



ANNUAL REPORT

2025-2026

Plymouth Safeguarding Children Partnership

pscp@plymouth.gov.uk

www.plymouthscp.co.uk



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Our Mission Statement: Working together to ensure the safety and wellbeing of children, young people and families within Plymouth

LIST OF APPENDICES

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INTRODUCTION FROM OUR LEAD

SAFEGUARDING PARTNERS

As the Lead Safeguarding Partners for Plymouth, we are pleased to present the Plymouth Safeguarding Children Partnership (PSCP) Annual Report for 2025/26. This report reflects the commitment, collaboration and determination of agencies across the City who work together every day to protect children, support families and improve outcomes for children and young people.

Whilst the statutory partners hold joint and equal responsibility for the effectiveness of local safeguarding arrangements, we know that meaningful change and improved outcomes can only be achieved through strong partnerships. We would like to thank all our partner agencies, practitioners, volunteers, education settings, community organisations and most importantly children, young people and families for their contribution to safeguarding across Plymouth.

Throughout this year, the Partnership has continued to strengthen its work around the priority areas of Neglect, Safeguarding Adolescents, Domestic Abuse and Children, and Child Sexual Abuse. This report demonstrates the significant activity that has taken place across the City to improve practice, enhance professional understanding and ensure children's lived experiences remain at the centre of decision making. We are particularly encouraged by the impact of multi-agency training, quality assurance activity, learning from reviews and the growing use of data to understand emerging themes and risks.

A particular strength of Plymouth continues to be our commitment to listening to children and young people. The work of our Young Safeguarders once again demonstrates the value of meaningful participation and constructive challenge. Their independent scrutiny reminds us that safeguarding is most effective when we take the time to understand the experiences, perspectives and needs of those we seek to protect. Their work continues to influence strategic thinking, service development and practice improvement across the partnership.

We would also like to recognise and thank NSPCC Together for Childhood Plymouth for its significant contribution to safeguarding children and strengthening communities across the City. Since its introduction in Plymouth, the programme has worked alongside residents, partner agencies and community organisations to build protective networks around children, promote early intervention and encourage a shared responsibility for keeping children safe. Whilst the programme came to an unexpected end in December 2025, its legacy continues through the relationships, learning, community capacity and safeguarding approaches that it helped to establish. We are grateful for the commitment and expertise of Together for Childhood colleagues and acknowledge the positive impact their work has had on children, families and communities across Plymouth.

The past year has also seen partners preparing for the significant reforms arising from the Families First Partnership Programme. These reforms provide an exciting opportunity to strengthen early help, improve family support and deliver a more integrated safeguarding system. The future launch of Plymouth's Multi-Agency Child Protection Team marks an important milestone in creating a more joined-up and effective response for children at risk of harm.

Alongside local developments, we have continued to learn from national reviews, local safeguarding reviews, quality assurance activity and the experiences of children and families. We remain committed to creating a culture that promotes learning, professional curiosity, respectful challenge and continuous improvement. Effective safeguarding relies not only on good systems and processes, but on a skilled, confident and supported workforce working together with a shared purpose.

While this report highlights many successes, we recognise that there is always more to do. Challenges remain for children and families, including the impact of poverty, mental health, online harms and exploitation. As Lead Safeguarding Partners, we remain committed to ensuring that children are protected, families receive the right support at the right time, and agencies work together to achieve the very best outcomes.

On behalf of the Plymouth Safeguarding Children Partnership, we would like to thank everyone who has contributed to safeguarding children and young people in our City during the past

year. Together, we will continue to build a safeguarding system that is ambitious for children, responsive to families and committed to continuous improvement.

Tracey Lee

Chief Executive

Plymouth City Council



Moiria Marder

Chief Executive

Ted Wragg Trust



Susan Bracefield

Chief Clinical Officer (CNO) / Interim Chief Executive Officer

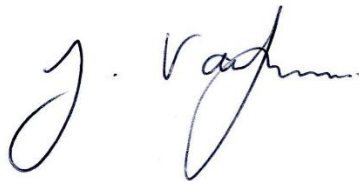
NHS Devon Integrated Care Board



James Vaughan

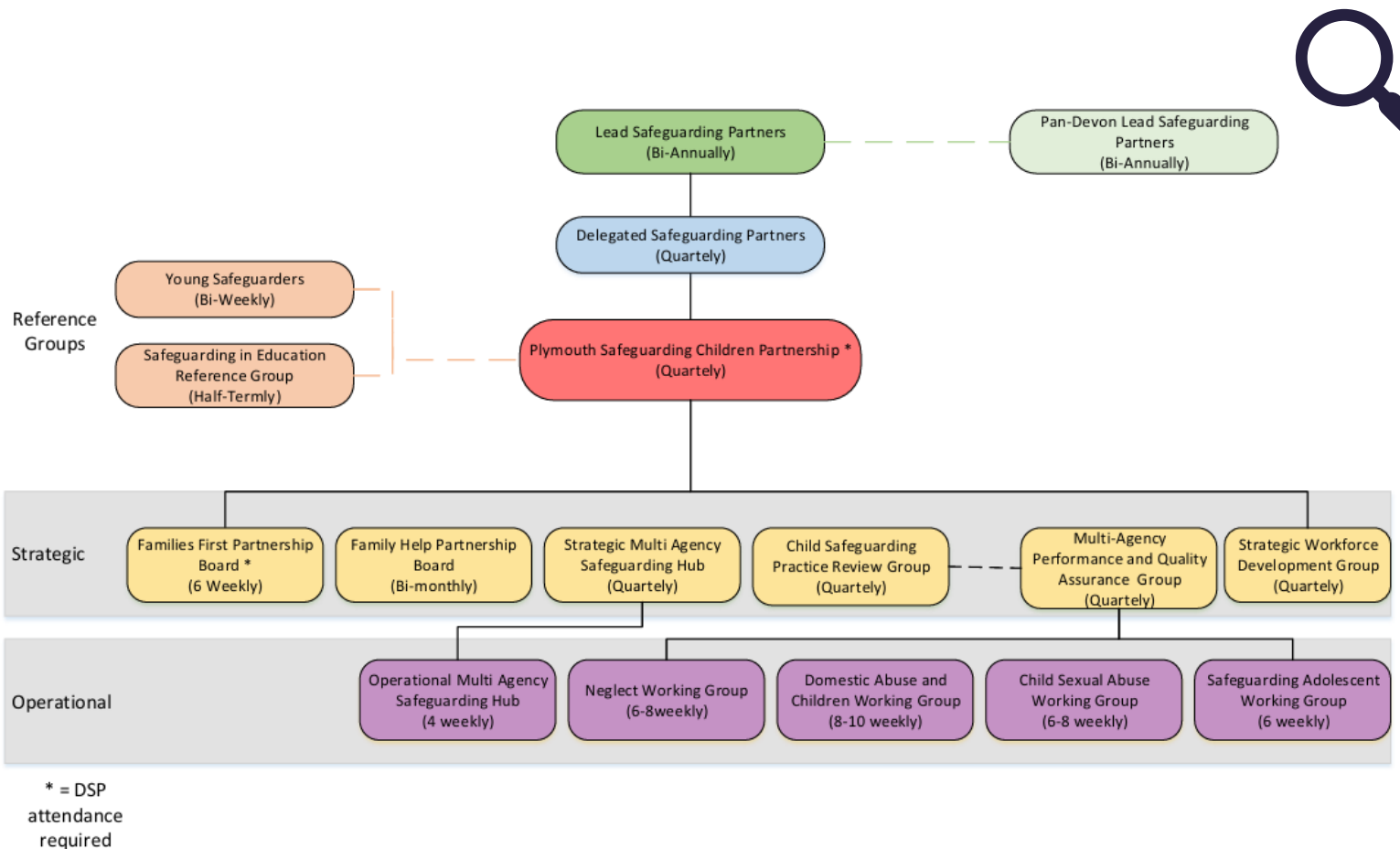
Chief Constable

Devon and Cornwall Police



WHAT IS THE PLYMOUTH SAFEGUARDING CHILDREN PARTNERSHIP?

The Plymouth Safeguarding Children Partnership is also known as the PSCP. We are a partnership of agencies who are responsible and accountable for leading safeguarding services across the City. We support each other to learn from local and national reviews identifying what works well and what could be improved within children's safeguarding. We scrutinise the effectiveness of safeguarding arrangements and hold each other to account to ensure everyone plays their part in keeping children and young people safe, in Plymouth.



Find out more:

Find out more about the Partnership by visiting our website: <https://plymouthscb.co.uk>



RELEVANT AGENCIES

There are three statutory safeguarding partners: Police, Health and the Local Authority, however there are several relevant agencies who make up our partnership. Although ultimate accountability rests with the three Statutory Partners, the legislation is clear that all agencies share a responsibility for safeguarding children and for working together to achieve that.

The relevant agencies in Plymouth include, but are not limited to:

- All early year's settings
- All Family Hubs and Children's Centres
- All primary, secondary, special, further and independent education settings
- Private training providers
- Language schools
- Faith Groups
- NHS Devon ICB
- University Hospitals Plymouth NHS Trust
- Livewell Southwest
- Southwest Ambulance NHS Trust
- Adopt Southwest
- Registered fostering agencies
- CAFCASS
- The Probation Service
- Office of the Police & Crime Commissioner
- British Transport Police
- Port and local border police force
- Action for Children
- LARK Children's centre
- Barnardo's

- The Children's Society
- Young Devon
- First Light
- Ahimsa
- Community and social housing providers
- Devon & Somerset Fire and Rescue Service
- Ministry of Defence
- Plymouth Argyle Football Club
- Plymouth Albion Rugby Club
- Plymouth Octopus Project

SAFEGUARDING IN EDUCATION

In Plymouth, we recognise the vital role that education providers play in safeguarding children and young people. Schools, academies, colleges, alternative provision settings and early years providers are often the professionals who know children best and are uniquely placed to identify concerns early, hear the voice of the child and provide consistent support.

Under Working Together 2023, we raised the profile of Education within our partnership and ensured we have an education representative at Lead Safeguarding Partner (LSP) level and Delegated Safeguarding Partner (DSP) level, we also ensure all our partnership subgroups have education representation. As education is already embedded throughout our governance structure and multi-agency arrangements, this has placed us in a strong position to respond to the increased emphasis on the role of education within Working Together to Safeguard Children 2026.

The Safeguarding in Education Reference Group (SERG) continues to provide a strong link between the education sector and the wider safeguarding partnership. The group brings together representatives from across education to share safeguarding learning, discuss emerging risks and themes, communicate partnership developments and contribute directly to safeguarding priorities and strategic planning.

Throughout 2025/26, SERG has provided an important forum for sharing information with schools and other education settings on a range of safeguarding issues including neglect, safeguarding adolescents, domestic abuse, suicide prevention, safeguarding babies and young children, health and wellbeing, safer communities' initiatives and updates arising from the Daily Intelligence Briefing. Schools have also benefited from information about local support services available to children and families, helping to strengthen preventative and early help interventions.

The Safeguarding Partnership Business Unit and representatives from partner agencies continue to attend Designated Safeguarding Lead (DSL) meetings, ensuring that education settings remain sighted on emerging safeguarding concerns, local learning from reviews, partnership priorities and training opportunities. These sessions provide an important opportunity for two-way communication, enabling schools to both receive updates and contribute their own safeguarding insights and experiences.

During the year, education partners reported improved access to support services for families through strengthened communication and partnership working. Examples included engagement with winter hardship initiatives, energy support services and the Personal Growth, Enrichment, Awareness and Kindness (PEAK) programme, a six-week school readiness programme designed to support parents in promoting early learning and helping children prepare for successful transitions into education.



SERG has also played an important role in supporting the partnership response to safeguarding adolescents. Education settings contributed to and benefited from initiatives including the Knife Angel Project, suicide prevention activity and intelligence led safeguarding responses through the Daily Intelligence Briefing. Education partners reported that timely multi-agency information sharing has improved their ability to respond to children at risk of exploitation, serious youth violence, missing episodes and other safeguarding concerns.

Workforce development remains a key strength within education. Education settings reported increased participation in PSCP multi-agency safeguarding training and highlighted the value of learning alongside professionals from Health, Police, Children's Services and the voluntary sector. Education leaders described improvements in professional confidence, understanding of safeguarding processes, awareness of local support services and use of assessment tools to support safeguarding decision making.

A recurring theme from education partners has been the importance of hearing the voice of the child. Education settings continue to identify children's wishes, feelings and experiences through pastoral support, wellbeing surveys, safeguarding processes and trusted relationships with Designated Safeguarding Leads. Feedback suggests that children increasingly report feeling able to speak to safeguarding staff when they have concerns, enabling earlier identification of risk and more timely intervention.

As part of the Partnership's quality assurance framework, all relevant education settings continue to complete the annual Section 175/157 safeguarding audit. The audit provides a comprehensive overview of safeguarding arrangements across educational settings and supports the Partnership in understanding strengths, identifying areas for development and

monitoring the impact of safeguarding activity. Findings from the audit continue to demonstrate a committed and increasingly confident education workforce that plays a crucial role in protecting children and improving outcomes across Plymouth.

Percentage of No or Negative Responses to PSCP Assurance Questions

The Quality Assurance Delivery Group (QADG), including representation from our 'Young Safeguarders' and the Safeguarding in Education Reference Group (SERG) contributed to the development of the S175/157 Audit and identified 12 areas of enquiry for assurance. For this series of questions, settings were asked to respond yes or no (with some further evidence requested for some questions to add context). The assurance questions and citywide responses are indicated below. The assurance areas highlighted red indicate where 10% or more of data submitting schools have indicated a 'No' response, potentially indicating that development is needed within these areas of provision across the City and within specific settings. On this occasion there was only one element identified (Availability of Safeguarding Supervision).

