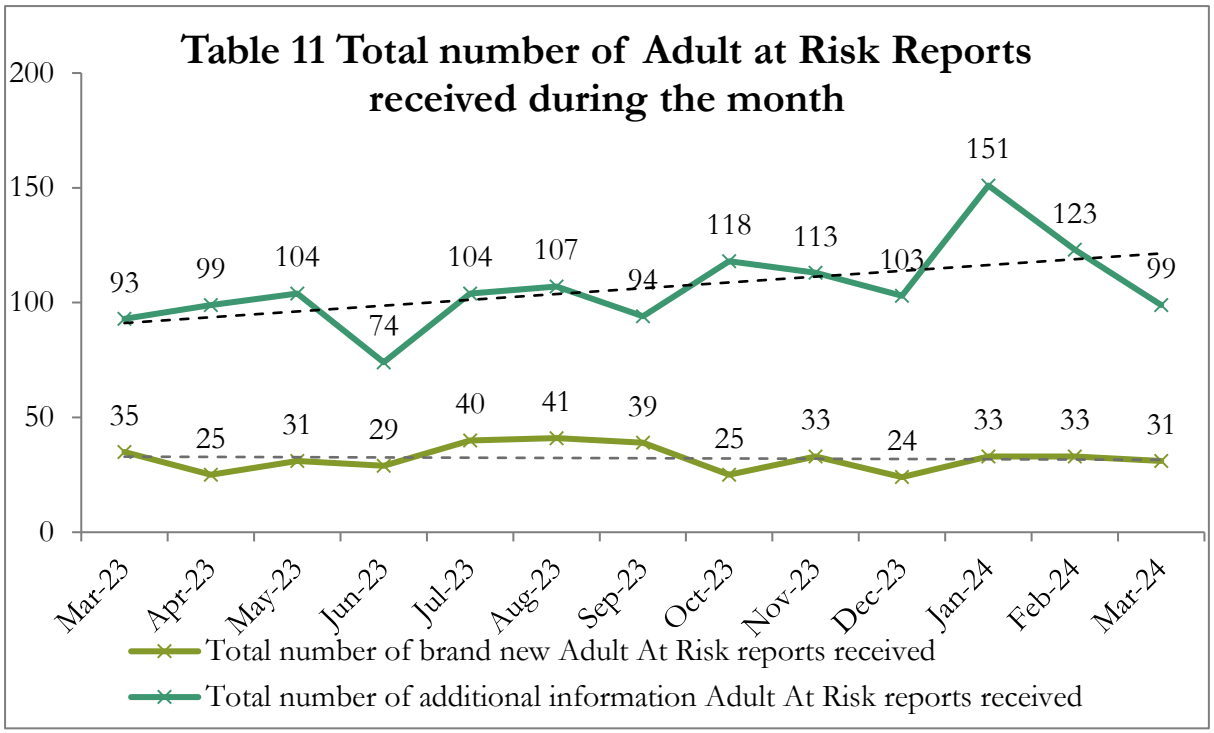
Adult Safeguarding is the poorer relation to child protection in respect of policies and procedures, for example, the Wales Safeguarding Procedures have a Section 6 for Children, which contains supplementary guidance on different types of abuse and harm, thus supporting practitioners to navigate these often complicated, uncertain and unpredictable matters. There is no Section 6 to help Adult Social Care navigate matters arising in respect of Adult Safeguarding. However, the Local Authority has developed a Decision Making Tool[29] to plug this gap. Furthermore Adult Social Care has developed a 'Sound Judgement Analysis Tool' and a 'Positive Risk Taking' Policy to support decision-making and intervention in respect of adult need, risk and harm. The Local Authority also has a Self-Neglect Policy to support practice in this growing area of concern. Broadly speaking the Wales Safeguarding Procedures for Adult Safeguarding have been well received and embedded across practice here in NPT.

Statistics on adult safeguarding cases

Table 11 reflects the number of Adult at Risk reports received by the Local Authority over the course of the last year. 'Brand new' cases means those individuals not open to the Local Authority, which includes those subject to NHS Continuing Health Care[30] (CHC), those placed across NPT by other LAs and those self-funding care arrangements. Whilst 'additional information' relates to Adult at Risk reports received on open cases to Adult Services. The number of brand new reports has remained broadly consistent over the year, whilst the fluctuations in reports on open cases has increased. Table 12 shows reports by type of risk and harm.

[29] Found on the West Glamorgan Safeguarding Board webpage under 'Policies, Procedures and Practice Guidance' https://www.wgsb.wales/36503

[30] Some people with long-term complex health needs qualify for free health and social care arranged and funded solely by the NHS. This is known as NHS continuing healthcare or CHC.



The most prevalent risk and harm is neglect, which includes self-neglect. Followed by Physical, Emotional, Financial and Sexual. This pattern is evident over the last three years. Care homes are the highest referral source over the last year, followed by Health settings, other Local Authorities. Self-reports, reports from family and reports from neighbours are low and require attention – both data capture and raising awareness of what might constitute risk and harm and how to report such concern need to be developed across the LA i.e. Campaigns, accessible material about safeguarding etc. In relation to those alleged to have perpetrated abuse against an adult it is professionals who occupy the top spot (See section on Professional Abuse below), followed by not known, family member and other. Again the data capture across this domain needs to be developed to better understand the profile of those who prey on adults. Two thirds of the Adult at risk reports received were for individuals over 55 years, however there has been a notable increase in the number of adult at risk reports received for those between 18 and 34 years and this would reflect a change in practice in a) in response to children who transition to adulthood where harm outside the family home concerns still remain and b) the response to suspected suicide and significant attempted suicide. As has already been noted the Local Authority continues to develop its response to Adult Safeguarding in line with emerging trends, for example, the Local Authority is currently

revisiting its response to adult survivors of domestic abuse and sexual abuse, whist work will begin in 2024-25 to consider the National Action Plan to Prevent Abuse of Older People[31].