PSCP ASSURANCE QUESTION	% OF 'NO' or '-ve' RESPONSES
11a) Does your setting have systems in place to ensure the safety and wellbeing of children and young people when they are affected by domestic abuse?	0%
11b) Are you confident that, when appropriate, your setting follows the Local Authority Critical Incident Procedures?	3.8%
11c) Is specific safeguarding supervision available for all relevant staff in your setting? (Please provide a description of this supervision and the staff roles that are in receipt of this.)	19.2% (Prev. 26.4%)
11d) Is your setting confident in the process of Case Resolution ('Resolving Professional Differences')?	9.6%
11e) Does the school have mechanisms to identify, respond to and refer to supporting services, for children who present at school hungry?	1.9%
11f) Are structures in place provide individual support to children and young people experiencing peer on peer harm (for example but not limited to: physical and sexual abuse; sexual harassment and violence; emotional harm; on and offline bullying; relationship abuse; grooming children for sexual and criminal exploitation)?	0.9%
11g) Does your setting demonstrably nurture an ethos of respect and safety, addressing misogyny and abuse, in all forms?	0%
11h) Within your setting, are you confident that safeguarding information and child protection concerns are shared confidentially, when children are being discussed?	0%
11i) Are you confident that your children and young people feel safe at school? Please indicate how you provide opportunities for meaningful student voice / consultation / feedback?	0%
11j) Are systems in place to monitor the impact of trauma, when a child has been harmed (including ongoing systematic check-ins for all concerned, including adults and children)?	0.9%
11k) Does the setting provide support and respond to diversity and equality incidents/issues successfully (using the intelligence to inform provision, learning, support and reporting responsibilities)?	0.9%
11l) Are C&YP experiencing grief, bereavement or anticipatory bereavement, supported with targeted and ongoing care, utilising current guidance/training?	0.9%

Comparative 2023/24 versus 2024/25 Data Particular improvements (of over 5%) were found within the elements shown below

S175 Audit Element	2023/24 Data	2024/25 Data	Trend
1d) Do you have a clear policy on whether staff are allowed to use personal devices (including phones and computers) for work purposes? Please give a short summary of the policy position on this.	89.2%	95.2%	(6% Improvement)
1m) Does the setting have a security policy outlining emergency procedures such as lockdown which is regularly reviewed? Please indicate the date of the last emergency procedure practice in the comments section.	66.6%	85.6%	(18.9% Improvement)
4k) Has there been representation from your setting (NOT TRUST) at all 2023-24 LA DSL briefings?	82.3%	88.5%	(6.2% Improvement)
5j) Is the setting aware of the PSCP safer me assessment tool when there are concerns that a child is at risk of exploitation or there are suspicions that they are being exploited? Please indicate the number of safer me assessments completed in the evidence/comments and actions to be taken section.	82.3%	90.6%	(8.3% Improvement)
7b) Does your DSL have oversight and knowledge of your web monitoring systems? Please tell us which service provider you are using for these.	87.2%	96.2%	(9% Improvement)
7c) Has your DSL received training enabling them to understand and oversee web filtering and monitoring systems?	75.5%	86.5%	(11% Improvement)
7d) Does a named governor have oversight of your web filtering systems?	68.6%	76.9%	(8.3% Improvement)
7e) Do your web filtering and monitoring systems operate on equipment used both on and off site setting?	85.3%	94.3%	(9% Improvement)
8n) Total number of students who have moved to elective home education during the academic year 2023-24. Do you regularly report these numbers to your Governance Board?	83.3%	97.2%	(13.9% Improvement)
8n) Total number of students who have exited the setting via an in-year admission to an alternative school within the LA during the academic year 2023-24. Do you regularly report these numbers to your Governance Board?	84.3%	92.4%	(8.1% Improvement)
11c) Is specific safeguarding supervision available to all relevant staff in the setting? In the comments section, please indicate which members of staff are routinely offered safeguarding supervision.	73.7%	80.8%	(7.1% Improvement)

Education remains a valued and influential partner within Plymouth's safeguarding arrangements, providing not only frontline safeguarding expertise but also essential intelligence, challenge and learning that supports the Partnership's collective ambition to keep children safe and help them thrive.

YOUNG SAFEGUARDERS

Plymouth has a group of passionate and motivated young people who come together as Young Safeguarders. This is a group of young people working to make sure that the lived experiences and voices of children and young people are heard by systems and services and that information that is produced, such as the policies and procedures that affect their lives, are fair and understandable for them and their families. They meet fortnightly and are supported by the Plymouth City Council Participation Team, with costs part funded by the PSCP. They provide regular scrutiny of the PSCP, including a quarterly review of the data scorecard. Within our multi-agency safeguarding arrangements you will also find the 10 wishes charter created by our Young Safeguarders.

Alongside their ongoing work of looking at data sets, they have been contributing to other work such as Family First Partnership development and SEND improvement. Young people have over the year focused on two main pieces of work: a Suicide Prevention resource and a large piece of scrutiny work that covered all statutory partners within the PSCP.

Building on work of last year that included learning walks and scrutiny work as well as production of useful information such as Tricky Topics - Plymouth Safeguarding Children Partnership and Moving Schools Leaflet: Starting Secondary School - Plymouth Safeguarding Children Partnership, following a request from the Partnership Board the Young Safeguarders worked with some of their peers from other youth groups to look at the difficult subject of suicide from a young person's perspective.

The overarching principle of the work was that often suicidal thoughts were driven by a desire to stop suffering rather than a wish to be dead. It was agreed that one young person taking their own life is one too many and young people worked to create a resource to try to break down barriers, so people felt more comfortable talking about suicide and distress. Young people created a booklet which aims to provide ideas to help young people in distress and to try to stop young people taking their lives. They also created a wellbeing plan that can be completed and kept to use when needed - SOS (Subject of Suicide) – Dealing with Distress - Plymouth Safeguarding Children Partnership, the Young people attended the PSCP

conference to introduce this resource and presented how and why they had undertaken this work.

In March 2025 the Young Safeguarders were commissioned to undertake a piece of scrutiny to look at how well organisations and their staff listen to children and young people and whether what young people say makes a difference. Throughout 2025 the Young Safeguarders created and undertook a number of surveys, data analysis, practitioner interviews based on initial findings as well as interviews with other young people. Several of the Young Safeguarders attended the partnership board on two occasions to present their findings. On the first occasion the young people took the opportunity to challenge the board about the levels of engagement from them and the workforce in the early part of the work which had at times left them feeling frustrated and let down. The presentation they gave helped refocus the board and hold people to account to ensure work was proceeded with. The young people's presentation and attendance at the board was described by one board member as "a masterclass in speaking truth to power".

In the groups second visit to the board the young people presented their findings along with over fifty recommendations broken into different services and organisational areas.

The work identified that while organisations generally recognised the importance of listening to children and young people, approaches are not always consistent and young people do not always see how their views influence decisions. Communication was highlighted as a key area for improvement, particularly ensuring information is accessible, age-appropriate and directed to young people themselves rather than solely to parents and carers.

Across health, police and children's services, the Young Safeguarders found strong examples of child-focused practice and a workforce who genuinely cared about children and want to do the right thing. Most staff understood how important it is to listen to young people and try to put children at the centre of their work.

Concerns were raised regarding inconsistencies in advocacy, meeting participation and opportunities for children and young people to influence decisions affecting their lives. Analysis of safeguarding and care planning meetings found that a high number had no recorded voice

represented within key meetings. The work also highlighted confusion around responsibilities for advocacy and supporting attendance at meetings.

The recommendations young people made focused on strengthening participation, improving communication, increasing the visibility and impact of children's voices, enhancing advocacy arrangements, and ensuring services are designed and evaluated from a child and young person's perspective. These recommendations will inform ongoing improvement activity across the Plymouth safeguarding partnership.

The full report can be viewed in Appendix A at the end of this report.

The Young Safeguarders are looking forward to seeing the impact of this work and contribution to solutions and ongoing improvements. They have also begun a series of learning walks to family hubs and with other young people are reviewing Plymouth's Sexual Health Services for young people alongside Public Health.

The Plymouth City Council Community Youth team, renamed COSMO has also had an exciting year of change and successful work with young people in Plymouth and their report can be found in Appendix B.

Find out more:

<https://plymouthscb.co.uk/young-safeguarders-2/>

TRAUMA-INFORMED PLYMOUTH



The PSCP ensures that trauma informed practice is maintained and will apply the trauma-informed lens in its work by using the Trauma Informed Plymouth Network principles. This means that throughout its arrangements the PSCP shall ensure that it supports the 5 core values for a trauma-informed Plymouth:

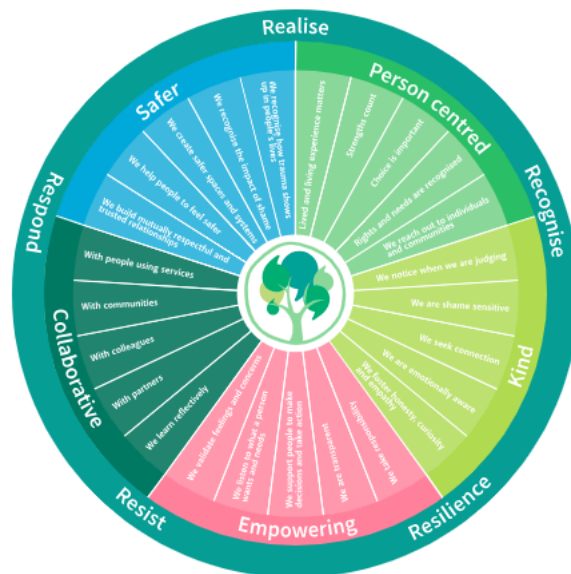
Safer: there is consideration of the psychological safety of those involved in and impacted by its safeguarding arrangements. When meeting, engaging and working with children, young people, families, communities and professionals all efforts shall be made to establish trusting relationships.

Person centred: understanding the lived experience of children, young people, families and communities and the circumstances which led to their involvement within services. Voices of the child, young person, families and communities shall be listened to and heard with respect.

Collaborative: children, young people, families, communities and professionals are treated as equal partners in the PSCP safeguarding arrangements. Learning shall be reflective with openness and emotional awareness.

Empowering: there is an overriding expectation that the PSCP safeguarding arrangements shall make a genuine difference. All involved, engaged or working within safeguarding services deserve to know that their contributions have influenced real change and that the PSCP is going to ensure that learning from their involvement, engagement or work is meaningful and widely disseminated.

Kind: ensure that language is appropriate and mindful of victim blaming or falling into judgement. There shall be understanding that traumatic circumstances may evidence behaviour that is considered challenging, and the trauma lens shall be applied to try to understand the underlying cause of this. There shall be kindness, clear transparent and compassionate communication and engagement.



LEARNING AND DEVELOPMENT: WHAT WE'VE DELIVERED

The PSCP provides a large amount of multi-agency training to professionals across the City. Below is a snapshot of what we've done in the past twelve months.

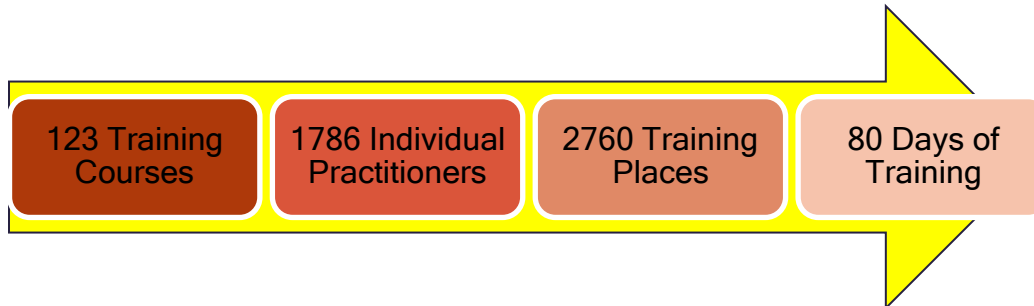
Courses for 2025-2026

Understanding Child Protection	Working Together to Safeguard Children	Having Curious and Courageous Conversations	Child Protection Refresher	Trauma Informed Practice
Neglect and Emotional Abuse	Understanding Child Sexual Abuse	Harmful Sexual Behaviour	Domestic Abuse and Child Protection	Safeguarding Children with Disabilities
Graded Care Profile 2	Medical Neglect Webinar	Adolescent Safety Framework	DSL Day in the Life Workshop	Understanding The Role of the LADO

Safeguarding Week 2025

Problematic and Harmful Sexual Behaviour Displayed by Children and Young People	Forensic CAMHS	The Hydrant Programme	Centre of Expertise on Child Sexual Abuse	SARC, MASH and PPU
Circles Southwest	Project Nighteye	7 Years of Learning from Together For Childhood	AI - The Capabilities, risks and impact on children, eliminating CSA online	

Learning and Development Headline Numbers



What Participants have Valued

We seek feedback during and after all our training courses. Over the past twelve months, participants have valued:

Multi-agency training where they can meet and learn from colleagues who work within different sectors

Having a variety of in-person courses has allowed immersive learning without disruption

Exploring learning from local reviews has helped to understand from a local context

Group activities utilising case studies is helpful to reinforce learning

Find out more:

Our full training offer and more information about how to book on can be found on our website: <https://plymouthscb.co.uk/training-development/course-information-and-bookings/>

LEARNING AND DEVELOPMENT: LEARNING INTO PRACTICE AND FEEDBACK

Below are sections of feedback provided by attendees at some of the training sessions provided by the partnership.

Making a Difference

A DSL shared that following some of the staff completing the CSA training, the guidance & toolkits are now being used within the Trust. Staff fed back that following the training, the signs and indicators tool has supported staff to work with a child whose behaviour they had concerns about. They have since had a disclosure from the child and they are now receiving appropriate support. –

Understanding Child Sexual Abuse

Making a Difference

A family hub worker shared that they have used the GCP2 tool to support a family around nutrition, children's development and safety and responding to their children's developmental needs. These elements were felt by the family hub worker to be helpful to frame to the family the improvements needed and made a real difference to the children's lived experiences. – *Graded Care Profile 2*

Making a Difference

I have a better understanding of how the dynamic between mother and child is affected by abuse which will help me when providing emotional support and advice to the women I work with. – *Domestic Abuse and Child Protection*

Making a Difference

I hope it's something I already strive to do. However, I feel the way we approach both adults and child victims/survivors and the language we use is important when responding to behaviours of children & young people who have experienced trauma. – *Trauma Informed Practice*

Making a Difference

The training has helped to ensure I approach conversations with specific observations but also consider feelings and approach with empathy. – *Having Curious and Courageous Conversations*

Making a Difference

It has given me a wider view on things in my practise, and helpful tools I have learned from the training. The training has giving me lots of information that I will use in my day-to-day job at the nursery I work in.

Making a Difference

Although safeguarding is already part of my role, the training helped reinforce the importance of staying vigilant and confident in raising concerns. Going forward, I'll be more mindful about creating a culture where others feel safe to speak up too — especially by encouraging open conversations and making sure everyone knows the correct reporting procedures.

The training provides consistency of practice across the Partnership, and it enables relationships to be built for better working together arrangements.
The training gives all practitioners a base line of understanding which causes confidence in the practitioner.



OUR PRIORITIES REVIEWED

The Partnership priority areas of Neglect; Child Sexual Abuse, Domestic Abuse & Children, and Safeguarding Adolescents were taken forward into 2025-2026 with the additional intertwined priorities of raising awareness of the partnership, to highlight the helpful information it can provide for practitioners and incorporating a focus on online harms.

These priorities have continued to be led through priority working groups. Each working group focuses on the priority through an annual workplan, delivering the learning from multi-agency auditing, local and national reviews and keeping their online input spaces up to date on the PSCP website providing up to date practice guidance and toolkits to help practitioners.

Some of the working groups have also benefited from specialist scrutiny to help identify further growth, learning and improvements in a prevention space.

Looking forward to 2026/2027 our independent scrutineer has helped us to refocus our partnership priorities whilst maintaining the valuable work completed by the working groups transitioning them to core partnership business, to enhance Safeguarding.

Find out more:

PSCP Multi-Agency Safeguarding arrangements can be found here -
<https://plymouthscb.co.uk/annual-report/>

OUR PRIORITIES - NEGLECT

In Plymouth we recognise that neglect is challenging for practitioners as it is frequently passive and not always intentional. Neglect is more likely to be a chronic condition rather than crisis-led and this impacts on how agencies respond. It is often combined with other forms of abuse. Plymouth is committed to prevention, early identification, and intervention in respect of neglect and its negative impact on children and young people, because of the serious impact it has on the long-term chances for children.

Neglect remains the most prevalent form of abuse experienced by children in Plymouth and continues to be the primary category for children subject to Child Protection Plans. The Partnership recognises that neglect is often chronic, cumulative and hidden within wider concerns relating to poverty, domestic abuse, mental health, substance misuse, poor parental wellbeing and family adversity. As a result considerable effort has been directed towards improving professional understanding, strengthening assessment processes and ensuring children's lived experiences remain central to safeguarding decision-making.

Throughout 2025/26, partners have increasingly adopted evidence-based approaches to identifying neglect earlier and understanding its impact on children. Central to this has been the continued rollout and embedding of the NSPCC Graded Care Profile 2 (GCP2). Partners have utilised GCP2 to support assessments, improve understanding of family circumstances and identify areas where support is required. The tool is increasingly helping practitioners move beyond presenting concerns and understand the quality of care experienced by children in their daily lives.

What is the GCP2?

- 1 **Always met**
All the child's needs are always met, and the parent goes the extra mile. The child is always first.
- 2 **Met**
All essential needs are always met. The child is priority.
- 3 **Met most of the time**
Most of the time the essential needs of the child are met. The child and the carer are at par.
- 4 **Not met most of the time**
Most of the time the essential needs of the child are not met. Child is considered second.
- 5 **Never met**
The child's essential needs are not met. May be due to intentional disregard. The child is last or not considered.

The GCP2 is an NSPCC strengths based assessment tool that uses a graded scale to measure levels of care for a child. It can help families understand their child's needs and create conversations that lead to positive change and progress.

It creates a consistent approach and shared language for us in Plymouth when responding to neglect and helps families get the right support at the right time.

Action for Children report that practitioners have worked collaboratively with parents to identify strengths, establish achievable goals and monitor progress over time. Families have been supported to access food banks, Citizens Advice services, budgeting support and formula milk through the Infant Feeding Pathway. This practical support has addressed some of the factors that contribute to neglect and enabled parents to better meet their children's needs. Family Support Practitioners have also sourced beds, bedding, white goods, flooring and safety equipment, helping to improve children's home environments and reduce risks within the household. These interventions have led to tangible improvements in children's wellbeing, development and lived experience.

Barnardo's Family Hub reported that poverty continues to be a significant factor affecting many of the families accessing support. Practitioners have provided grant applications, food bank vouchers, Department for Work and Pensions clinics and practical financial support to help ensure children have access to essential resources. Family Hubs use SMART action planning to create achievable goals with families, helping parents make sustainable changes and improve outcomes for children.

Early Years providers consistently reported increased confidence in recognising and responding to neglect. Feedback to PSCP training demonstrates that guidance and training have improved professional understanding of neglect, cumulative harm and children's lived experiences. Providers described earlier recognition of concerns, improved use of safeguarding tools and better quality referrals. Some reported providing additional nursery placements and targeted support to vulnerable children whilst awaiting specialist intervention. Partners have also highlighted that training has improved their ability to recognise less obvious indicators of neglect and understand how smaller concerns can combine to create cumulative harm.

Training for GCP 2 is co facilitated by partners from various agencies including Livewell Southwest, Children's Services, Action for Children, LARK, Barnardos and the PSCP Business Unit and Trainers, collectively supporting multi-agency training to ensure earlier identification of neglect and improve assessment practice.

Devon and Cornwall Police have continued to strengthen their approach to identifying neglect. The RESPOND (Response / Reaction, Engagement, Speak, Protection/Risk, Observe, Nutrition/Health, Developmental) toolkit has been developed to prompt officers to think about, focus and record the voice of the child, be professionally curious and identify disguised compliance; this is used by officers when completing the Public Protection Notice (PPN).

Main concern type	
Oct 25 - Mar 26	Plymouth
CSE	9%
Emotional Abuse	16%
Neglect	31%
Physical Abuse	25%
Sexual Abuse	16%
Not Stated	3%
Grand Total	375

Neglect now represents 31% of all Child at Risk concerns identified within Public Protection Notices, making it the most identified safeguarding concern. Police believe this reflects increased awareness, greater professional curiosity and improved confidence in recognising neglect compared to previous years. Officers are increasingly able to identify concerns, capture children's experiences and support earlier intervention through information sharing and referral processes.

The Zone reports that they continue to play a vital role in identifying hidden neglect amongst adolescents. Every young person accessing the service completes a holistic assessment exploring housing, mental health, relationships, exploitation, financial hardship and wellbeing. Through this approach, practitioners identified seven direct disclosures of neglect during the reporting period. Staff report that this figure significantly underrepresents the true scale of neglect experienced by young people, as concerns are frequently intertwined with domestic abuse, trauma, mental wellbeing and exploitation.

The Zone provides a safe environment where young people feel able to discuss concerns affecting themselves, siblings and extended family members, resulting in safeguarding referrals and timely interventions.

The Probation Service in Plymouth contribute to neglect recognition through work with adults whose behaviours or circumstances may impact children. Through structured assessment, safeguarding enquiries, home visits and supervision probation practitioners are able to identify indicators of neglect or emerging vulnerability and share information with Children's services

and other safeguarding partners at an early stage, strengthening a whole partnership response to neglect.

University Hospitals Plymouth highlighted significant learning arising from medical neglect, reinforcing the importance of identifying cumulative harm, recognising medical neglect and understanding the particular vulnerabilities of children with disabilities and complex health needs.

The PSCP Workforce Development Group continues to support neglect as a strategic priority through training, resources and awareness raising. The Neglect Practitioners Guidance and Toolkit remains one of the Partnership's most valued resources, attracting almost 12,000 visits during the reporting period. The toolkit has been adopted as an example of good practice nationally and is supporting practitioners to improve chronologies, understand cumulative harm and strengthen safeguarding assessments.

The PSCP Annual Conference 2025 also included a dedicated focus on neglect and children's lived experiences, reinforcing the importance of keeping children at the centre of support and intervention.

Quality assurance activity into neglect this year has highlighted the following strengths:

- Increase use of GCP2
- Front door conversational model is enhancing collaborative working
- Schools receive good responses from Social Care to open cases
- Voice of the child is more evident in health records
- Partners feel identifying signs of neglect has strengthened

The quality assurance activity also highlighted learning and areas for development, including

- Inconsistent use of GCP2 from some practitioners

Young people have contributed to part of the GCP2 training, sharing their views. A question will be added to the GCP2 feedback form for practitioners, enquiring about if/how they used this information. This will be shared with Young Safeguarders

- Some repeat referrals where practitioners felt change was not sustained
- As neglect can take time to address correctly there was found to sometimes be lack of contingency planning and long-term impact measurements.
- Agency restructures and capacity concerns sometimes meant slower responses and practitioner confusion.

The quality assurance activity findings have provided the Neglect working group with the basis for further activity and learning in order to strengthen the neglect response in the City and deliver SMART actions for further improvement.

Collectively, the evidence demonstrates a strengthening partnership response to neglect. Through earlier identification, improved workforce confidence, widespread use of GCP2, practical support for families, enhanced professional curiosity and stronger multi-agency collaboration. Children experiencing neglect are increasingly being identified sooner and receiving more effective support. While neglect remains the most common safeguarding concern across Plymouth, there is growing evidence that the partnership's focus on prevention, recognition and intervention is leading to better outcomes for children, young people and families.

Making a Difference

Probation staff regularly contribute to child safeguarding processes by sharing information with Children's Services, attending Child Protection Conferences, Child in Need meetings and other multi-agency forums, and ensuring that risk information relating to offending behaviour, domestic abuse and family circumstances is available to partner agencies. This supports a more complete understanding of a child's circumstances and assists safeguarding professionals in developing informed and coordinated intervention plans.

Making a Difference

Barnardo's also highlighted the importance of oral health promotion, with Family Hub Navigators delivering oral health education to Early Years settings and families across Plymouth to improve children's health outcomes and reduce the long-term impact of neglect.

Making a Difference

Education partners reported that five children across two families were assessed due to educational neglect concerns. Historically, educational neglect has not routinely reached statutory assessment thresholds; however, practitioners are becoming increasingly confident in recognising the impact of persistent poor attendance and unmet educational needs. One family successfully re-engaged with education and support services, enabling closure of the case, whilst targeted support remains in place for the second family.

Find out more:

Our Neglect Practice Guidance and Toolkit can be found on our website:
<https://plymouthscb.co.uk/neglect/>

OUR PRIORITIES - SAFEGUARDING

ADOLESCENTS

Safeguarding adolescents has continued to be an area of partnership focus throughout 2025/26. Partners recognise that adolescents experience safeguarding risks differently from younger children and that vulnerabilities frequently extend beyond the family home into peer groups, educational settings, community spaces and online environments. Adolescents experiencing exploitation, serious youth violence, missing episodes, substance misuse, poor mental health and online harm often require coordinated contextual safeguarding responses involving multiple agencies.

Central to Plymouth's adolescent safeguarding is the Safeguarding Adolescent Working Group (SAWG). The SAWG has been working closely with the Community Safety Partnership this year to strengthen a collective response and focus on prevention in areas such as Serious Youth Violence, The Knife Angel Project, Moped theft linked to exploitation, anti-social behaviour and have created valuable cross partnership links with the new exploitation group within the Community Safety Partnership, to strengthen a whole system approach.

The Daily Intelligence Briefing (DIB) continues to provide a daily multi-agency forum where emerging concerns, missing children, exploitation risks, criminal activity and vulnerable adolescents are discussed. Partners consistently described the DIB as one of the most effective mechanisms for rapid information sharing, prioritisation of cases and identification of agency leads. The DIB also contributes to informing the prioritise of the SAWG.

Livewell Southwest safeguarding advisors attend both the Daily Intelligence Briefing and Police Public Protection Notification discussions, ensuring intelligence regarding vulnerable adolescents informs ongoing health assessments and care planning.

Partners reported a 27% reduction in missing episodes between January 2025 and January 2026. Targeted disruption activity, improved information sharing, community protection activity and enhanced partnership working have all contributed to this reduction.

Missing children are flagged on University Plymouth Hospital systems, ensuring clinicians are aware of vulnerabilities and can take appropriate safeguarding action should a child present to hospital during a missing episode.

Education partners have played a critical role in adolescent safeguarding. Schools actively took part in the community safety led knife angel project, contributed to public health led suicide prevention work, play a key role in the DIB and prevention of emerging adolescent risks. Schools also highlighted the impact of intelligence led interventions such as Operation Hyssop around bike thefts and high-speed riding, putting young people at risk.

The Knife Angel Project led by the Community Safety Partnership Serious Violence work and Devon and Cornwall Police was described as an extremely successful partnership initiative, reaching more than 2,000 children and young people through workshops, awareness sessions and educational activity relating to knife crime and serious violence. The programme was subsequently extended into primary schools and demonstrated the value of coordinated prevention activity across agencies.



In the last year Public Health has led on suicide prevention partnership working in the City.

The partnership group produced a suicide and self-harm prevention guide for professionals and promoted suicide prevention policies across schools. During the year, fifteen professionals including safeguarding leads also undertook Train the Trainer programmes on self-harm awareness, creating additional capacity across the City to support young people experiencing emotional distress.

Public Health also led development of the Children and Young People's Substance Misuse System. Achievements include:

- Training over 100 practitioners in a new Drug Use Screening Tool.
- Developing a locally informed Ketamine Brief incorporating the views of young people.
- Producing a THC and Spice vaping awareness comic co-designed with young people.
- Strengthening intelligence-sharing arrangements across health, police, youth services, The Zone and other partners.
- Developing alternatives to school exclusion for young people involved in vaping incidents linked to illegal substances.

During the reporting period, The Zone managed 391 safeguarding concerns and received 224 disclosures relating to suicidal thoughts or intentions. Practitioners described increasing levels of complexity amongst young people accessing support, including poor mental health, trauma, exploitation, domestic abuse and family relationship breakdowns. Young people frequently disclosed concerns that had not previously been shared with statutory services, enabling safeguarding action and access to additional support.

Probation services support adolescent safeguarding by sharing information relating to parental offending, exploitation risks, domestic abuse, violence, criminality and family instability. While not directly involved in the DIB, probation recognised opportunities to strengthen links with adolescent safeguarding processes as the Families First Programme develops.

The partnership has strengthened its whole system response to safeguarding adolescents, combining intelligence sharing, contextual safeguarding, prevention, early help and coordinated intervention.

Making a Difference

In recent months, intelligence reports and concerns raised by professionals within the DIB led to a targeted mapping exercise. This identified five key individuals suspected of being involved in child exploitation. The associated risks and harms linked to this activity included weapons, violence, drug trafficking, and modern slavery.