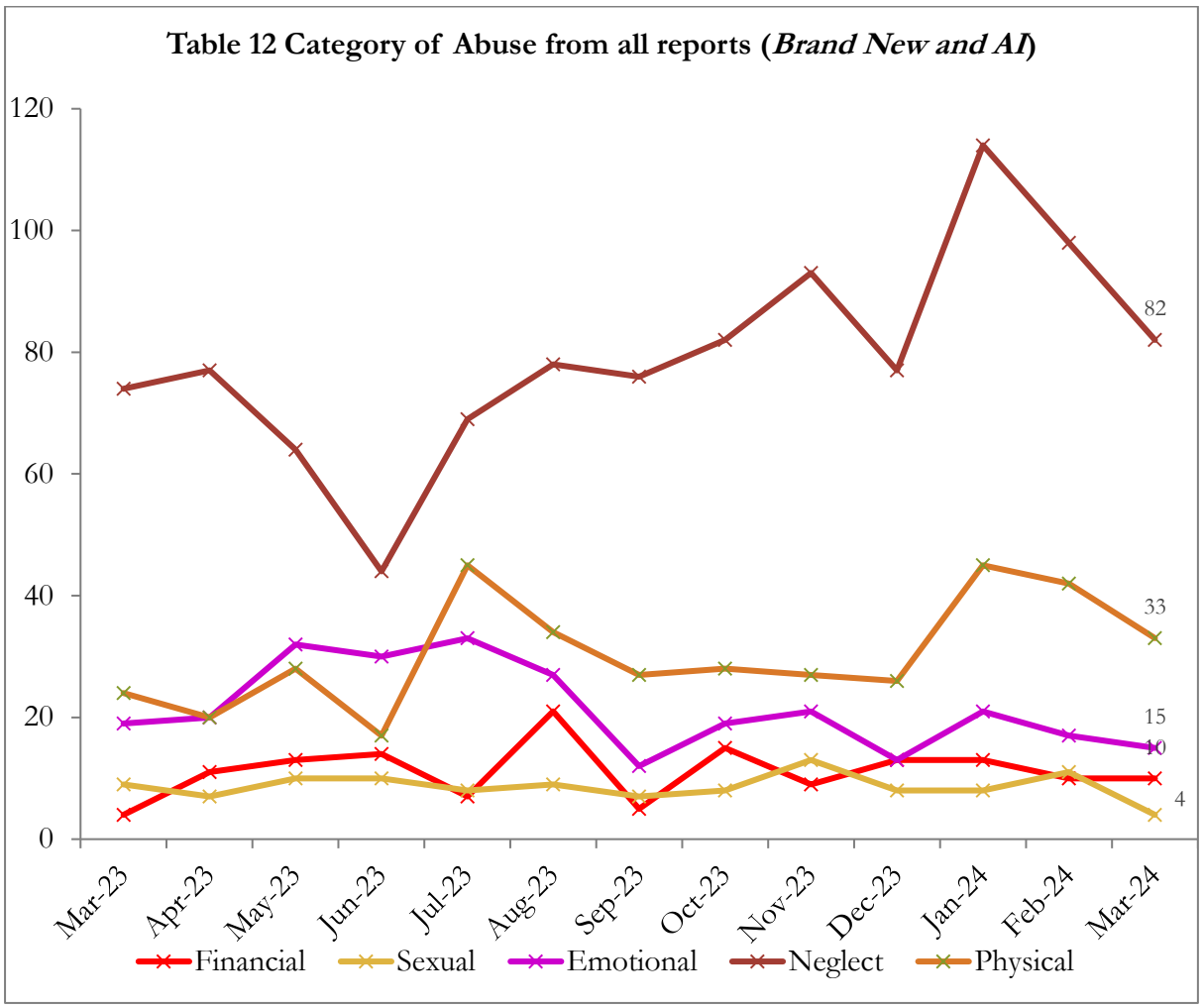
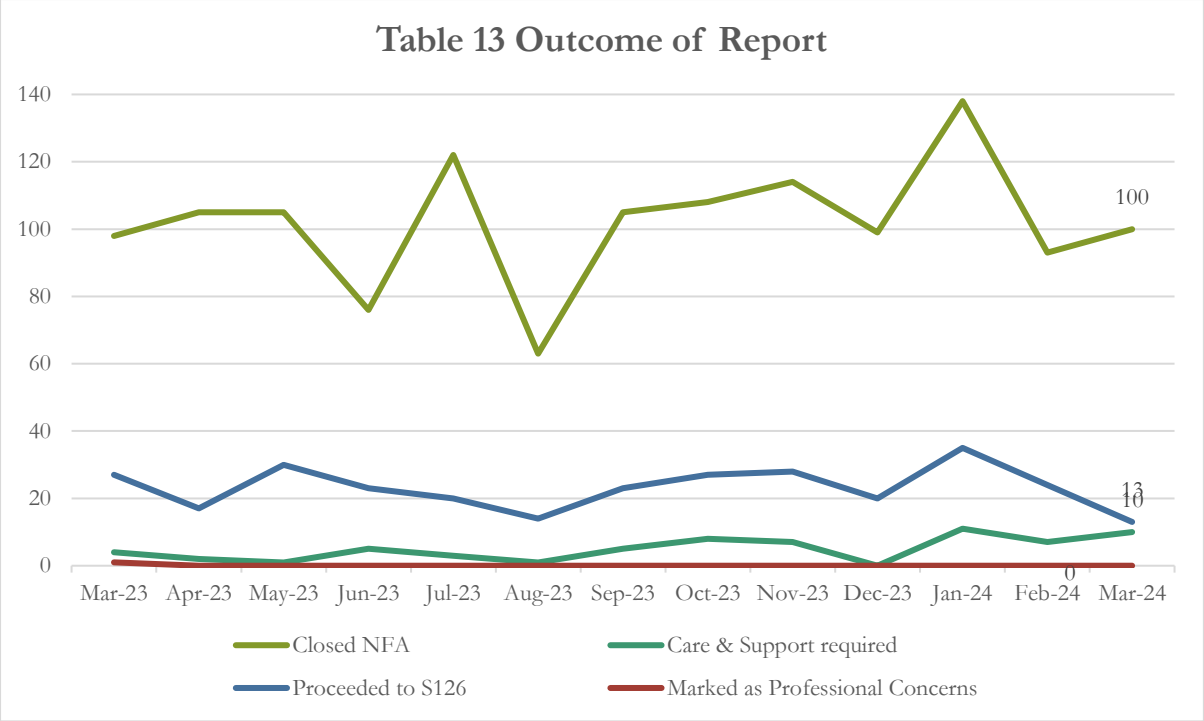


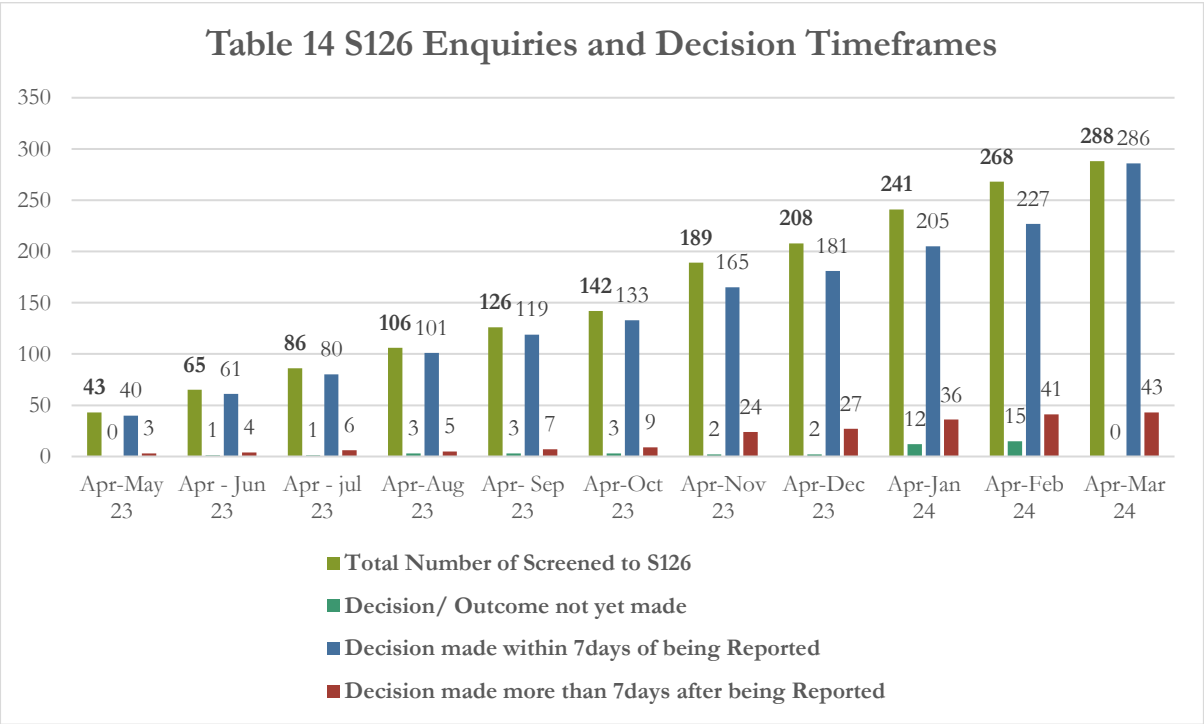
Table 13 shows the outcome of Safeguarding Reports received by the LA. A significant number of reports do not proceed to S126 enquiries[32] largely due to the robust screening response post contact and within 24 hours of receipt of report.

[31] National action plan to prevent the abuse of older people. https://www.gov.wales/national-action-plan-prevent-abuse-older-people-html#:~:text=There%20are%20actions%20to%20be,risk%20of%20abuse%20or%20neglect

[32] Section 126 enquiries (Social Services and Well-being (Wales) Act 2014) mandates local authorities to make enquiries, or cause others to do so, to determine whether any action should be taken to safeguard an adult at risk who is suspected (reasonable cause) of being abused or neglected.

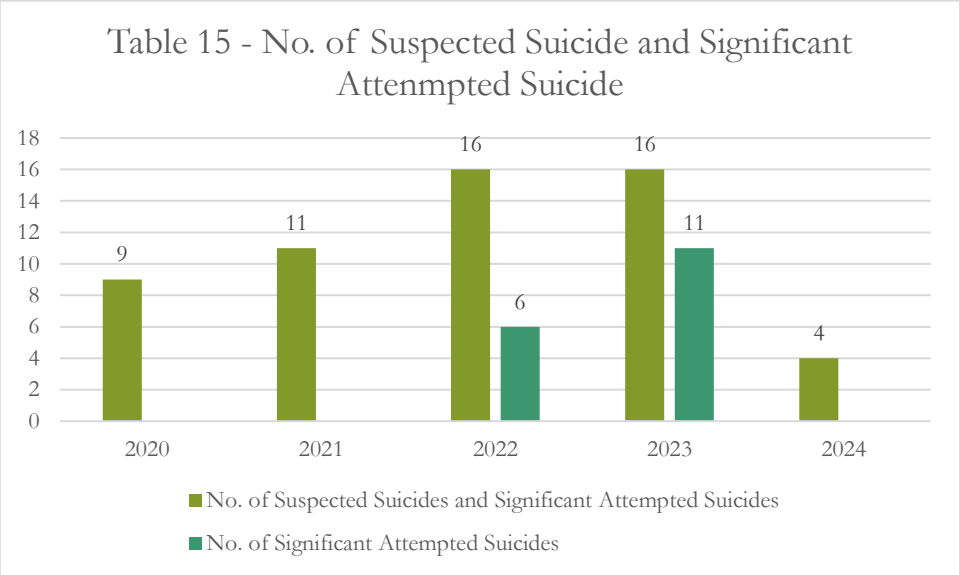


Of the S126 enquiries undertaken, on average over 85% are completed within 7 days (Table 14). Practitioners are permitted to go over the 7 days with good reason, such as, complexity of risk and harm etc. and all cases that do go over the 7 days have a clear rationale for doing so.



In addition to what might be described as the bread and butter of Adult Safeguarding the LA has developed, with partner agencies, a rapid response forum for responding to suspected

suicide, significant attempted suicide and the sudden death of a person under 25 – see Table 15.



Whilst Table 15 shows an increase in suspected suicides between 2021 and 2022 it is important to note that only a Coroner can determine whether or not the death was a suicide so this number is likely to change. These numbers are sadly in keeping with national trends. Not content with responding only to suspected suicides, in August 2022 the LA extended this response by including individuals judged to have made a significant suicide attempt, thus locating the LA in a more preventative space with the aim to reduce the number of suspected suicides.

Of the 79 incidents over the past 4.5 years the main location for such incidents is 'Home address' or 'Private residence' (n43). Males are over-represented in this data 61 males to 18 females. Males between 28 years and 40 years account for the most at risk group, with the female at risk groups sits between 30 years and 42 years.

Whilst we want this number to reduce, there are no discernible patterns, trends or themes of note. Following a suspected suicide the rapid response forum now ensures the family, friends and communities are offered support by agencies across the region and to date there is no evidence that others connected have gone on to attempt or complete suicide. Furthermore, it is promising to note that of those who have been responded to by the significant attempted suicide pathway none have gone on to complete suicide – may long this trend continue.

Key issues and challenges in adult safeguarding

Adult safeguarding in NPT (Wales) faces several key issues and challenges in the coming years, which are influenced by demographic changes (noted above under the section on Demographics), policy developments, and evolving societal needs. These challenges can be broadly categorised as follows:

Aging Population

An increasing demand owing to the growing number of older adults, particularly those over 85, increases the demand for safeguarding services, coupled with the complexity of needs. Older adults often have complex health and social care needs, including dementia and other chronic conditions, which complicate safeguarding efforts.

Resource Constraints

Funding pressures stemming largely from public sector austerity measures have led to reduced funding for social care services, impacting the capacity to provide adequate safeguarding. With no manifesto commitments to social care by the incoming government this issue will likely remain and become more acute, particularly as Local Government budgets are further cut and savings are needed. It is highly likely that over the coming years the Local Authority will need to make difficult decisions and may well need to increase thresholds for adults in need and at risk and default to meet only statutory safeguarding duties.

Workforce Shortages

There is a shortage of trained professionals across the social care sector, leading to increased workloads and potential burnout among existing staff.

Policy and Legislative Framework

The response to safeguarding adults on a day-to-day basis commands a proactive, reactive and preventative approach to ensure risk and harm is reduced and mitigated. However, the policy backdrop in respect of Deprivation of Liberty Safeguards (DOLS), a National Action Plan to Protect Older People increases financial pressures on an already cash strapped LA. There is no additional monies to manage for example the DoLS demand (including and more pressing Community DoLS), the latter is over-looked by the Care Inspectorate Wales and Welsh Government, and nor is there any additional monies to effectively respond to a National Action Plan to Protect Older People. The proposed policy initiatives are of course warmly welcomed developments, however they do significantly increase the pressures to an already laden Adult Safeguarding agenda and given the dearth of national metrics relating to Adult

Safeguarding it is difficult to follow how policy decisions marry demand locally and regionally. At best it might well be described as guess work.

More effective coordination and integration between health and social care services are crucial but often challenging to achieve.

Awareness and Training

There is a need to increase public awareness of adult safeguarding issues to ensure that abuse and neglect are reported and addressed promptly, thus positioning Adult Safeguarding into a more preventative space.

Technology and Digital Safeguarding

As more services move online, safeguarding adults from cyber abuse and financial exploitation becomes increasingly important and there is currently no strategy across either children's services or adult services to move with this fast evolving technological era. One solution to this fast approaching risk is to ensure that both adults and providers are equipped to use digital tools safely and effectively.

Mental Health and Well-being

Addressing the safeguarding needs of adults with mental health issues, who are often at higher risk of abuse and neglect must be a priority for both the LA, Health Board and Safeguarding Board. Data from both Primary and Community Mental Health is poorly developed to understand this cohort of individuals across the life-course more generally.

Isolation and Loneliness

There is a need for the LA to continue to work on how it and partner agencies combat social isolation, which can exacerbate vulnerability and increase the risk of abuse.

Cultural and Social Diversity

Whilst the majority of adult at risk reports relate to individuals of white Welsh backgrounds across NPT there is a need to continue to deliver tailored approaches, thus developing safeguarding approaches that are sensitive to the cultural, linguistic, and social diversity of the population. The LA has already commenced work on an Intersectionality[33] practice guide.

Additionally the LA needs to engage with diverse communities to build trust and ensure that safeguarding measures are inclusive and effective. There is a good example of how the LA

[33] Intersectionality is a way (provides a framework) of understanding how different parts of a person's identity, like their race, gender, and other factors, mix together to create unique experiences, especially related to discrimination and privilege.

has engaged with the Gypsy Romany Travellers (GRT) located across NPT to build trust with this community.

Responding to Emerging Issues

Addressing the safeguarding needs of adults experiencing domestic violence and abuse (DVA), which has seen increased reporting during the COVID-19 pandemic and tackling financial abuse and exploitation, particularly among vulnerable older adults are additional challenges that need to be considered over the coming year. There is also a need to join-up the multi-agency partnership board landscape through a better understanding of how vulnerability cuts across the work of these groups to drive forward work more cogently.

Evaluation and Improvement

Whilst the LA regularly evaluates the effectiveness of safeguarding practices across Adult Safeguarding to make the necessary improvements, as is reported on a Quarterly basis by the Research, Development and Innovation (RDI) team, it remains a challenge getting feedback from service users to enhance the relevance and effectiveness of safeguarding measures.

Professional Abuse and Persons in a Position of Trust

The following tables cover the LA's response to allegations made against professionals or persons in a position of trust during 2023-23. The LA is unique in its response to such allegations as all activity is overseen by a Designated Safeguarding Manager (DSM) who sits across Children and Adult Services, thus demonstrating the LAs commitment to ensuring the fullest of oversight is given to such matters, whilst having a manager dedicated to this area of practice means relationships are well established with partner agencies, regulatory and registering bodies and all Directorates across the LA are fully supported in the event allegations of professional abuse arise.

Overview of Professional Abuse and Persons in a Position of Trust procedures

Section 5 of the Wales Safeguarding Procedures (2019)[34] set out arrangements for responding to safeguarding concern about those whose work, either in a paid or voluntary capacity, which brings them into contact with children or adults at risk. It also includes individuals who have caring responsibilities for children or adults in need of care and support and their employment or voluntary work brings them into contact with children or adults at risk.

[34] Section 5, Wales Safeguarding Procedures (2019) https://safeguarding.wales/en/adu-i/adu-i-a5/a5-p1/

Statistics on cases involving professionals or trusted persons

Table 16 shows the number of referrals received across CSC and ASC relating to allegation made against professionals and persons in a position of trust. For those concerns relating to children; teachers and teaching assistants account for the highest number of referrals by profession, followed by residential care home staff. For those concerns relating to adults; care home staff account for the highest number of referrals. However, what is assuring to note from the data is the variety of different professionals referred for consideration under this process: health, passenger transport, local sports clubs, charities etc., which suggests agencies and organisations understand what is expected of them should a concern be raised about a professional or person in a position of trust. It is concerning to note so few referrals being received for police and fire service in light of the concerns raised in respect of these professions over the past year and the Regional Safeguarding Board will need to seek assurances from partners that such matters are being raised with Local Authorities who lead on safeguarding in the broadest of senses.