All identified adults were subsequently issued with Community Protection Notice Warnings (CPNWs), each with tailored conditions. These conditions varied according to risk. For example, one individual was prohibited from entering Plymouth due to intelligence suggesting involvement in facilitating drug supply activity from Liverpool and enforcing criminal debts. Others were restricted from having contact with individuals under 18 years of age and from using social media platforms, which were being used to recruit children into exploitation under the guise of employment opportunities.

One individual breached the conditions of their notice, resulting in the issuance of a Community Protection Notice (CPN). The remaining interventions have, to date, been effective in disrupting and managing the associated criminal activity. This coordinated work also directly safeguarded a child who had been identified through the National Referral Mechanism (NRM) as a victim of modern slavery, preventing further exposure to threats of violence and contact with the adults involved.

Making a Difference

A dedicated GP forum was delivered to GP safeguarding lead, with a specific focus on child exploitation and contextual safeguarding. The session provided an opportunity to strengthen understanding of exploitation risks, thresholds, and indicators, and to explore the role of primary care within a contextual safeguarding framework. It also supported discussion around GP responsibilities, information-sharing, and referral pathways, helping to reinforce consistent safeguarding practice across the NHS Devon footprint. Evaluation post session from GPs demonstrated a commitment to sharing the training to all staff within the practice.

Making a Difference

Adolescents identified through the Channel process in the Community Safety Partnership as being at risk of radicalisation receive a susceptibility assessment and an associated action plan that captures all relevant vulnerability factors and ensures appropriate interventions are put in place.

Support may include intervention providers working directly with young people to challenge and unpick emerging ideologies; family support workers delivering whole-family interventions within the home; and education settings providing bespoke or alternative education packages. Where needed, mental health and neurodiversity assessments are progressed through Livewell, alongside targeted support to promote positive peer relationships, reduce social isolation, and improve online safety. The Channel Panel is consistently well attended by a wide range of partner agencies across the city. Over the past year, a significant number of adolescents have been supported through the process, with all exiting Channel with a substantially reduced level of risk.

Find out more:

Our SAWG Practice Guidance and Toolkit can be found on our website:
<https://plymouthscb.co.uk/adolescents/>

OUR PRIORITIES - DOMESTIC ABUSE AND CHILDREN

The Partnership continues to recognise that children living with domestic abuse are victims in their own right and that exposure to domestic abuse can have a profound and lasting impact on their emotional wellbeing, physical health, development, education, relationships and future life chances.

Children affected by domestic abuse frequently experience trauma, fear, anxiety, disrupted attachments and emotional harm, even where they are not the direct target of abusive behaviour.

During the year, the Domestic Abuse and Children Working Group has continued to provide strategic oversight of this priority, focusing on prevention, early intervention, workforce development, quality assurance, policy development and learning from local and national reviews.

The Plymouth Domestic Abuse Practitioner's Guidance and Toolkit, is frequently being updated to provide practitioners with access to evidence based resources, assessment tools and guidance designed to improve consistency of practice across agencies.

The resource has been well utilised by practitioners across the City and has received national recognition.

Alongside the development of practice guidance, substantial investment has been made in workforce development.

The Domestic Abuse and Children practice guidance and Toolkit has been nationally recognised by Standing Together Against Domestic Abuse Crossing Pathways Network as an example of innovative partnership working.

The Domestic Abuse and Children Working Group has also maintained oversight of improvement activity arising from the Joint Targeted Area Inspection (JTAI) self-assessment. During the reporting period, 42% of identified actions were completed and a further 50% had made significant progress. Improvements have focused on strengthening partnership responses, improving information sharing, enhancing understanding of children's experiences and embedding consistent approaches to assessment and intervention.

A key theme throughout the year has been the importance of timely information sharing to support children affected by domestic abuse. Partners reported significant improvements in multi-agency communication through mechanisms such as Public Protection Notices (PPNs), the front door, the Daily Intelligence Briefings and Operation Encompass.

Devon and Cornwall Police continue to prioritise children experiencing and witnessing domestic abuse, completing Public Protection Notices that capture the child's circumstances, experiences and vulnerabilities.

Workforce development in Family Hubs has increased awareness and improved practitioners' understanding of coercive control, hidden harm, trauma and children's experiences of domestic abuse. Staff described greater confidence in recognising indicators of abuse, undertaking safety planning and supporting parents to understand the impact domestic abuse has on children. Family Hubs have increasingly adopted a whole-family approach, recognising that improving outcomes for children requires support for non-abusive parents alongside direct work with children.

Education providers reported that Operation Encompass notifications continue to make a meaningful difference. Schools described being able to provide immediate emotional support, safe spaces and additional pastoral care for children following domestic abuse incidents.

Probation services continue to contribute to safeguarding children affected by domestic abuse through robust assessment, supervision and risk management of individuals convicted of domestic abuse offences. Practitioners routinely undertake safeguarding enquiries, contribute to Child Protection Conferences, Child in Need meetings and MAPPA arrangements, and ensure relevant risk information is shared with safeguarding partners.

Quality assurance activity undertaken during the year has led to improvements in domestic abuse assessments and greater focus on understanding children's lived experiences when considering risk.

The importance of community-based support has also been highlighted through the Safe Families pilot, a case study of which can be found in Appendix C. Safe Families demonstrated how relationship-based support and volunteer interventions can help reduce isolation, improve parenting confidence and strengthen protective factors around children. One family who had experienced domestic abuse was supported through practical help, befriending and community connections. As a result, the family successfully stepped down from Child Protection and legal planning processes, demonstrating the value of early intervention and sustained relational support.

Learning from reviews, audits and quality assurance activity has continued to reinforce the importance of:

- Seeing children as victims in their own right.
- Capturing and evidencing the child's voice.
- Understanding coercive control.
- Recognising cumulative harm.
- Professional curiosity.
- Multi-agency information sharing.
- Trauma-informed practice.
- Early intervention and prevention.

Collectively, the evidence demonstrates a substantially strengthened partnership response to domestic abuse and children during 2025/26. Through improved workforce confidence, stronger information sharing, enhanced specialist support and a continued focus on children's lived experiences, agencies across Plymouth are increasingly able to identify risk earlier, provide coordinated interventions and improve outcomes for children affected by domestic abuse. While challenges remain, partners continue to demonstrate a shared commitment to ensuring that children exposed to domestic abuse are recognised, heard, protected and supported to recover from the impact of their experiences.

Making a Difference

Health partners remain central to Plymouth's response. Livewell Southwest reported receiving and processing 12,971 child-related domestic abuse notifications, representing a 20% increase on the previous year. Information received through Police notifications is recorded within health systems and shared with practitioners currently involved with children and families. This enables domestic abuse to be considered as part of ongoing assessment, care planning and intervention, ensuring that safeguarding concerns are not viewed in isolation from wider family circumstances.

The Zone continues to provide vital support to adolescents affected by domestic abuse. During the reporting period, the service recorded 226 disclosures relating to domestic abuse, highlighting the scale of need experienced by young people accessing support. Of particular concern was the finding that 115 young people who disclosed domestic abuse also reported suicidal thoughts or suicidal ideation, demonstrating the significant impact domestic abuse continues to have on young people's mental health and emotional wellbeing.

To strengthen support arrangements, The Zone works closely with a specialist Independent Domestic Violence Advocate (IDVA) who is co-located within the service. This provides young people with direct access to specialist advice, advocacy, safety planning and support within a familiar and trusted environment. Practitioners reported that young people are more willing to engage with specialist domestic abuse services when support is available in a setting where they already feel safe.

Making a Difference

During 2025/26 Ahimsa, the Respect-accredited domestic abuse service in Plymouth, worked with perpetrators of domestic abuse to change their behaviour while working in parallel with their partners and ex-partners, on the principle that behaviour change work is integral to victim safeguarding. From April 2026 this service has been delivered as part of the Integrated Domestic Abuse Service Plymouth alongside Bridges Outcomes Partnerships and First Light.

Ahimsa's Youth Service works with young people aged 16 to 25 who are displaying harmful behaviour in their relationships or towards family members, taking a developmental and prevention-focused approach that recognises young people are still forming their understanding of what relationships should look like. Healthy Relationships Advocates meet young people where they are, including in community settings, on walks, online and in schools, and work alongside parents, partners and ex-partners so that the safety of those affected remains central. Referrals come from police, children's social care, MARAC, probation, youth justice, courts, schools, housing and community organisations. The service held its first lived experience consultation in early 2026, and that has directly shaped how the work is delivered.

Ahimsa also delivers a multi-agency workforce development training contract for Plymouth City Council's VAWG and DASV team, equipping frontline professionals to work more confidently with people causing harm and with their partners and families.

Making a Difference

Through the Community Safety Partnership - Violence Against Women and Girls programme, 60 training events were delivered to 2,167 practitioners from across statutory, voluntary and community sector organisations.

Training topics included:

- Domestic Abuse and Safeguarding Children
- Risk Assessment and Safety Planning (RASP)
- Trauma-informed approaches
- Understanding coercive and controlling behaviour
- Responding to people who cause harm
- Homicide Timeline learning
- Child-to-parent abuse
- Bystander intervention
- Professional curiosity and hidden harm

Evaluation demonstrated that 97% of participants reported applying their learning directly within practice. Practitioners consistently described increased confidence in identifying domestic abuse, understanding children's lived experiences and undertaking difficult but necessary conversations with families.

Making a Difference

The expansion of Operation Encompass into Early Years settings represents a particularly important development. Previously focused on school-aged children, the expansion now ensures that younger children exposed to domestic abuse also benefit from rapid information sharing and immediate emotional support. Education providers reported that receiving timely information enables them to better understand a child's presentation, provide appropriate reassurance and respond sensitively to any distress resulting from incidents experienced within the home.

Making a Difference

Information is shared rapidly with safeguarding partners through Front door processes, enabling early risk assessment and intervention. Police also highlighted the positive contribution of MARAC and MATAC processes, where children affected by domestic abuse are discussed and safeguarding actions agreed collectively by partner agencies. Schools participating in these arrangements reported improved understanding of children's lived experiences and greater confidence in supporting children who have experienced domestic abuse.

Find out more:

Our Domestic Abuse and Children, Practice Guidance and Toolkit can be found on our website:
<https://plymouthscb.co.uk/domestic-abuse-and-children/>

OUR PRIORITIES - CHILD SEXUAL ABUSE

The Partnership recognises that child sexual abuse remains one of the most under identified and under reported forms of abuse, with many children experiencing harm that is not disclosed or recognised until years later. Improving awareness, strengthening professional confidence and ensuring children receive a timely and effective safeguarding response therefore remains a key area of focus.

The Child Sexual Abuse Working Group continued to provide focus of this priority, supporting the development of a coordinated and consistent partnership response. During the year, the group focused on strengthening governance arrangements, improving understanding of local need, developing Child Sexual Abuse Practice Leads across agencies, improving data collection and progressing discussions regarding the development of a Child House approach.

The group also worked closely with the Centre of Expertise on Child Sexual Abuse, the Independent Scrutineer and local safeguarding partners to ensure national best practice informed local developments.

Whilst 18 children in Plymouth were subject to Child Protection Plans under the category of Child Sexual Abuse during the reporting period, partners recognise that this figure is likely to underrepresent the true scale of abuse experienced by children locally. National research continues to demonstrate that many children do not disclose abuse until adulthood, if at all, reinforcing the importance of professional curiosity and the need for practitioners to recognise signs and indicators even where no direct disclosure has been made.

A significant strand of work during the year has focused on developing workforce knowledge and confidence. The PSCP Multi-Agency Safeguarding Week, dedicated entirely to Child Sexual Abuse, attracted over 800 practitioners from across education, health, police, social care, probation and the voluntary sector. The programme brought together local, national and international specialists to explore a wide range of themes including:

- Recognising indicators of child sexual abuse.
- Child sexual exploitation.

- Online sexual harm.
- Harmful sexual behaviour.
- Offender behaviour and grooming.
- Trauma-informed responses.
- Disclosure and victim support.
- Learning from local and national reviews.

Feedback demonstrated that practitioners valued the opportunity to strengthen their knowledge and improve understanding of how child sexual abuse presents across different settings and age groups.

Alongside safeguarding week, the Child Sexual Abuse Signs and Indicators Tool has become increasingly embedded across Plymouth. The tool is now being used by schools, health professionals, social workers, police officers and voluntary sector practitioners to support assessment and professional thinking when concerns arise. Practitioners have reported that the tool provides a structured way to understand behaviours that may otherwise be dismissed or misunderstood.

Making a Difference

One example reported by the Workforce Development Group involved a primary school where staff had become concerned about a child's behaviour. Utilising the Signs and Indicators Tool enabled staff to better understand the possible significance of the behaviours they were observing and supported them to create safe opportunities to speak with the child. As a result, the child disclosed ongoing sexual abuse, leading to safeguarding intervention and protection measures being implemented. This example demonstrates the importance of equipping practitioners with practical tools that help turn concern into action.

All Partners have played an active role within the strategic and task-and-finish groups responsible for reviewing and shaping Plymouth's Child Sexual Abuse Strategy. Partners have

also supported delivery of multi-agency training, helping strengthen understanding of child sexual abuse across the workforce.

During the year, learning from a Rapid Review involving sibling sexual abuse reinforced the need for ongoing vigilance, professional curiosity and effective safeguarding assessment. Learning from this review is being incorporated into training, supervision and safeguarding policy development across the partnership.

University Hospitals Plymouth has continued to strengthen practice around genital injury assessments, utilising the Child Sexual Abuse Signs and Indicators Tool alongside clinical assessment and, where concerns arise, work closely with the Sexual Assault Referral Centre (SARC), Children's Social Care and Police to ensure appropriate multi-agency decision-making. This collaborative approach helps ensure that possible abuse is identified and investigated whilst also preventing unnecessary intrusion into family life where safeguarding concerns are not substantiated.

The Zone continues to be a significant source of disclosure and support for young people affected by sexual abuse. During the reporting period, the service recorded:

- 17 disclosures of Child Sexual Abuse or Child Sexual Exploitation
- 23 disclosures of sexual assault

The Zone's holistic assessment process and trusted relationships with young people enable staff to identify safeguarding concerns that may not have been disclosed elsewhere.

Young people disclosing abuse have been supported through:

- Safeguarding referrals.
- Police reporting.
- Referral to Children's Social Care.
- Access to SARC services.
- Referral to First Light services.
- Trauma-informed counselling and therapeutic support.