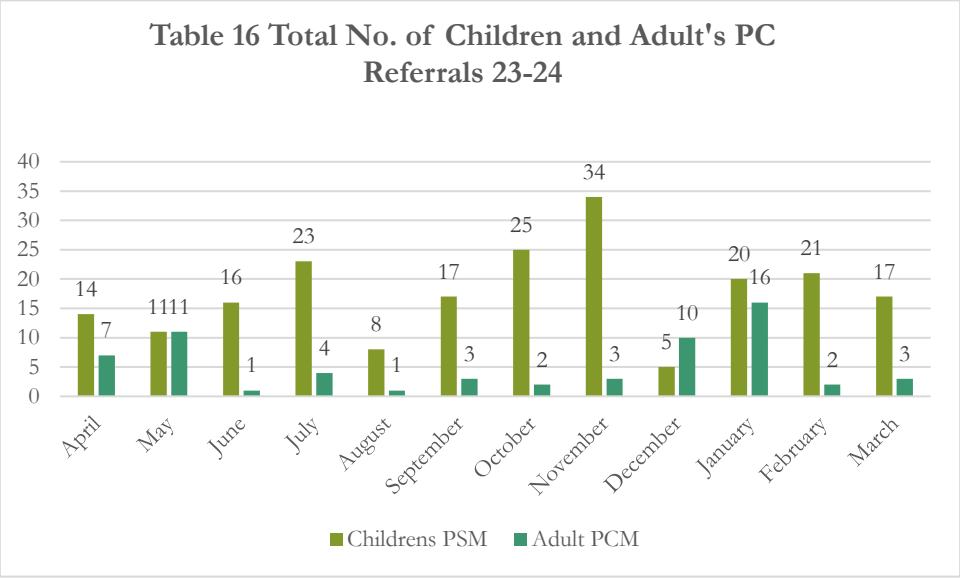
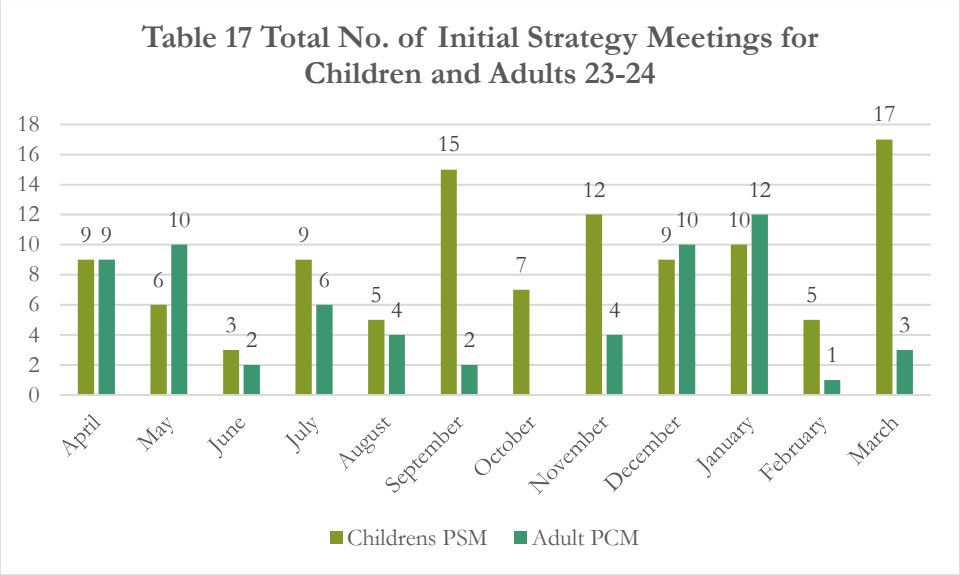


Table 17 illustrates the number of meetings held upon receipt of a referral. This number is lower as not all referrals progress to a strategy meeting as a number of reports are passed back to the employer's or governing bodies to address in line with their own disciplinary processes and codes of practice.



Key issues and challenges in addressing professional abuse

i. The professional strategy process is dependent upon positive communication and partnership working across all agencies. This continues to be work in progress.

ii. Professional Strategy Meetings continue to be remote via Teams. This ensures attendance is maximised regardless of distance and is especially useful when dealing with providers in England.

iii. There remains inconsistency in the quality of referrals [using the Integrated referral form(IRF)]. To assist referrers a checklist has been produced detailing the information that is required to ensure that relevant information is provided.

iv. There are a number of ongoing challenges that sit outside of the professional strategy process including the timeliness of minutes. It is acknowledged that this has been a difficult time for 'safeguarding meetings' and it is recognised the continued work undertaken by the secretaries given the volume of work. The Chair ensures that Actions are made available as soon as possible following the professional strategy meetings and that agencies are aware that the minutes will follow.

v. There are a number of areas that have been raised relating to DBS checks in particular how often DBS checks are undertaken by schools. Given that in the care sector there is a requirement for DBS checks every 3 years, there appears to be inconsistencies across the LA.

vi. The unregulated sector, in particular Direct Payments, where the employer is the vulnerable individual. The Chair recognises the work undertaken by the Direct Payments team. There is an anomaly as currently Domiciliary Care Workers are required to be registered [or progressing to registration] with Social Care Wales. This

is not a requirement for those workers providing care within the Direct Payments scheme.

vii. The Chair has undertaken a piece of work for the Local Operational Safeguarding Group (LOSG) together with Thrive/Women's Aid Manager following a case that highlighted concerns regarding ''Self-referral agencies such as Alcoholics Anonymous, Gamblers Anonymous and Cocaine Anonymous' . The key themes relate to the lack of meaningful Safeguarding Policies and lack of oversight regarding the provision of venues given the degree of vulnerability of those attending these groups. This was presented to LOSG for consideration and was shared more widely across agencies to raise awareness of this issue and specifically with those working across drug and alcohol services here in NPT.

Training and support for professionals

- E learning - external providers in the care sector where there continues to be a reliance on the use of e-learning for Level 2 Safeguarding Training and Domestic Abuse.
- Unregulated Agencies - Limited understanding of purpose of the Professional Strategy Meeting (PSM) process this is particularly noticeable in respect of those providers not subject to regulation, or, those providers who are based in England.
- Ongoing training for Managers /Multi professional training in relation to PSMs.
- Work with the Disclosure and Barring Service (DBS) ongoing.
- Availability of training for Designated Safeguarding Manager (DSM) and Local Authority Designated Officer (LADO) in key areas to improve practice.

Escalating Concern

Overview of the process for escalating concerns

Escalating Concerns is an elevated performance management process designed to support regulated service providers in reducing the risk of significant harm when there has been a service-wide failure in supporting individuals. This process is managed based on risk through an agreed action plan and a Joint Interagency Monitoring Panel (JIMP), which meets regularly to update the risk assessment based on improvements made by the provider according to the action plan.

JIMP is a multi-disciplinary panel that collectively oversees progress against key actions in the plan and benchmarks the provider's risk. JIMP oversees progress until risks have lessened to a threshold where the provider can either be removed from the Escalating Concerns process or deescalated to a lesser provider performance process.

The Adult Safeguarding team is set up to ensure that each area is covered by a Safeguarding Lead Co-Ordinator (SLC) and that SLC oversees safeguarding reports in respect of those care homes across a particular area.

Statistics on cases involving escalating concerns

The following figures show the activity undertaken across the last year in respect of the Escalating Concerns process.

Provider/Service	In Escalating Concerns	Out Escalating Concerns	Outcome
Plas Cwm Carw	09.12.22	25.04.23	
The Hollins	27.09.23	31.10.23	Decommissioned
1st Grade Care	01.08.23	29.09.23	
1st Grade care	18.01.24	31.01.24	Decommissioned
Lifeways Support Options	03.05.24		Ongoing
Spring Lily	24.05.24		Ongoing
Brynsiriol	05.07.24		Ongoing

***** Maes Y Bryn moved directly to HOSG[35]

Analysis of common themes and issues

Reviewing the concerns raised with providers placed in escalating concerns for 2023/24, common themes were:

- Lack of adequate management and governance in the service resulting in poor hands on care
- Staffing levels and staff distribution
- Medication Management
- Skin integrity and wound management
- Lack of adequate back office processes such as auditing and reviewing individual's needs.
- Lack of robust induction, training and competency assessments.

[35]Home Operational Support Group (HOSG): Commissioners are required to establish a HOSG to directly manage either voluntary or enforced closures. The purpose of the HOSG is to ensure the needs of residents are met during the period of closure and to ensure the safe transition of residents to alternative accommodation.

Recommendations for improving the escalation process

At the time of writing this biennial report the LA was undertaking a lessons learning exercise following the closure of the Hollins last year and this included broader consideration to the Escalation process, therefore a more detailed report will follow in respect of this matter, which will include recommendations for future practice, policy, guidance etc.

Deprivation of Liberty Safeguards (DoLS)

Overview of DoLS policies and procedures

Designed to ensure that individuals who lack the mental capacity to consent to their care arrangements are not inappropriately deprived of their liberty. The primary objective of DoLS is to protect the rights and freedoms of vulnerable individuals, ensuring their care is provided in their best interests and the least restrictive manner possible. What follows is the data relating to those requiring DoLS in Care Homes and Hospital settings, the latter are assessed and authorised by hospital staff. However, there are a significant number of individuals residing across our communities who also need to be safeguarded, however there is no capacity in the current system to ensure all are safeguarded a matter I will return to below.

Statistics on DoLS applications and authorizations

Whilst Table 18 suggests a marked improvement in unallocated DoLS cases per month, what it does not reflect is an under-resourced team. Simply put, our current DoLS Team cannot meet this ongoing level of demand, a demand likely to increase with an ageing population. We rely heavily on agency to carry out assessments, however this in itself brings more work to the team who are required to quality assure this work through regular auditing and dip sampling. We have only three Best Interest Assessors (BIAs) and four Signatory Bodies (SBs). The team is currently considering solutions for how best to respond to this area of practice with what little and miss-configured funding we receive from Welsh Government. A matter illustrated when looking at the funding NPT receive compared to our neighbouring local authorities and based on the Care Inspectorate Wales (CIW) *Annual DoLS Report, 2020-21.* We note that NPT receive less funding per DoLS application, for example, Swansea Local Authority receive £87,700 more than NPT, albeit their DoLS applications are 1,016, only 176 more than NPT's 840. When comparing funding correlating to DoLS applications it seems that Swansea receive £232.99, Bridgend £259.52 and NPT receive £177.40. Furthermore, when considering authorisations of standard and urgent DoLS, NPT completed 93% and 85% respectively where Swansea had lower figures of 60% and 69% possibly suggesting less DoLS proceeding to authorisation/meeting the threshold for a DoLS authorisation.

We understand there are other factors to consider when allocating funding. However, when exploring how we can strengthen our DoLS team, improve monitoring and reporting, and take forward necessary work to improve the application of DoLS, the right funding is key. Our focus going forward is how we meet ongoing, projected increase in DoLS applications, whilst also focusing upon Community DoL Order applications and the need to develop our response to those young people under the Mental Capacity Act.

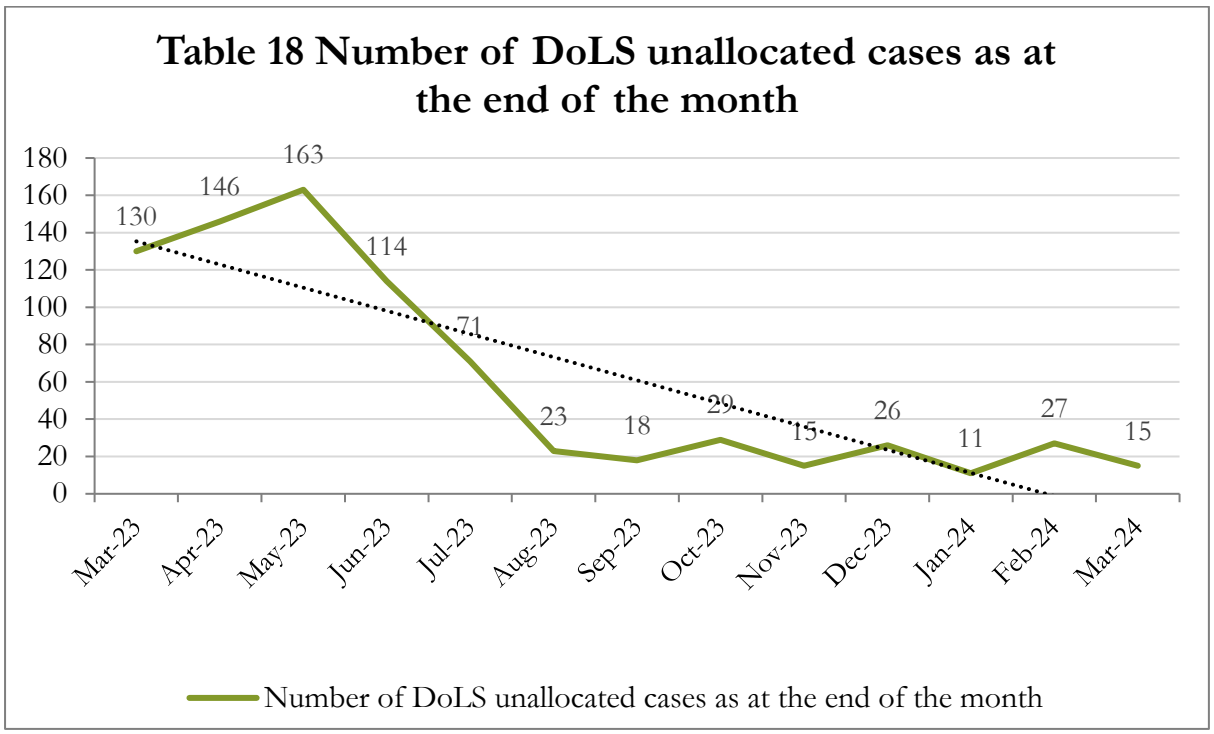
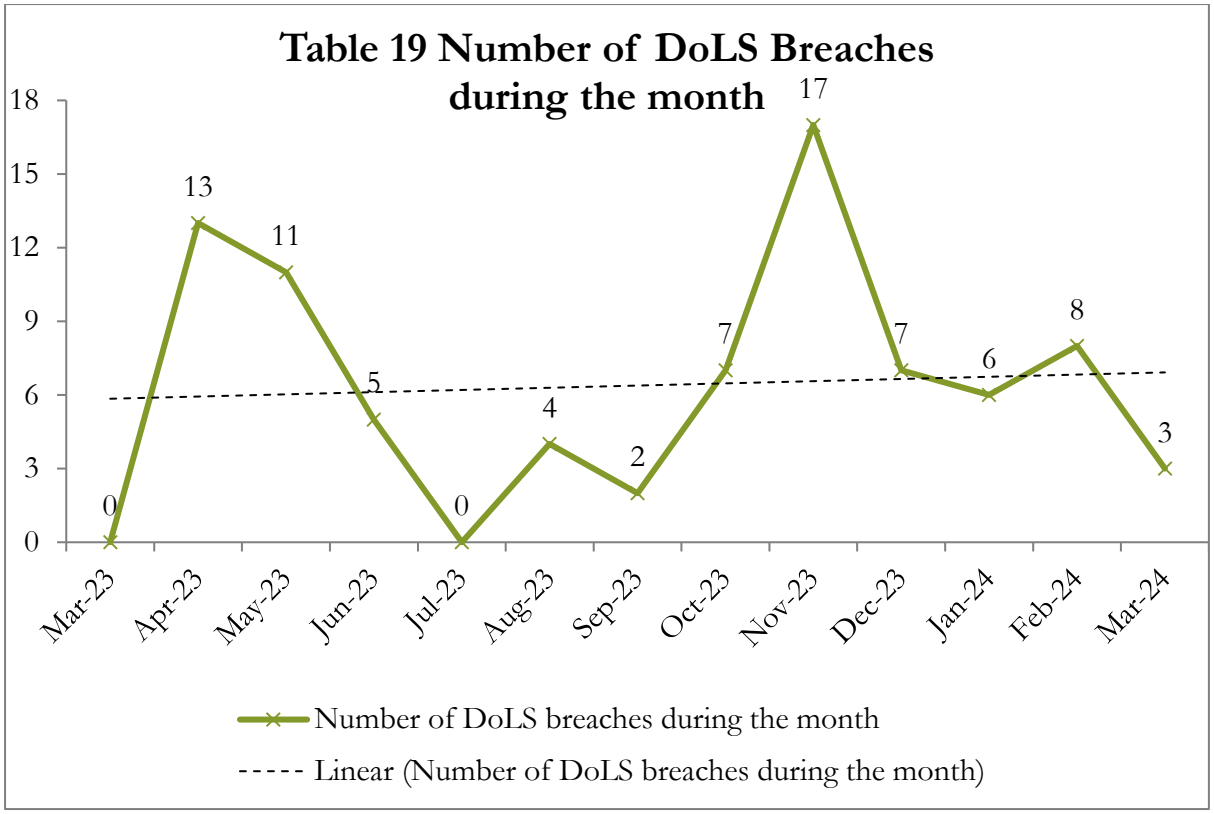


Table 19 shows DoLS Breaches. A breach in DoLS occurs when someone is deprived of their liberty without lawful authorisation. This can occur with a delay in receiving assessments from BIA's. The challenge we face in NPT around this follows on from what is mentioned above, that is, a reliance on agency workers to manage the shortfall. Whilst there are systems in place to set deadlines there is an element of chasing agency workers for assessments, which can on times mean there are lapses in individual's authorisation. Such matters are flagged with agencies and some are no longer used by the LA. Again, this is not only an issue for NPT but one that is felt regionally and nationally. Unfortunately delays in the implementation of Liberty Protection Safeguards (LPS) has meant that the existing challenges across the DoLS system will likely continue unless short-to-medium term changes are introduced.



Not all is doom and gloom however, we are building on our pool of external workers and have a number of reliable and experienced BIAs that complete assessments for the team from across our own LA and also neighbouring LA. This has increased to seven workers currently with more interest from other workers shown of late. We have also recently trained five staff in the Hospital discharge team who will be looking to complete the BIA work for those who are going from hospital to a care home and whilst alleviating some pressures on the team this also ensures a continuity of care for the patient.