The service highlighted several examples where young people initially presented for sexual health or emotional wellbeing support before subsequently disclosing child sexual abuse or exploitation. These cases reinforce the importance of creating safe environments where young people feel able to disclose concerns and access support.

Devon and Cornwall Police continue to invest significantly in strengthening their response to child sexual abuse, specialist investigators receive ongoing professional development, including SCAIDP (Specialist Child Abuse Investigation Development Programme) accredited training and the Public Protection Unit continues to work closely with safeguarding partners to identify, investigate and disrupt abuse. Police representatives highlighted that increased awareness and training have strengthened officers' confidence in having difficult conversations, recognising indicators of abuse and pursuing safeguarding concerns where there may be no initial disclosure.

Police also reported positive criminal justice outcomes during the year, including successful prosecutions and significant custodial sentences for offenders.

Education providers have similarly reported increasing confidence in recognising and responding to child sexual abuse. Through PSCP safeguarding training, awareness campaigns and resources, schools and Early Years settings describe a stronger understanding of behavioural indicators, increased professional curiosity and improved confidence in making referrals. Practitioners reported feeling better equipped to recognise concerns that may previously have been overlooked and to engage in conversations with children in a safe and sensitive manner.

Across the partnership, there is growing recognition that child sexual abuse can present in many forms and may be hidden behind a range of other vulnerabilities including mental wellbeing, domestic abuse, neglect, exploitation, poor school attendance and harmful sexual behaviour. As a result, agencies have increasingly focused on understanding a young person's lived experience and remaining professionally curious even when concerns do not initially appear to meet traditional safeguarding thresholds.

The work undertaken during 2025/26 demonstrates significant progress in strengthening Plymouth's response to child sexual abuse. Through stronger strategic leadership, improved workforce development, greater use of evidence-based assessment tools, enhanced multi-agency collaboration and ongoing investment in specialist services, the Partnership continues to build a culture where child sexual abuse is more readily recognised, more confidently addressed and responded to in a way that places children and young people at the centre of safeguarding practice.

CLOSURE OF THE NSPCC TOGETHER FOR CHILDHOOD PROGRAMME

During 2025 the NSPCC made a decision to end the Together for Childhood Programme after 7 years.

Together for Childhood led on research and evaluation on a place-based approach developing the knowledge on what works to prevent child sexual abuse. This programme was linked to national and international networks in order to bring the latest thinking and development to this vital work.

We were extremely privileged to have had this programme in Plymouth to lead and develop our work in preventing child sexual abuse and this has been a huge loss to the City with the ending of this programme.

We as a partnership are so grateful to the entire Together for Childhood team and the valuable work they contributed to the City and want to use this report as an opportunity to thank them for highlighting the topic of child sexual abuse, educating and supporting professionals and families for the last 7 years.

In Appendix D you will find “the Case Study of the journey in Plymouth so far” published in June 2025, detailing the Key Findings:

Together for Childhood has fostered a sense of ownership and commitment to child sexual abuse prevention

Through a consistent presence in Ernesettle, working collaboratively and building networks, Together for Childhood has created the conditions for people to have the knowledge, awareness, confidence and transferable skills to play their part in safeguarding children and to take this work forward independently.

Children and adults’ increase in knowledge about sexual abuse has broken down barriers about healthy relationships within families and communities

Together for Childhood has amplified the voices of children and young people to facilitate change, partnered with community groups to spread awareness, and developed resources to encouraged open and clear dialogue about healthy relationships.

Together for Childhood has helped to embed a collective focus on child sexual abuse into the systems working within Plymouth

Multi-agency working, with a shared focus, has helped to align the strategic objectives of Plymouth's statutory boards to include core elements of child sexual abuse prevention. This includes not only better recognition of, and response to, child sexual abuse but implementing more primary and secondary prevention approaches.

Active ingredients have driven the development of multiple projects and activities which contribute to the prevention of child sexual abuse

Notably these are relational and trauma-informed approaches, clear and consistent language, collaboration and co-production, flexibility and responsiveness, and safe and supportive continuous learning.

Recommendations

To strengthen the effectiveness of Together for Childhood Plymouth, we recommend that the partnership:

- widen communications that child sexual abuse is preventable, promoting the learning from Together for Childhood to increase awareness of collective action, bring more partners on board (including political and strategic stakeholders) and highlight new opportunities to embed a prevention focus across the City*
- work with local organisations that support the voluntary and community sector in Plymouth to provide learning opportunities to enhance knowledge of child sexual abuse and safeguarding and to improve policies and practices*
- embed child sexual abuse prevention within existing strategy, services, and activities across the City that work with and within communities to improve services and support for children and families*
- enhance Together for Childhood's secondary prevention offer by creating projects and activities that support children who live in contexts that can make them more vulnerable to child sexual abuse*
- develop and expand the Together for Childhood volunteer strategy to support sustainability, involving volunteers who are community based and workforce champions*

in roles that educate and support professionals across a range of statutory, corporate, community and voluntary organisations.

“I think a real strength of it is that it’s not just focused on leaders or focused on the people on the workforce, it’s focused on everybody, communities, individuals, professionals, leaders and I think that’s a real strength of it. I think it’s really innovative.”

Local partner, Plymouth

The Child Sexual Abuse Working group will continue to take forward the recommendations from the Together for Childhood programme into 2026/2027 to help direct and focus this valuable work.

Find out more:

Our Child Sexual Abuse, Practice Guidance and Toolkit can be found on our website:
<https://plymouthscb.co.uk/child-sexual-abuse/>

CONFERENCE

The annual Plymouth Safeguarding Children Partnership Conference, *Our City, Our People, Our Partnership*, remained one of the Partnership's flagship learning and development events during 2025/26. The conference provided a unique opportunity for professionals, managers, leaders, volunteers and community partners from across Plymouth to come together, reflect on practice, share learning and strengthen the collective safeguarding response to children, young people and families.

The conference brought together colleagues from across Health, Education, Police, Children's Social Care, Probation, Family Hubs, Early Help services, Public Health, the voluntary and community sector, and wider safeguarding partnerships. The event reflected the Partnership's commitment to multi-agency collaboration and recognised that safeguarding children is most effective when agencies work together with a shared understanding of local risks, priorities and responsibilities.

One of the most powerful contributions came from young people who had worked alongside Public Health and participation teams to develop the Subject of Suicide (SOS) Resource. Young people shared their experiences, reflections and recommendations for supporting those experiencing suicidal thoughts and emotional distress. The presentation reinforced the value of listening to young people, understanding their experiences and ensuring services are shaped by those who use them.

Parents supported by the Family Nurse Partnership also shared their experiences of receiving support and the difference it had made to their families. These contributions provided practitioners with valuable insight into how relationship-based practice, empathy and early intervention can improve outcomes for children and strengthen family resilience.

Feedback from delegates indicated that these lived-experience presentations were among the most memorable aspects of the conference and challenged professionals to reflect on the impact of their own practice.

The conference also benefited from contributions from nationally recognised safeguarding experts. Sessions delivered by safeguarding consultant Jane Wiffen focused on neglect and the importance of maintaining a relentless focus on the child's lived experience. Professionals were encouraged to consider how cumulative harm develops over time and how safeguarding

interventions should be centred around what life is actually like for the child rather than solely around parental engagement or service activity.

Learning from the National Child Safeguarding Practice Review Panel also featured prominently throughout the event. Contributors explored recurring themes identified across national reviews, including:

- Professional curiosity.
- Understanding cumulative harm.
- Information sharing.
- Professional challenge and escalation.
- Seeing the child behind the case.
- Recognising disguised compliance.
- Maintaining focus on children's lived experiences.

Partners consistently reported that the conference strengthened professional relationships and promoted a greater understanding of the roles and responsibilities of different agencies. Delegates valued the opportunity to learn alongside colleagues from other sectors and highlighted how face-to-face networking supports more effective collaboration throughout the year.

The positive feedback from delegates demonstrated that the conference continues to play an important role in promoting a shared safeguarding culture across Plymouth. By bringing together professionals from across the safeguarding system, amplifying the voices of children, young people and families and sharing both national and local learning, the event supports the Partnership's ambition to continually improve practice and achieve better outcomes for children and families.



Agenda

08:30 Arrival, Registration & Networking

09:15 Conference Start: Welcome & Setting the Scene

Darren Roach, Detective Chief Inspector, Public Protection Unit, Devon and Cornwall Police

09:25 Opening Comments

David Haley, Plymouth Safeguarding Children Partnership Chair & Director of Children's Services, Plymouth City Council

09:30 Child Neglect: An Overview of Learning from Research and Local Child Safeguarding Practice Reviews – How can we keep children at the centre of thinking and support parents/family?

Jane Wiffin, Safeguarding Consultant, Plymouth Safeguarding Children Partnership Independent Scrutineer for Child Neglect & Child Sexual Abuse

10:30 Families First Partnership Reforms: Establishing a Shared Understanding of the National Programme and Local Delivery

Families First Partnership Board Multi Agency Members

11:15 Break

11:35 National Child Safeguarding Practice Review Panel: An Overview of the Panel's Work, Learning Themes & Future Developments

Sally Shearer OBE, National Child Safeguarding Practice Review Panel Member

12:35 Lunch & Networking

13:35 Young People's Voices: Suicide Prevention: Dealing with Distress

Presentation delivered by Stuart Hogg, Participation Practice Manager, Plymouth City Council, Sarah Harris, Senior Professional Youth Worker, Plymouth City Council & Young People Involved in the Suicide Prevention Project

14:05 Parent Voices & Family Nurse Partnership

Presentation delivered by Fay Cook, Family Nurse Partnership Supervisor, Livewell Southwest & Local Parents Who Have Been Supported by the Service

14:35 Question & Answer Session

15:00 Closing Comments & Evaluation

Darren Roach, Detective Chief Inspector, Public Protection Unit, Devon and Cornwall Police & Plymouth Young Safeguards

15.15 Conference End

FAMILIES FIRST PARTNERSHIP PROGRAMME

In March 2025 the Government published the Families First Partnership Programme (FFPP). Over the last year partners have been working together to implement these national reforms. The Families First Partnership (FFP) programme sets out a system-wide reform of family support, focused on early intervention, integration, and a whole-family approach. It aims to ensure all families, regardless of background or complexity of need, can access the right help at the right time, through a connected system spanning universal, targeted and statutory services.

The model brings together targeted early help, Child in Need, and Child Protection into a seamless continuum, with Family Help Lead Practitioners (FHLs) maintaining consistent relationships and Multi-Agency Child Protection Teams (MACPTs) providing statutory oversight where required. Family group decision making approaches are central to the transformation to build family and community capacity to support families to thrive. The approach supports dynamic, needs-led planning and aims to reduce duplication and escalation into crisis.

This transformation requires strong local leadership, integrated workforce development, and alignment with local priorities to build a resilient, responsive system that puts children and families at the centre, therefore a clear Programme Governance has been established.



Launching Multi-Agency Child Protection Teams on 22 June 2026

On 22 June 2026, we will mark an important step forward in how we protect children and strengthen support for families with the launch of our Multi-Agency Child Protection Team (MACPT). This is a significant moment in our reform journey and a powerful opportunity to bring together expertise from across social care, health, police and education so that children who are at risk of significant harm receive a faster, more joined-up and more effective response. The launch reflects our shared commitment to building a system that is decisive, collaborative and centred on the needs of children and families.

The Multi-Agency Child Protection Team represents more than a new way of working; it represents a new level of ambition for safeguarding in Plymouth. By bringing skilled professionals together around shared decision-making, clear thresholds and collective accountability, we can improve the quality and timeliness of protection for children while ensuring families receive the right help at the right time. As we launch our phase one on 22 June, we do so with energy, confidence and a clear sense of purpose: to create a stronger, smarter and more seamless safeguarding response that keeps children safer and supports better outcomes for families across the City.

The MACPT will hold a short Horizon meeting every weekday morning to consider the work that MACPT will be prioritising.

Phase one will be introduced incrementally while we use a phased approach ahead of full implementation by 31st March 2027. This will include the following:

Lead Child Protection Practitioner (LCPP) role

Chairing New strategy Meetings where they agree threshold with MASH, providing advice and guidance to families where a child abuse investigation is taking place, offering independent advice about the process and ensuring best practice is taking place and families treated with respect, honesty, fairness and transparency. Family Led Decision Making will be facilitated by the LCPP, including a visit to the family home before any Initial Child Protection Conference.

Police

Dedicated Decision Maker's (DDMs) from the MASH will support the MACPT, including attendance at strategy meetings and facilitating quality assurance as part of the MACPT team, e.g. children subject to a police protection or Emergency Protection Order.

Health

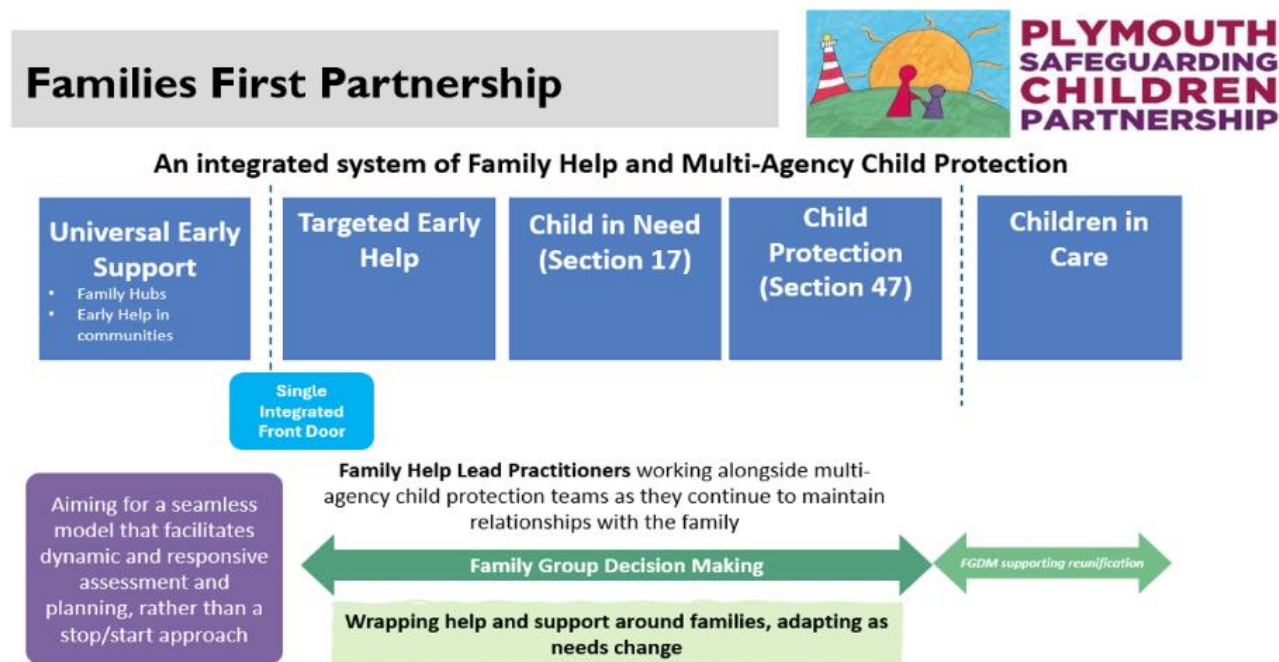
MACPT health system lead role is currently out to advert for a 12 month secondment, and the post will sit within Livewell Southwest children's, young people's and families' directorate.