Training for our managing authorities is being developed within NPT and we have also devised a crib sheet to support applications in a bid to embed some efficiencies in the process and highlight legal responsibilities. This will also assist in a timelier request for further authorisations and individuals not having periods of lapsed authorisation.

Prior to August 23, the monitoring of DoLs was completed on an excel workbook. The new manager for the team has introduced a new Case management system to capture quality DoLS data and this is now live on the SSIS system. We will be looking to replicate and enhance this system when we move to MOSAIC, our new IT system. DoLS data is also being developed to be a stand-alone dashboard to enable better tracking and oversight of such cases.

Regional BIA training is being delivered by the Board through in-house trainers to widen the range of workers we are able to train to complete the work, whilst reducing spend on expensive external training.

The Signatory body work is all completed by the DoLS team and Part 8 reviews[36] by in house staff as are any request for urgent authorisations and any within the Court arena for S.21a appeals[37].

There have been additional Signatory Body authorisers to support authorisation process.

Community DoLS

The postponement of the LPS reforms means that deprivation of liberty outside of a care home or hospital will continue to require a court authorisation, as those settings are not included within the scope of DoLS in the general sense. Community DoLS specific workshops have been held and leaflets, including an easy read version, have been developed to explain the process to individuals and families.

Whilst preparing to implement LPS the LA has reviewed case-loads across ASC to understand how many individuals known to service might meet the criteria for a Community DoLS. Each ASC team has engaged in this work ensuring that the relevant mental capacity assessments and best interest decisions are documented in relation to any restrictions that may be in place for those individuals that meet criteria for a community DoL. There has been joint working with the legal department who, with the DoLS team have developed a legal gateway and guidance for Court of Protection (CoP) applications. This process is lengthy and CoP backlogs have meant that applications processed are still relatively low but with clear plans in place. Fortnightly meetings are being held to oversee this plan and DoLS is included in our Directorate Risk Register and mitigating actions are monitored by the Quality Strategic Practice Group.

[36] A Part 8 Review under the Deprivation of Liberty Safeguards (DoLS) is a mechanism to review and, if necessary, amend or terminate a standard authorisation that has been granted to deprive a person of their liberty. The process is intended to ensure that the deprivation of liberty remains in the best interests of the individual and is still necessary and proportionate.

[37] A Section 21A review under the Deprivation of Liberty Safeguards (DoLS) is a legal process allowing individuals or their representatives to challenge the lawfulness of a DoLS authorisation. This process takes place in the Court of Protection and provides a crucial mechanism for safeguarding the rights of individuals deprived of their liberty.

Corporate Safeguarding

The Corporate Safeguarding Group is made up of Officers from across each council Directorate. Over the course of the last year the Corporate Safeguarding Group has met at regular bi-monthly intervals (occurring every two months). A Safeguarding Self-Assessment was administered across all Directorates and looked at three standards:

1. **Policy & Practice (P&P) (Robust) - How robust are your safeguarding practices in your service area?** (P&P's adopted and in use/ safe recruitment/ compliancy/training/ audits and inspections/ reporting)
2. **Environment (Safe)** - How safe does your service area feel to citizens that access your services, and to your staff working in your service area?(Atmosphere/ buildings/ e-safety/online or hybrid working arrangements/ information sharing/ complaints and compliments)
3. **Culture (Effective) - How effective is your service area approach to safeguarding?** (Effectively working with others to prevent and protect children and adults from risk and harm and to generally promote the wellbeing of citizens, i.e. through commissioned services/ effective communication and engagement with staff and volunteers to embed safeguarding into practice and service area planning).

The findings of the Safeguarding Self-Assessment can be found below by Directorate in table format under Appendix A. Broadly speaking the Safeguarding Audit was reassuring and all Directorates fully embraced the request, which was a significant shift from when a Safeguarding Self-Assessment was first administered in 2021 - 22. Of those areas identified as requiring action, none would be described as significant service failures leaving the Local Authority at risk. Against those actions identified, each Directorate has an Action Plan to address and updates will be reported into future Corporate Safeguarding Group meetings.

Over the course of the last year the Corporate Safeguarding Group has continued to have oversight of the response to the Gypsy Romany Traveller Community. In addition to this the Corporate Safeguarding group has tracked the roll-out of mandatory Safeguarding Training across all Directorates and it is pleasing to note that the increase in the number of staff members across all directorates who have received this training continues to increase.

Safeguarding Training

Group A (basic awareness launched in Nov 2021) is mandatory for all staff working in social care (Wales Safeguarding Procedures and P7 SSWBWA), to be refreshed every 3 years. Safeguarding is mandated for all council staff from the Corporate Safeguarding Group (Recommendation from WAO Audit). Targets are based on previous completions, accommodation changes, access to online learning. Any training, learning and development carried out in a higher group will mean there's no need to refresh training, learning and development in the groups below it. The following table shows completion from 1st April 2023 – 31st March 2024. Three year rolling compliance is at 70%. A virtual/face-to-face equivalent has been developed as an alternative to eLearning, for those who have difficulties with access.

	Headcount	Percentage
Chief Officers	3	13%
Education Leisure & Lifelong Learning	1992	53%
Environment & Regeneration	333	28%
Social Services Health & Housing	412	35%
Strategy & Corporate Services	134	41%
Total Workforce	**2871**	**44%**

The National Safeguarding, Training, Learning and Development Framework was launched in November 2023 as an appendix within the Training Standards. The focus in 2023-24 has been on promoting the Framework to support the implementation of the Standards. Together with partners from the West Glamorgan Safeguarding Board, NPT are leading the way on Group B safeguarding children and adults training. We are the first Welsh Safeguarding Board to develop and roll out a safeguarding Group B training package together with a train the trainer and opportunity to complete a City and Guilds Level 3 Education and Training Award for

accreditation. Group B training has been reviewed and a refresher was run in April 2024 together with the opportunity for an additional 15 staff across regional organisations to complete the Train the trainer qualification. This Group B training has been adopted nationally by Social Care Wales.

Development of Group C resources for both adult and children's multiagency safeguarding are in development. Forward plans are to develop multi agency training days in 2024 – 25. These will focus specifically on operational safeguarding staff, to understand each other's roles and responsibilities; consider the voice of the individual and to explore decision making.

Further training has been provided in response to recommendations around work with child sexual abuse, sessions have been provided on women who sexually abuse, understanding and preventing online child sexual abuse, sibling abuse, and understanding and assessing the protective carer in the context of child sexual abuse. Specific sessions have been delivered directly to parents. 4 trainers have been accredited to deliver the Brook Traffic Light tool and roll out of the tool for sexual behaviour in children and young people will commence following additional specialist training for 12 practice leads from the Centre of Expertise for Child Sexual Abuse. This training will be reinforced with access to the electronic tool and further e-learning.

A suite of Lucy Faithful Stop it Now "practitioners protect" training has been delivered to 113 regional multiagency partners. The outcome has been to support both parents and practitioners in understanding the issues around child sexual abuse provide information and resources to help in confidently protecting children. Also, to explore how to engage families in abuse prevention develop knowledge of conversation starters for parents and carers to use with increased confidence in giving prevention advice encourage practitioners to effectively use the toolkit in their role. 9 professionals were trained to deliver the "parents protect" programme to parents within their communities. Training has also been delivered in Digital resilience – 5; Understanding Harmful Sexual Behaviour – 10; Child Sexual Exploitation Awareness – 10; Preventing Child Sexual Abuse – a toolkit for practitioners.

We have also made significant progress in developing Children's Services as a trauma informed workforce. 48 members of staff attended an event on Trauma and Mental Health Informed Schools and Communities. 8 experienced Children Service's workers have been trained by Dr Sheena Webb of the Tavistock Institute to deliver workshops on "Working with trauma experienced parents". This was developed as a structured reflection to support practitioners working with parents who have experienced complex and/or sustained trauma.

Training on Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) is delivered in line with the Welsh National Training Framework. All staff must complete Group

Neath Port Talbot:

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
(VAWDASV) Group 1	313	455	653	381
(VAWDASV) Group 2	186	15	28	24
(VAWDASV) Group 3	30	13	1	0
(VAWDASV) Group 4 and 5	88	0	0	0

The roll out of our Safeguarding Adults and Children from Exploitation interactive training pack continues, raising awareness of county lines, criminal and sexual exploitation, trafficking, radicalisation, and hate crime for both adults and children.

E-learning only	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Exploitation	113	10	0	18

141 members of staff have completed Exploitation eLearning this year. Multiagency training on Exploitation and Modern Slavery First Responders has been delivered jointly with Swansea. Three regional sessions on Exploitation of Children and Adults were delivered with 28 attendees from NPT. One multi-agency First Responder session was offered and attended by 8 staff from Swansea and NPT local authorities, HMP Prison & Probation.

In NPT, Safeguarding training has been provided for licenced premises including: 31 staff from Blancos, The Castle, The Grand, Afan Lodge and Towers. A selection of staff from these hotels have been trained: Supervisors, Managers, and operational heads – reception/ bar/ housekeeping to help them spot the signs of exploitation in the nighttime economy.

- NPT as part of the West Glamorgan Safeguarding Board, are collaborating with One Step North to create an interactive 360-degree e-learning resources to enhance existing training videos on self-neglect prevention and safeguarding . This will provide trainers with resources to enhance learner engagement through immersive technologies and provide learners with the opportunity for to practice skills and decision-making using scenario-based learning.

Data is shared with the group, specifically in response to Child Protection and Adult Safeguarding. At the partnership level there is currently a piece of work being undertaken across Social Care, Housing, the CSP, APB and VAWDASV to look at better linking data up across these areas to develop a richer picture of vulnerability across NPT. This work is currently focusing on DVA and Substance use, it will start with small data sets with the intention to grow into the data sets of other Directorates, for example, Youth Justice, Education etc.

The group has been sighted on the work undertaken by colleagues in Education in response to the Estyn Thematic Review into Sexual Harassment in Schools[38] and a further update will be due this year to understand scale, prevalence and the response to this issue across NPT. In addition to this Education continue to address those issues that increase the risk of harm to young people across NPT: exclusion, reduced timetables and low school attendance and this will be a further area that the group will consider over the coming year.

The group has requested that a Low Level Concerns[39] Policy be considered for implementation across the LA to further strengthen safeguards. This matter currently sits with our HR department. The group has also received regular feedback on the progress of the Multi-Agency Safeguarding Tracker (MAST). MAST is a digital solution to resolve the information-sharing issue that has bedevilled practice for decades. Essentially high level data from police, social care and health is fed into MAST, which then matches data and displays interactions by address or person across those mentioned agencies. Following a successful proof of concept stage MAST will now be deployed for live testing across agencies and it is anticipated that this will significantly enhance the safeguarding response to children, adults, their families and communities. It is proposed that a separate paper and presentation be brought to the Corporate Directors Group and Committee to share the findings of the ongoing work.

The group is now well established and continues to evolve with the ever changing safeguarding landscape.

[38] "We don't tell our teachers" Experiences of peer-on-peer sexual harassment among secondary school pupils in Waleshttps://www.estyn.gov.wales/system/files/2021-12/Experiences%20of%20peer-on-peer%20sexual%20harassment%20among%20secondary%20school%20pupils%20in%20Wales_0.pdf

[39] Low Level Concerns Policy https://www.farrer.co.uk/globalassets/clients-and-sectors/safeguarding/developing-and-implementing-a-low-level-concerns-policy.pdf

Conclusion

As this report illustrates, safeguarding is a vast, complex, multi-layered, uncertain and unpredictable business, more so than ever in today's rapidly evolving digital landscape, safeguarding children and adults has become increasingly complex. But as technology evolves so too must practice to harness the advancements of the digital age for we as a LA, are lagging behind the curve in this digital space. As this report references and indeed makes the case for - across multiple fronts – there is a need to use technology to our advantage, to better understand the problems, or rather the challenges, we face to safeguard our most vulnerable. Technology one hopes will also support us to predict and forecast more accurately risk and harm across NPT.

Data coupled with stories told by children, parents, families, adults, practitioners and partners and our communities will support us to develop a richer understanding of what difference we are making and how effective we truly are at safeguarding as is illustrated by two stories captured at Appendix B and C. This report features heavily the prevailing reactive front but a balance is required. A balance that reflects all of those children and families, adults and their carers and communities who have been supported by the LA and partner agencies to live a safer and more prosperous life owing to care and support received. For it is arguably more important to understand and to do more of what has worked to keep children and adults safer in their communities than it is to only bear down on what is wrong.

As complexities seemingly continue to multiply across practice it is important that the system is re-designed to be less complicated so as not to add to, or reflect, the complexities experienced in the outside world and to do this there is a need to ensure we return back to basics to ensure they are done right and done well. In the words of Shakespeare, "uneasy lies the head that wears a crown," especially for those tasked with the duty of safeguarding today yet despite those key challenges faced we continue to respond to safeguard those most vulnerable across society and as we do we continue to learn and adapt to get better.

This report has laid bare the key challenges faced by the LA, coupled with the current response across the Directorate and partnership landscape, which one hopes offers reassurances to the reader. To summarise, the challenges we have encountered over the past two years that we will continue to face head on into 2024 and 2025 are:

- Increased Contacts and Referrals: There has been a significant rise in the number of contacts and referrals to Children’s Social Care. This increase puts pressure on resources and necessitates efficient management and prioritisation of cases.

- Increased pressures to ensure those deprived of their liberty are safeguarded. This extends beyond Care Homes and Hospitals as more individuals reside in the community without the necessary safeguards. However with no additional monies it is hard to see how this challenge will be resolved in the short-term, beyond the existing interim measures to identify, monitor and prioritise on a case-by-case basis.

- Prevalence of Child Sexual Abuse and Domestic Violence and Abuse: The report identifies Child Sexual Abuse and Domestic Violence and Abuse as prevalent issues. Addressing this requires ongoing specialised training, awareness programs, changes to service delivery across CSC and ASC and a robust response mechanism to support affected children and adult survivors.

- Data Metrics and Analysis: There is a need for a better data model to accurately measure outcomes and the effectiveness of safeguarding interventions. Improved data collection and analysis can help in both identifying trends and areas for improvement.

- Economic Deprivation: Economic factors and deprivation can exacerbate safeguarding risks. The report suggests that safeguarding strategies must consider the socio-economic context to be effective, including future disasters (Environmental breakdown).

- Demographic Changes: An aging population presents unique challenges for adult safeguarding. The report stresses the importance of adapting safeguarding practices to cater to the needs of older adults.

- Emerging mental health crisis amongst children and a better understanding of adolescence to inform practice and bridge the gap between CSC and ASC.

- Interagency Collaboration: Effective safeguarding requires collaboration across various agencies, including the Partnership Boards (Community Safety Partnership (CSP), Violence Against Women (and girls), Domestic Aduse and Sexual Violence (VAWDASV), Regional Safeguarding Board, Area Planning Board (APB), Serious Organised Crime Board etc.). The report highlights some of the challenge of ensuring cohesive and coordinated efforts among all stakeholders.

Chris Frey-Davies
PO Safeguarding & RDI
July 2024

APPENDIX A – NPT Safeguarding Self-Assessment

NPTCBC Safeguarding Self-Assessment

The table to follow highlights, by color coding, each of the standard safeguarding measures by Directorate:

Green — Means everything is in place, up to date, and meets the required minimum standard

Amber — Means that something requires review or improvement

Red — Means something needs to be developed as a matter of urgency or the measure needs to be addressed urgently

Standards	Social Care	ELLL	Hillside	Environment	Legal & DS	CSP	APB
1.1 Up to date safeguarding policies in place							
1.2 Up to date safeguarding training in place and accessed by your service area							
1.3 Is your service area compliant with the basic safeguarding training requirements for new Starters, existing staff and volunteers?							
1.4 Do you have safe recruitment processes in place? (In line with the NPT Safe Recruitment Policy)							
1.5 Are up to date safeguarding checks for employees (e.g. DBS checks, registration) in place for all required roles/ posts within your Service area?							
1.6 Does your service area utilize non-employees such as volunteers; chaperones, mentors, agency workers or contractors (paid or unpaid)? If yes, are all of these up to date with their basic safeguarding training and safeguarding checks?						**n/a**	**n/a**
1.7 There is a named Designated Safeguarding Officer/ Lead/Champion in every required site/ location across the Service Area whose training is up to date and all staff know who this person is and how to contact them.						**n/a?**	

1.8 The Safeguarding Champion for the service area disseminates safeguarding communications across the service area.						n/a?	
1.9 Handling allegations against professionals and persons in a positon of trust - managers and staff alike know how and who to report concerns to.						n/a?	
1.10 Staff are able to recognize when children or adults are at risk or in need of additional support and can make appropriate referrals to services (i.e. Early Help; Team Around the Family: Adult & Children Services etc.)							
1.11 Have any audits been undertaken in your service area within the last 12 months, which have included any focus on safeguarding? What was the outcome of the audit and how have you applied this to your service planning?							
2.1 Citizens using your service are made aware of all safeguarding policies and procedures and how these are applied within your setting(s)							
2.2 The named Designated Safeguarding Officer/ Lead for each site where citizens access to attend for services or information, is clearly displayed or is accessible.						n/a?	n/a?
2.3 In every site across the service area the staff (including volunteers) would know what to do and who to contact in case of an emergency involving a child (up to the age of 18 years old) or an adult, and would know who to seek advice from in the service area regarding safeguarding information							n/a
2.4 Monitoring Public Access Points on site- Do you know who is in and out of the building at all times?							n/a
2.5 How do staff and citizens feel assured by the safety measures in place?						n/a	
2.6 When services/ contractors attend your properties there is a policy/ procedure in place which is routinely followed regarding supervision whilst on site and/ or a risk assessment in place if working in areas unsupervised?							n/a
2.7 Do you risk assess for safeguarding and general safety when using premises other than your own and have a reporting system in place for any issues identified? (For example: NPT youth worker facilitating a session on- site at SBUHB premises; NPT solicitor working out of law courts in another district- risk assessment of rooms for consultation etc.)							