This post will work across health providers in Plymouth providing safeguarding expertise, guiding practice and ensuring timely identification and response to safeguarding concerns.

Education

Designated Safeguarding Lead's (DSLs) supporting Horizon meetings, the agency follow up as part of Strategy meetings to ensure education actions progressed (if appropriate) and Consultations where required including escalations to the MACPT as per the process map and audit as part of MACPT to QA. An opportunity for a full time secondment for a dedicated education role in the MACPT is progressing.

Additional agencies are being explored through 2026 to widen out the expertise.



NATIONAL LEARNING

NSPCC Learning online - A case study of the journey in Plymouth so far - June 2025

Published by the NSPCC Together for Childhood programme, this case study shows how it has impacted in Plymouth and explains how this work has been so paramount to Plymouth and in shaping the work of all members of the Partnership in relation to Child Sexual Abuse.

Protecting All Vulnerable Babies Better - February 2026

The CSPR group has been working to implement the learning from this review into the partnership alongside the Workforce development group. This will also be one of the PSCP priorities in 2026/2027, with the previous Safer Sleep and Icon partnership group being set back up.

National Panel annual report 2024-2025 - April 2026

The national panel published their annual report detailing themes from Local Child Safeguarding Practice Reviews (CSPRs) which was shared with the CSPR Subgroup and the full Partnership. The themes outlined in the report were considered by all to ensure the partnership is focusing appropriately on nationally important themes alongside local priorities.

The Children's Wellbeing and Schools Act - April 2026

This helps to strengthen the role of education in safeguarding and improve information sharing, this will continue to be embedded throughout 2026/2027 through the PSCP.

LOCAL LEARNING

A learning culture is paramount to enable a constant cycle of positive change for safeguarding children, young people and families in Plymouth, and it is our responsibility as a Partnership to examine safeguarding practices across our partner agencies so that we can develop and continuously improve to provide the best outcomes for all.

Child Safeguarding Practice Reviews

We have a multi-agency Child Safeguarding Practice Review (CSPR) group in Plymouth who decide the process for a Rapid Review or full CSPR and ensure internal guidance is created for us to implement learning quickly after a child has suffered significant harm. When a referral for a Rapid Review is received, the Partnership Manager arranges a meeting with the three statutory partners so this discussion can take place.

When we complete a full CSPR the learning from this is published on our PSCP website.

Learning from Experience Reviews

We have decided as a Partnership that if the criteria is not met for a CSPR, but there is still learning to be gained to enable system change and better outcomes for children in the future, a Partnership Learning from Experience review will be convened. This enables all organisations involved in a child's life to come together to discuss their agency and joint agency involvement so that practice areas that need to be strengthened are identified and a practice improvement plan is agreed which are overseen by the CSPR group. This provides a robust level of scrutiny to enable better learning.

Quality Assurance Audits

Four to six times a year our Multi Agency Performance and Quality Assurance Group (MAPQA) arranges multi-agency audits of our practice with children based on topics agreed within the yearly workplan which are identified using referral data, emerging themes and national learning. The PSCP audit tool is used to capture the child's experiences with each service and how the agencies are working in partnership, the audits are a helping tool to support the identification of what is working well and what practice needs to be strengthened. A Practice Learning Review meeting is then arranged so that the practice patterns and themes identified

within the audits can be discussed and actions can be identified for practice improvements. All agencies are involved in leading the Practice Learning Reviews; and a one-page learning briefing is produced which is circulated across the Partnership with the action plan. The relevant Partnership Working group takes responsibility for progressing the actions. This quality assurance arrangement provides a reliable evidence base to enable actions to be identified for practice improvements to be achieved. To close the loop and evidence difference made, the MAPQA work plan sets out a repeat of the same quality assurance activity so that progress with practice improvement actions can be evidenced.

S.175/157 Schools Safeguarding Audits

Education providers are required to ensure their safeguarding policies and procedures are up to date and in line with legal requirements. The S.175/157 audit process uses questions to education providers to identify gaps in their safeguarding and can also highlight safeguarding emerging themes. The audit questions are created in conjunction with the education participation and skills team in Children's Services and the Quality Assurance Delivery Group. A sample of the last audit can be seen in the education section of this report.

S.11 Audits

The PSCP undertakes Section 11 audits, in line with The Children Act (2004) to ensure the PSCP partners are fulfilling their responsibilities to safeguard children and promote their welfare. These are carried out individually with each agency as a reflective audit process.

Domestic Abuse Related Death Reviews

The PSCP has close links with the Community Safety Partnership (CSP) in Plymouth where Domestic Abuse Related Death Reviews (DARDR's) are completed as multi-agency learning reviews following the murder or suicide of a victim of domestic abuse. Multiple partners from our safeguarding children system take part in these reviews and any learning is disseminated amongst partners and actions monitored by the DASV board.

Making a difference: Learning from Rapid Reviews/LCSPR's 2025/2026

In Plymouth we have had two rapid reviews in 2025/2026 with both being agreed by the national panel to contribute to a thematic LCSPR alongside a further learning review examining Serious Youth Violence.

The themes of learning include:

1. Early identification and response to exploitation and contextual safeguarding
2. Professional curiosity, challenge and risk assessment
3. Trauma-informed practice.
4. Effective multi-agency working and information sharing.
5. Robust risk assessment and sustained intervention.
6. Addressing race, identity and adultification bias.
7. Adolescent mental health and neurodevelopmental needs
8. Capturing the voice of child
9. Strengthening protective factors through family and community support.
10. Prevention of knife crime, substance misuse and youth violence.

Partners have been contributing to the review to capture valuable learning and the LCSPR will be published on the PSCP website towards the end of 2026.

Making a difference: Learning From Experience Review 2025/2026

In Plymouth we have had one learning from experience review in 2025/2026

Some of the themes from this review and learning implemented:

1. Recognising Indicators of Neglect
 - Persistent health concerns and repeated missed appointments should be treated as cumulative harm indicators.
 - Physical signs such as dental extractions, head lice, and inconsistent medication use must trigger professional curiosity and escalation.
 - **The workforce development group has worked with health partners to deliver a Neglect Webinar for professionals with additional resources shared.**
 - **Safety plan details have been improved to make them clearer when looking on children's services systems.**

2. Strengthening Multi-Agency Communication

- Fragmented information across agencies hides risk. Ensure timely sharing of chronologies and safeguarding concerns.
- Closure or step-down decisions must involve clear communication of roles, responsibilities, and contingency plans.
 - **Information sharing is an area of focus for the partnership in 2026 in line with new national guidance.**

3. Managing chronic conditions

- Conditions that require consistent monitoring; missed reviews should trigger escalation.
- Professionals need training to avoid minimising chronic illnesses as 'mild'.
 - **The ICB is procuring better health information which will be shared with partners and parents.**

4. Organisational Responsibilities

- GP engagement in safeguarding remains inconsistent; advocate for improved involvement and complete chronologies.
- Ensure clarity on policies for unattended children in hospital settings and escalation pathways
 - **The Partnership Board has been working closely with the ICB and designated doctors to improve GP involvement in learning reviews.**

Making a difference: Learning From Quality Assurance Audits 2025/2026

In 2025/26 the Multi-Agency Performance and Quality Assurance Group led on the following multi agency audits: Neglect, Exploitation, Domestic Abuse and Neglect revisited.

Some of the themes from these audits and learning implemented:

- **Police to develop their recording of a child's lived experience within Public Protection Notices.**

PPN improvements - Introduction of RESPOND Mnemonic & prompt in the PPN to complete Voice of the Child section.

- **Workforce Development Group and GCP2 trainers to highlight in training that agencies must work together to complete a GCP2 assessment.**

This has been exemplified within this report that feedback from partners shows this is now happening following being included in training and refresher sessions.

- **Police Community Intelligence Portal to be shared with all practitioners**

This was shared and Police report it is now being used more to inform them of what is happening in communities.

- **Education to review if a DA flag can be added to the school's transition portal to share information that a child has been a victim of domestic abuse historically.**

It has been agreed for DA to be recorded in the transition portal and will be actioned through 2026

- **Early years settings should be notified of PPNs so they can provide support to the child and family.**

A process has now been established so that early years can gain this information through phone calls following unsecure email addresses being a barrier.

- **Simplified Adolescent Safety Framework, toolkits and guidance to be re-launched**

This is to be completed through 2026/2027 in line with an analysis of the ASF being examined as part of the serious youth violence thematic review.

PARTNERSHIP DATA

In October 2025 the partnership gained a Performance advisor who has been working closely with partners to develop a comprehensive data dashboard which is now being used to help us understand themes, trends and areas for improvement through comprehensive narrative provided by agency representatives in line with the data.

The Data incorporates a dashboard with the following indicators:

#NAME?	Measure	
Front door Contacts	Number of front door contacts (inc number of children)	Children 's Social Care
	Requests to front door by agency	Children 's Social Care
	Requests to front door by request type (e.g. safeguarding, early help, etc)	Children 's Social Care
	Requests to front door by outcome	Children 's Social Care
	LADO referrals by reason for referral	Children 's Social Care
	LADO referral by professional body subject	Children 's Social Care
	LADO referrals by outcome	Children 's Social Care
	Number of early help assessments	Children 's Social Care
Referrals	Number of referrals	Children 's Social Care
	Number of referrals by agency	Children 's Social Care
	Number of referrals by outcome	Children 's Social Care
Strategy Meetings	Number of Strategy discussions	Children 's Social Care
	% timeliness of strategy discussions	Children 's Social Care
	Number (& %) of Strategy discussions progressed to a Section 47 enquiry	Children 's Social Care
	Number (& %) of Section 47 enquiries leading to an Initial Child Protection Conference (ICPC)	Children 's Social Care
Child Protection	Number of Initial Child Protection Conferences (ICPC)	Children 's Social Care
	Number (& %) of Initial Child Protection Conferences (ICPC) by outcome	Children 's Social Care
	Number of Child Protection Plans	Children 's Social Care
	Number of safeguarding medicals for 0 – 18 year olds	Children 's Social Care
Children in Care	Number of Children in Care	Children 's Social Care
	Children in care with an up to date health assessments	Children 's Social Care
Achieving Outcomes	Number of children EHE	Education
	Number of children missing education	Education
	Number of children attending alternative provisions	Education
	Number of children receiving part time education	Education
	Number of children awaiting CAMHS assessment	Health
	Number of children with an Education Health Care Plan (EHCP)	Education
	Number of 16-17 years olds that are 'not in employment, education or training' (NEET)	Education
	Number of children open to Youth Justice Service (YJS) Teams	Children 's Social Care
	Number of children who have been in detained in Police custody	Police
	Number of serious violence offences by children reported	Police
Partnership Activity	Rate of reoffending for children	Police
	Number of Serious Incident Notifications	Children 's Social Care
	Number of Child Safeguarding Practice Reviews	Children 's Social Care
	Uptake of training by agency (to be refined)	Children 's Social Care
	Violence against the person - Domestic Related (Victim 16-17)	Police
	Stalking/Harassment against person - Domestic Related (Victim 16-17)	Police
	Sexual Offences against person - Domestic Related (Victim 16-17)	Police
Domestic Abuse	Domestic violence against person by child (Suspect/Offender 16-17)	Police
	Number of episodes of children missing from home (inc Children in Care)	Children 's Social Care
	Number of children with repeat missing episodes	Children 's Social Care
	Number of Return Home conversation offered to children and young people	Children 's Social Care
Harm outside the Home	Number of Return Home conversations completed	Children 's Social Care
Neglect	Number of CP plans for Neglect	Children 's Social Care
Sexual Abuse	Number of Rape offences where child is victim or offender/suspect	Police
	Number of Other sexual offences where child is victim or offender/suspect	Police
	Number of CP plans for sexual abuse	Children 's Social Care
	Number of referrals to SARC	Health

The Data dashboard is reviewed in the Multi Agency Performance and Quality Assurance Group and through assistance from the performance advisor indicating topics and themes which may wish to be chosen to have a closer analysis and report written by partners to take to the partnership board for assurance and direction.

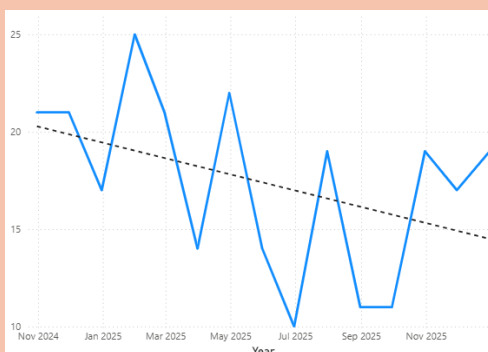
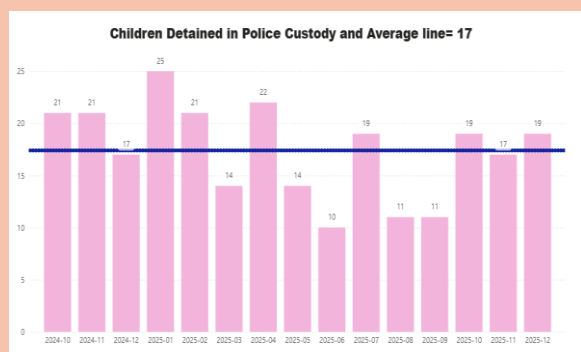
The impact of being able to analyse our partnership data will be seen more comprehensively in 2026/2027 as we start to understand the story behind the data and it can be used in a preventative way to triangulate data and show us where best to allocate our resources.

Making a difference:

An example of data analysed and narrative to the PSCL board:

Children Detained in Police Custody

Children Detained in Police Custody and the Trend Line



It's important to recognise that fluctuations in the number of children in custody are inevitable, with certain periods of the year experiencing higher volumes. Typically, the month directly after school holidays see an increase, as reports and investigations progress to a stage where interviews—and sometimes arrests—are necessary, depending on the severity of the offence.

The primary reasons for children being detained in custody include violent offences (both domestic and non-domestic), public order offences, and theft-related crimes, such as the theft of mopeds and motorbikes. However, as the trendline demonstrates, there has been a noticeable decline in the overall number of children in custody over 2025. This reduction is largely attributed to a greater reliance on voluntary attendance and a more rigorous application of thresholds to determine when arrest and detention are appropriate.

Every child detained in custody undergoes enhanced independent scrutiny, particularly those held overnight. Each case is thoroughly reviewed to ensure that policies and procedures are followed with a child-first approach. All police staff are trained to ensure that children are only detained when they meet the criteria outlined in Code G of the Police and Criminal Evidence Act (PACE) 1984, and every effort is made to minimize their time in custody.

FUNDING THE PARTNERSHIP

The income for 2025/26 was:

Agency	Contribution
Plymouth City Council	£115,500 + £15,000 for data analyst
Devon and Cornwall Police	£26,583 + £15,000 for data analyst
NHS Devon Integrated Care Board	£19,614 + £15,000 for data analyst
Livewell South West	£19,614
University Hospitals NHS Trust	£7,909
City College Plymouth	£4,059
Total	£238,279

The expenditure for 2025/26 was:

Item	Cost
Business Unit Staffing	£238,829
Independent Scrutiny	£10,666
Training budget	£12,000
Conference and supplies	£10,000
Subscriptions	£2,939
Young Safeguarders	£1,500
Total	£275,934

At the end of 2025/2026 the partnership had reserves of £150,000. Reserves are needed to cover unforeseen expenditure such as learning reviews as well as being able to fulfil any legal requirements in the event of staff redundancies. The reserves will also be used in 2027/2028 to balance the partnership budget.

OUR PRIORITIES GOING FORWARD INTO 2026/2027

As a partnership we made the decision to keep the same priorities areas for 2025/2026, however we have added two new priorities of Online Safety to be examined through each priority area and visibility of the partnership to ensure practitioners are aware of the partnership and the help it can provide to all in a multi-agency space.

2026-2027 Will be an exciting year in the Partnership space as Partners will continue to work together to bring about the changes of National Reforms for children through the Families First Partnership Programme.

Going into the year ahead, the partnership will be working with our independent scrutineer to complete a partnership development day to look at how we can improve our practice as a partnership and refocus our partnership priorities.



Auditing, data and reviews have shown that our priority working groups are now well established and will become “core” partnership groups to maintain a focus in these areas as well as deliver from quality assurance work.

In 2026/2027 we will be working closely with peninsula partnerships (Devon, Torbay and Cornwall) to create a peninsula data dashboard, offering oversight, alignment and improve our opportunity to work together through identification of priorities through data.

Cutting across all the priorities is a focus on organisational culture and professional support. We know that training, workshops, briefings and similar activities are helpful but fundamentally; good practice can only thrive where we have a culture of learning, respectful challenge and a partnership workforce that feels supported and valued.

INDEPENDENT SCRUTINY

Independent Scrutineer's Report on the Effectiveness of the Plymouth Safeguarding Children's Partnership (PSCP)

Reporting period: April 2025 – April 2026

Author: Deborah McMillan Independent Scrutineer, Plymouth Safeguarding Children's Partnership

Purpose: To provide an objective assessment of the effectiveness of multi-agency safeguarding arrangements in Plymouth.

1. Executive Summary

Plymouth's safeguarding children's partnership demonstrates clear strengths in multi-agency commitment, leadership ambition, and improvements in services for care-experienced young people, as evidenced by Ofsted's Focused Visit (July 2025). Senior leaders across the partnership have strengthened joint working, improved the quality of practice, and shown a strong understanding of their services.

The wider partnership—Devon & Cornwall Police and the NHS Devon Integrated Care Board (ICB)—also shows evidence of strengthened collaboration. Police have improved information-sharing and exploitation risk management through the Be Safe Team, while the ICB has contributed to improved early identification, SEND support, and risk-based triage for children's waiting for assessments.

Overall, the partnership is improving in its effectiveness, with strong relational practice, improved care-leaver support, and strengthened multi-agency collaboration across all three statutory safeguarding partners.

2. Evidence Base

2.1 Ofsted inspections since July 2025

- Focused Visit – Children's Services published 31 July 2025 Focus: arrangements for care leavers. Key findings:

- Significant improvements since 2024 ILACS inspection.
- Strong senior leadership and strengthened multi-agency work.
- Persistent weaknesses in accommodation sufficiency and cross-council coordination.
- Area SEND Monitoring Inspection – published Feb 2026 SEND findings influence partnership effectiveness, particularly around early identification, multi-agency collaboration, and support for vulnerable children's.

3. Assessment Against Working Together 2023/2026 Requirements

3.1 Strong and Effective Leadership

Findings:

- Plymouth City Council is described as an *'ambitious Corporate Parent, driven effectively by the Director of Children's Services.'*
- The Plymouth Safeguarding Children's Partnership has played a central and active role in implementing the Families First Partnership Programme. Its contribution is visible in governance, design, workforce alignment, quality assurance, and the launch of the new Multi-Agency Child Protection Team (MACPT). The partnership's support is explicitly documented in PSCP's own Families First Partnership update (June 2026) and aligns with national Families First guidance. The Children's, Young People & Families Improvement Plan places partnership working at the centre of the improvement model, and it is referenced repeatedly across governance, early help, front door responses, SEND, and care-experienced young people.

Additional partner evidence:

- Devon & Cornwall Police have strengthened leadership engagement with PSCP, including consistent senior representation at LSP and Executive meetings, and improved oversight of exploitation and missing children's.
- NHS Devon ICB has stabilised leadership roles and strengthened governance through the SEND Improvement Board and multi-agency panels.

Scrutineer judgement: Leadership across all three statutory safeguarding partners is strong, reflective, and improvement-focused, with a culture of ambition and accountability.

3.2 Multi-Agency Working and Partnership Culture

Findings:

- Strengthened multi-agency work has improved outcomes for young people.
- The joint data dashboard has been a significant enabler of stronger partnership working, improving shared visibility, accountability, and alignment with Families First. It has strengthened multi-agency risk management and improved the quality of challenge. However, its impact is constrained by inconsistent partner usage, variable data quality, developing health datasets, and limited predictive capability. These weaknesses should form part of PSCP's forward improvement priorities.
- The Be Safe Team provides coordinated multi-agency support for exploitation risk.

Additional partner evidence:

- Devon & Cornwall Police contribute to exploitation risk management, missing-children's responses, and intelligence-sharing. Police participation in multi-agency meetings has improved timeliness and consistency.
- ICB partners have enhanced early identification through the Healthy Child Programme, family hubs, and improved SEND pathways.
- Joint trauma-informed training and multi-agency threshold training have strengthened shared practice.

Scrutineer comment: Multi-agency collaboration is effective and improving, with strong relational practice and shared ambition across all partners.

3.3 Governance, Accountability, and Learning

Findings:

- Leaders have responded to previous inspection findings with strengthened improvement plans.
- Partnership self-evaluation aligns with inspectors' findings.
- The Young Scrutineers have brought a sharp, authentic challenge into the partnership, and their insights have directly reshaped policy and practice — from strengthening the language and accessibility of the PSCP Threshold document and child protection materials ensuring policies and practice are written in language children understand and that decision-making genuinely reflects their lived experience.

Additional partner evidence:

- Police have strengthened governance through improved attendance, data contributions, and participation in exploitation and missing subgroups.
- ICB governance has improved through SEND boards, risk-assessment panels, and clearer oversight of children with complex health needs.

Scrutineer comment: Governance arrangements are sound, with clear accountability and a strong learning culture.

4. Overall Effectiveness of the Partnership

Strengths

- Strong senior leadership and ambition.
- Improved multi-agency collaboration across all statutory partners.
- Young Scrutineer engagement that is purposeful.
- Strengthened exploitation risk management (Be Safe Team).
- Improved Police and ICB engagement in safeguarding intelligence and multi-agency forums including the partnership data dashboard.
- Accurate self-evaluation and responsive improvement planning.

Areas for Future Focus

- Strengthen multi-agency consistency at the Front Door and within the Multi-Agency Child Protection Team, ensuring the revised shared thresholds, joint decision-making and fully embedded partner attendance.
- Continue to improve data quality, timeliness and analytical capability across all partners to maximise the impact of the joint dashboard and develop early-warning indicators for risk (support implementation of the regional data team)
- Continue to embed the voice of children's and young people in policy, practice and performance oversight, ensuring their lived experience shapes decision-making
- Mature multi-agency quality assurance through shared audit cycles, cross-agency learning loops and systematic use of Young Scrutineer insight

Scrutineer's Overall Comment for the Annual Report

The Plymouth Safeguarding Children's Partnership is demonstrating clear and sustained improvement in its effectiveness. Across the reporting period, leaders have shown ambition, honesty and a strong commitment to collective accountability, with tangible progress in multi-agency working, early identification, exploitation risk management and support for

care-experienced young people. The partnership has strengthened its governance arrangements, improved the quality and consistency of practice, and responded constructively to external scrutiny, with self-evaluation that is accurate, reflective and aligned to inspection findings. The launch of the Families First Partnership Programme and the Multi-Agency Child Protection Team marks a significant step forward in integrated safeguarding practice, supported by improved Police and ICB engagement and a maturing culture of shared decision-making. The voice of children's and young people, particularly through the Young Scrutineers, is now influencing policy and practice in meaningful ways.

The partnership is on a positive improvement trajectory. To maintain momentum, the next phase should focus on embedding multi-agency consistency at the front door, strengthening health and education engagement, improving data quality and predictive capability, and addressing structural risks such as accommodation sufficiency. With continued focus on these areas, Plymouth is well-placed to deliver a confident, coherent and child-centred safeguarding system over the coming year.

GLOSSARY OF ACRONYMS

There are multiple acronyms used throughout the partnership, below we have given a short explanation for some you may encounter throughout this report.

ASF – Adolescent Safety Framework

CCPT – Child Centred Policing Team

CSA – Child Sexual Abuse

CSPR – Child Safeguarding Practice Review

DASV – Domestic Abuse and Sexual Violence

DIB – Daily Intelligence Briefing

DSL – Designated Safeguarding Lead

DSP – Delegated Safeguarding Partner under Working Together 2026 Guidance

EPS – Education, Participation and Skills

ICB – Integrated Care Board

LSP – Lead Safeguarding Partner under Working Together 2026 Guidance

MASH – Multi-Agency Safeguarding Hub

NSPCC – National Society for the Prevention of Cruelty to Children

PATH – Plymouth Access to Housing

PSCP – Plymouth Safeguarding Children Partnership

RR – Rapid Review

UHP – University Hospitals Plymouth

TFC – Together for Childhood

VAWG – Violence Against Women and Girls

APPENDICES

Appendix A

Executive summary

This report was written with the Young Safeguarders, a group of young people aged 13–19 who help make sure that children and young people are listened to by services meant to keep them safe. These include organisations working with children, families, and young people across Plymouth. For this project, the Young Safeguarders acted as independent scrutineers, checking how well organisations and their staff listen to children and young people and whether what young people say makes a difference.

Overall, the Young Safeguarders found a workforce who genuinely care about children and want to do the right thing. Most staff understand how important it is to listen to young people and try to put children at the centre of their work. There were many examples of good practice, including staff being kind, making changes based on feedback, and involving young people in training and service design.

The report also found that listening to young people is not always consistent. Some children and young people feel heard, while others do not. In many situations, young people's views are gathered, but it is not always clear how they affect decisions or actions. Adult language, systems, and processes can be confusing or hard to understand, which can stop young people from speaking up.

Young people said there is a big difference between how they feel listened to when they are younger compared to when they are teenagers. Many older young people feel that adults are too busy, don't follow up, or only listen when something has already gone wrong. Some young people said they are rarely asked directly how safe they feel or how things could be improved.

The Young Safeguarders were also concerned that too few children and young people are involved in important meetings about them, or have their views shared properly. Nearly a third of children did not have their voice included at all. There was confusion about who is responsible for inviting, supporting, or providing an advocate for young people. When advocacy works well, young people feel safer and more confident, but this is not consistent.

Another key finding was how information is shared with young people. Letters, websites, and leaflets are often written to parents rather than directly to young people, which can leave them feeling confused or worried. Young people want clear, honest information written in language they can understand.

The overall message of this report is that listening to children and young people needs to be more than just asking questions. Young people want to be taken seriously, treated as equals, and shown that their views lead to real change. While there is good work happening, services need to be clearer, more consistent, and more confident in putting young people's voices at the centre of what they do.

The recommendations focus on improving communication, making systems easier to understand, involving young people more meaningfully, and making sure children's voices genuinely influence decisions that affect their lives.

The Young Safeguarders who have worked on this project are Ameerah, Emma, Grace, Kai, Kaiden, Kian, Lilli, Reuben, Roxi, Scarlet & Sienna.

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1. The Young Safeguarders

The Young Safeguarders group are young people aged 13-19 who support the Plymouth Safeguarding Children Partnership (The Partnership) to make sure that the voices of children and young people are heard throughout their work.

Their responsibilities include:

- Ensuring that information provided by Partnership organisations, and the policies and procedures that affect children and young people's lives are fair and make sense to young people.
- Supporting with quality assurance work of The Partnership such as 'learning walks' and checking what young people have said in The Ten Wishes is carried out. This means making sure that the things they are looking at are done as well as they can be and that young people have a voice that is heard.
- Reviewing information given to The Partnership by Children's Social Care, Education, Health and Police so that comments on what is going well and suggestions for improvement can be passed onto the Subgroups within The Partnership.

- Raising both their concerns and the concerns of their peers in relation to safeguarding.