2.8 Information about a child or adult OR concern about a professional/ volunteer when shared either by a citizen or staff member is done so safely, securely and maintained confidentially (e.g. Stored and shared in line with GDPR and council requirements)							**n/a**
2.9 E-Safety: Do you have and implement a policy for the safe use of internet access by service users (including children and young people)?						**n/a?**	**n/a**
2.9 Complaints and Compliments (last 12 months): How many complaints within your service area linked to safeguarding? (Think about- professional abuse; safety in buildings: including unsupervised access; anti-social behaviour; low level concerns, staff concerns for safety)						**n/a?**	
2.10 How many compliments within your service area linked to safeguarding? (Think about- feedback from citizens about services received from staff/ volunteers; feedback via engagement/ consultation surveys or forms at site)							
3.1 Commissioned services- Do you commission services for your service area. How can you evidence that every service commissioned delivers a safeguarding standard consistent with our own service (i.e. In line with our corporate safeguarding policies/ expectations)?						**n/a**	
3.2 All staff/ volunteers receive appropriate training (at the relevant levels) to understand to whom they are directly accountable with regards to the wellbeing of children and adults at risk, and to enable them to fulfil safeguarding responsibilities proportionate to their role							
3.3 All staff/ volunteers are made aware of updates and changes in safeguarding legislation/ policy/ practice and how this may have a direct impact on your specific service area.							
3.4 Working with others: How is guidance and training regarding information sharing made available to staff (both at induction and existing staff)? Are staff aware of what can and can't be shared with others (e.g. Agencies such as police/ solicitors) and in what formats (e.g. Redacted records)?							
3.5 Consent to share information and when consent is not required is covered in training/ guidance and in supervision/ appraisals as standard practice.							
3.6 All strategic planning takes into account the need to safeguard citizens and to promote their welfare; as a service area we reflect on what has gone well and areas for improvement and ensure that new learning is embedded into our practice and in service area planning							

Appendix B

"Knock the door and keep trying".

NIHR | School for Social Care Research

Background:

Siobhan is a highly experienced social worker within adult services. She enjoys her work and is passionate about ensuring that the service she provides to citizens is outcomes focused and safe. This most significant change story reflects on a recent case that caused Siobhan to consider her practice interventions and reflect on her values. The story is focused on working with a citizen who was experiencing extreme self-neglect, but who had capacity. This work was demanding on Siobhan's time but also on her values as a social worker. Siobhan looks at what supported her to continue to offer this citizen support and to feel that she was being held by research to ensure her practice was the best it could be.

Over the last 6 months, what good or bad feelings have come about as a result of working with this complex citizen in a busy adult team.

I felt and feel sadness. This was and is a sad story. The sadness came as this was chronic self-neglect with no obvious solution. This citizen was of the neediest within the borough identified by daily referrals from all professionals. It felt like a quagmire of deprivation. We (social workers) get called out to people when they are at the most vulnerable and this citizen presented me with one of the most challenging cases I have worked.

But it was a rewarding piece of work. Social work principles from the 1948 National Assistance Act through to the Wellbeing Act (Wales) 2014 compel us to reach out to those who can't care for themselves. The nature of social work is to support humanity and yet still be accountable for your interventions.

I reflected on my interventions as I could not walk away. The human need was apparent. It was on my watch and so I needed to ensure all my actions were endorsed by research and practice guidance to ensure that I was accountable and acting in my role, not as a rescuer.
I was fearful that if I took a strong formal approach focusing in capacity he would object and stop answering the door as he had to other people. I was duty bound to engage him and change my approach to his needs. I used their preferred name and although they spoke little I managed to get in and interact with them. As a social worker you don't complete a singing module, but having found out about his favourite music I ended up singing "Stand by me" with them accompanying me. I think this helped build a relationship and ensure that I and others saw their humanity.

Record a list of changes (good or bad)

Questions over my role. Not from managers but within myself.
Questions over how to reach this person, how to have positive engagement when all other interventions have failed.
I felt I was floundering between Mental capacity and Court of Protection concerns whilst all the time seeing and knowing their health was deteriorating and wrestling over how to get this addressed when they were refusing care.

We are seeing higher numbers of people living alone and experiencing self-neglect. This citizen hit every indicator, alcohol use, hoarding, deprivation. They would and had fallen through gaps and floundered in systems.
Guidance came in the form of the WGSB Self neglect policy. I centred my practice on this policy. The policy gave guidance and practice tools which helped me with my interventions and communication with partners.

Which *one* of these changes is the most significant to you and why?

I hung my practice on the Self neglect policy and I felt I was validated in my interventions. I did feel like a lone voice though saying *" We can do more than this, we don't leave people alone. And if there is no right solution we don't just opt out".*

The guidance gave me structure, validated the safeguarding concerns and identified the escalating risk to life. I used the practice tools especially appendix A of the Self Neglect policy to structure my interventions and record my findings. Also the spirit of the policy to engage and work to core social work values.

Things changed once the Paramedics submitted a report. They reported all the concerns and that all of our interventions and actions were evidenced based. This report validated everything I had raised about health concerns and validated the work we had undertaken.

Regarding this change - what it was like before?

Before focusing my attention on the policy I felt like I was floundering. This highly vulnerable citizen was 61, yellow and in deteriorating health. Their environment was shocking and everyone wanted a solution. My social work values and human conscience wanted a solution as well. But I was floundering between mental capacity and the court of protection and not wanting to frighten this person away. I wanted to keep being allowed in, but how to ensure that I was making the most of the time I was allowed in? The policy gave me that structure and the defendable position for my interventions.

What it is like now?

Now I can look back and know that I upheld all of his humanitarian rights. He had his fair dues and received a service and intervention that gave him dignity and options.

What do you think made the changes come about?

I feel that the combination of social work core values and structured policy guidance gave me the insight to manage this case. This gave me the drive to do what all social workers do, to keep knocking that door and keep trying.

Appendix C

"To new beginnings"

19.05.2023

Background – a little bit about the person who is sharing their story

I'm nearly 40, got 3 beautiful boys and one on the way, I'm a Romany Gypsy and proud, I've been through a lot but I'm still here to tell me story. I thought you were there to take my kids, but now I know you are there to support me.

C is a domestic abuse survivor.

Opening question: Over the last 6 months, what good or bad *changes* have come about as a result of *social work intervention*

- You have given me a lot more confidence
- You have made me feel its ok to ask for help when I need it
- The good thing is he's been sent down and I wouldn't have done it if you didn't give me a kick up the arse, without the support around me I wouldn't have been able to do it, I would have still been bullied by him, there's no shame in asking for help,
- I'm getting the children to school, if ones poorly I still take the other ones where I wouldn't before, I would have let them all stay home
- I'm getting my confidence back
- The boys really are happy now
- I'm doing more with the boys, we are going to the park
- I'm enjoying the talking, doing that game with you (Kids needs cards)

Second question: Which *one* of these changes is the most significant to you and why?

The most important thing for me is that I've got a perpetrator away from me. I feel a lot safer. I'm not walking on egg shells, I'm not lying, I'm not hiding away. It's made me more confident, made me feel good about sticking my ground. He's staying away from my family.

Regarding this change - what it was like before?

It was a nightmare. I was depressed. I didn't know which way to turn. I was bullied. I felt I was in the situation that I couldn't get out of. I felt like he put everything on me and I didn't know what to do. I never want to feel like that again. I wanted to end my life, honestly, I wanted to end my life, I couldn't take it anymore. I stopped having contact with my family, I pushed people away from me. That will never happen again, it won't.

Before, I was a scared frail person, who was too scared to open their mouth.

What it is like now?

Amazing, absolutely amazing, I've got to so much confidence, I can be honest, I'm open, I feel like no one is going to judge me. I feel like I've got my life back. I feel so much happier in myself.

People will now see the bubbly C back, a girl who's ready to overcome anything, who's not ashamed to ask for help. I'm doing more for the children, we've gone back into a family.

What do you think made the changes come about?

Having the support to social services and other people giving me that push what I needed to realise what was happening to my life, to see what was happening in my life. Well, I could see it but I was too scared to do anything about it because of what he did to me before.