The Young Safeguarders group has been in existence for more than ten years now and during that time, over fifty young people have been involved in auditing documents, feeding back on policy, studying and challenging data, and undertaking learning walks. They've also developed resources and presented their work and views at board meetings and safeguarding conferences.

Whilst the attendance of young people attending the groups evolves in cycles the group has consistently evolved and has consistently provided challenge and support to partners through their work. The consistency of the work has led them to take on the role of independent scrutineers for the partnership.

Throughout this piece of independent scrutiny, eleven young people have been involved; some from the start, and others joining for the latter part of the project. All young people brought their own varied experiences of services and their lived experience to the work with the aim of improving services for them and others who might use or need safeguarding services.

2. Young Safeguarders as Scrutineers

The value that the Plymouth Safeguarding Children's Partnership hold the Young Safeguarders in and the importance of listening and understanding young people's views led to the young people's involvement in the formal scrutiny processes of the partnership and in March 2025 young people were asked to lead on the following scrutiny objective.

Objective 6 of the Independent Scrutiny plan for the Plymouth Safeguarding Partnership is about incorporating the voice of children and families into practice, policies and procedures.

The aims of the independent scrutiny include:

1. Young Safeguarders are to provide independent scrutiny looking at how the voice of children, young people and families is captured throughout Partnership groups and organisations.

2. Examine how their voice influences and informs Practice, Policies and Procedures within the partnership.
3. Identify any changes made due to feedback from children, young people and families and highlight any gaps identified.

3. Methodology

3.1 Preparation

Over several meetings, the Young Safeguarders decided how they were going to tackle this task.

They simplified the aims into these three main questions in relation to the partnership listening to children and young people. These were:

- What do partners / organisations do well?
- How do they listen to and act on the voice of young people?
- Where do they need to improve?

They decided to create a survey for the initial phase exploring all Partnership groups and organisations including schools. The plan was to follow this with further investigation with a select number of organisations following lines of interest identified through the survey. This would then be followed up by more investigation including data requests, meeting professionals from different organisations who are involved in direct work, meeting young people receiving services and thinking about their own experiences.

Throughout the work young people thought about the Ten Wishes ([The Ten Wishes - Plymouth Safeguarding Children Partnership](#)) and the work that had taken place around what they wanted from an effective safeguarding service where they wanted professionals priority to be their protection, them having support in their own right, and advocacy to assist them in putting forward their views.

The nine areas that children said they need within Working Together 2026 were all considered important including respect and vigilance. Young people wanted stability through the development of ongoing stable relationships of trust with those helping them, through recognition of their individual identities and lived experiences.

The nine areas are as follows:

- Vigilance: To have adults notice when things are troubling them.
- Understanding and Action: to understand what is happening; to be heard and understood; and to have that understanding acted upon.
- Stability: to be able to develop an ongoing stable relationship of trust with those helping them.
- Respect: to be treated with the expectation that they are competent rather than not.
- Information and Engagement: to be informed about and involved in procedures, decisions, concerns and plans.
- Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response.
- Support: to be provided with support in their own right as well as a member of their family.
- Advocacy: to be provided with advocacy to assist them in putting forward their views.
- Protection: to be protected against all forms of abuse and discrimination and the right to special protection and helps if a refugee.

3.2 Initial Survey

The initial survey which was sent to leads of all partnership sub-groups as well as partner agencies and organisations. Questions explored how the voice of children, young people and families was captured as well as focusing on how they seek and respond to feedback. A full list of questions within the survey can be found in Appendix 1 on page 30.

Thirty-six responses were received from a range of organisations.

Eight of these were from the statutory partners including two health (NHS Devon ICB and Livewell), two from Devon and Cornwall Police, and four from Children's Services (Children, Young People & Families Services, Education, Participation & Skills, Families First and Education Improvement).

Ten were from schools (Cann Bridge, Coombe Dean, DHS Boys, Plymstock, Sir John Hunt, St. Pauls, Stoke Damerel Primary, Tor Bridge High, UTC and Victoria Road Primary).

Ten were from partner organisations (Action for Children, Barnardo's, Jack and Jill Childcare, Lark Family Hubs, NSPCC, Pathways Day nursery, Plymouth Argyle Football Club, Probation Service, Children's Society and Young Devon)

Eight were from Partnership subgroups (4 operational, 3 strategic and 1 reference).

3.3 Deep Dive

After receiving the survey responses, the Young Safeguarders thought about further investigation with different organisations. They agreed to focus on the statutory partners in greater depth and wanted some data about the areas that services might have direct contact with young people. They also wanted to speak to staff members involved in direct work and young people who had or were experiencing services.

The Young Safeguarders have previously undertaken Learning Walks in different parts of the statutory partners including the Multi Agency Safeguarding Hub, Livewell Southwest Children's Place of Safety and Charles Cross Police Station. Much of the work of the deep dive was informed by this work and the young people's own experiences of services whether health, social care or the police.

3.4 Data requests

Letters were sent to each of the three statutory partners asking for data.

For Children's Services the young people felt that care reviews, child in need meetings, child protection meetings, and family group conferences are areas of work where children specifically need to be heard and wanted further information around these areas. They also wanted to know how many compliments or complaints they received on average each month and if they could evidence change in practice, policy or procedure that have taken place in the past 12 months due to any feedback.

For health services they were particularly interested in support offered to young people whilst waiting for specialist services.

And for the police - following the Young Safeguarders learning walk in 2023 - they were keen to explore the reasons for holding young people in custody.

Children's Social Care	Health	Police
Information relating to the last ten of each of these meetings: - Family group conferences - Child in need meetings - Child protection meetings - Child in care reviews Information relating to compliments and complaints	Information relating to the last ten children and young people seen for a first appointment in these areas: - CAMHS - Child in Care nursing team - Neurodiversity Team - Paediatrics outpatients	Information relating to the last 20 young people aged under 18 who were held in custody.

3.5 Staff interviews

In the letters that were sent to the three statutory partners asking for data, there was also a request for the opportunity to interview the following members of staff. These were the people that we requested to interview. Young people were clear they wanted to talk to staff who directly work with young people as they felt that this would help them get a better picture of how staff listen to children than if they were to talk with managers.

Children's Social Care	Health	Police
Advanced practitioners (not managers) involved in: ▪ Child in care reviews ▪ Child in need meetings ▪ Child protection meetings ▪ Family group conferences	Practitioners working in each of these areas: ▪ CAMHS ▪ Child in Care nursing team ▪ Neurodiversity team ▪ Paediatrics outpatients	Officers working in each of these areas: ▪ Child Centred Policing Team (Police Constable grade) ▪ Child Protection Team (Detective Constable grade) ▪ Response Team (Police Constable grade)

A full list of questions asked in the staff interviews can be found in Appendices 2-4 starting on page 31.

3.6 Workshops in schools

Following the initial survey phases where responses were received from ten schools, the Young Safeguarders wanted to triangulate what schools had said by speaking directly with students. (It was thought that schools were the only place the Young Safeguarders could speak with other young people as to talk to those involved in either social care, health or police might be difficult in terms of confidentiality.) The schools who responded to the survey were contacted and asked if representatives from the Participation Team and the Young Safeguarders could visit and meet with some of their students. The Young Safeguarders were most interested in speaking to children and young people accessing additional support or involved with other services, those entitled to free school meals or those who don't traditionally engage with feedback but were also happy to speak to anyone who wanted to meet with them.

Four schools offered us the opportunity carry out workshops – St Paul's and Victoria Road Primary Schools, and Plymstock and UTC Secondary schools.

We asked to speak to young people who met the above criteria. We subsequently ran a number of workshops attended in total by 16 children from two primary schools and 23 young people from secondary schools and asked them these questions:

- What does 'being listened to' mean to you?
- In a survey completed last year with over 4000 pupils in years 8 and 10, only 33% of pupils thought that their teachers listened to them in school. Why do you think most young people said that they don't feel listened to at school?
- What could your school do better to listen to you?
- How do you feel that the school demonstrates respect towards you?
- Does anyone at school ask if you feel safe?
- Would you like to be involved in the training that staff in your school receive?
- Do you have any ideas about how you would want to do that?
- Can you tell us the different ways you can raise a problem?
- Do you think your school acts on issues that are brought up?

3.7 Challenges with the process

During the presentation of initial findings at the November 2025 Partnership Board meeting The Young Safeguarders highlighted some of the challenges they had experienced with the process. This was not to call out individuals, but to provide some food for thought as they questioned that if some of the negative responses they received as a group of young people acting in an official capacity, what are children and young people accessing services likely to encounter?

The challenges included:

- Receiving incomplete and incorrect data

"We requested data during phase three of the project and only one of the ten requests were returned on time. Some of the data was incomplete. Some still hasn't been provided. Some was what they thought we would want to see, not what we had asked for."

- Requested to interview practitioners but were not always able to due to operational demands or other unknown reasons.

“For the interviews with staff, we asked to meet with practitioners and received a mixture of practitioners, managers and service managers. Some of the practitioners that we interviewed did not know why they were there. Some people that we had asked to meet with said they were too busy or did not respond at all.”

- Defensive responses which Young Safeguarders thought might be to shut them down.

“The information received during the initial survey was confusing, full of jargon and adult speak and frankly, did not make a lot of sense at times. Some of the responses given were defensive and seemed designed to shut us down. This was also the case with some of the interviews we held with staff. It was also frustrating when they responded to the adult in the room, not the young person who had asked them the question.”

- Expectations of us and deadlines not extended for our work even though a vast amount of the data received was delayed.

“Timescales have proved difficult as even though information was provided to us over six weeks late in several cases and in some cases not at all, when we requested an extension to the deadline of today’s presentation, this was denied.”

- Us not being seen as equals within this role.

“All of these examples contributed to us feeling that we are not seen as equals within the role of independent scrutineer and questioning if the responses would have been different if we were adults or professionals.”

Plymouth City Council’s Cabinet Member for Children’s Social Care, Culture and Communications described The Young Safeguarders’ presentation as *“a masterclass in speaking truth to power”* on a social media post.

Within the board meeting it was noted that young people have always responded well to requests and completed work to a high standard that has supported the work of the Partnership. Professionals in the room recognised that for most of them this was their full-time role, but Young Safeguarders meet once a fortnight with the competing pressures young people face every day with many of them also taking exams and some changing schools. In

this respect the Board acknowledged the quality and voluntary commitment of the young people and recognised challenges with responsiveness and clarity of processes encountered during the scrutiny exercise. The Board apologised for this experience and committed to working directly with the young people to address the identified challenges, including clarifying escalation pathways and ensuring timely information sharing.

Four senior points of contact were identified to support the scrutiny work across the statutory partners who committed to provide any data and interview opportunities that were originally missed.

It was also agreed that an escalation process would be created to follow if any of these issues happened in any future work of the Young Safeguarders.

Following the PSCP Board meeting and the renewed commitments made by the board the Young Safeguarders reviewed the work that had taken place and requested data and further information to fill the gaps they felt were in place. They also arranged to undertake a new set of interviews to give them a fuller picture to allow better analysis. The agreed points of contact were invited to a Young Safeguarders session in March and the findings shared then are included in this report.

4. Findings

4.1 General Findings

Young Safeguarders found a motivated workforce who engaged well with them and were keen to put young people at the centre of practice. They also found that there were barriers to achieving this and staff talked of capacity issues and not always having time to do the best that they could which was frustrating for them. There was a clear view of the importance of listening to children and young people but the way this is done could be more consistent and clearer guidelines might be useful in this area.

The Young Safeguarders weren't surprised to find clear differences in how young people experience primary and secondary school. They also questioned how well secondary schools listen to young people as different pieces of work they have been involved in suggested that the responses from some schools might be overly positive in relation to listening to children.

The Young Safeguarders found good examples of participation and co-production in health but thought communication with children and young people could be improved to avoid confusion or young people turning away from services they might need.

The Young Safeguarders thought very highly of the child centred policing team and wanted all Police officers to learn from them and adopt their approach to children and young people.

They were concerned about time young people spent in custody but understood the police's responses to their questions. They did want the board to also be reassured that young people were not being kept in custody for too long.

The Young Safeguarders found Children's Services staff to be particularly child centred with high levels of commitment although they thought that not enough was being done to ensure that young people are being heard in meetings that affect them. Some clear guidance here would be useful.

The Ten Wishes were found to be well understood and used across most agencies. This was mainly seen within the survey responses where there were good examples of respect, listening and young people involved in training the workforce. There were also good examples of it being used as a guide for feedback and audit work.

4.2 Partnership Findings

We received eight responses from Partnership groups to our initial survey.

When asked how they could improve the extent to which they make the child's voice the loudest in your work? The Multi-Agency Performance and Quality Assurance Group said.

"We need to strengthen capturing the voice of children across all our agencies and bring this into our quality assurance activity in a more robust way. We then need to consistently make best use of the feedback and use the information to improve our practice."

This response sums up our general thinking about all of the subgroups.

Although some of the partnership groups didn't tell us how they listen to children or give examples, there were some great examples of capturing the voice of children and young people. The Workforce Development Group described why they do this.

“We try to make sure that children's voices are embedded in our learning offer and all our discussions have this focus. We think that by having a well trained and supported workforce that those professionals will then be able to support families to the best of their ability.”

The Children's Safeguarding Practice Review Group described having strong senior-level leadership, which helps them drive change.

“We have a very strong team of leaders at a senior level meaning we are able to influence and make change within our respective agencies. Collectively we come together to ensure agencies are working collaboratively to protect children and ensure that lessons are learned when a child suffers serious harm following abuse or neglect. We are preventative in our approach as well as responding to lessons post serious incidents.”

Some responses suggested that the groups don't listen to young people as they said that they didn't speak directly to them. Young Safeguarders understood that not all groups/managers have the opportunity to meet young people but felt they would be listening to children and young people through their staff, best practice and research and these were valid and should be recognised.

Young Safeguarders want to point out that we think that there needs to be a better understanding for frontline staff on the Plymouth Safeguarding Children Partnership and how their work links, as one worker interviewed did not even know what the Partnership was.

Other findings in this area are captured in the Ten Wishes section of this report.

4.3 Education Findings

For the initial survey, only ten schools from more than 100 that we have in Plymouth responded. We do question how the partnership rate their ability to influence safeguarding practice across education when we had such a low response rate after it had been sent from the PSCP email address.

The findings from both the initial questionnaires to schools and the subsequent interviews with students was that primary school children had strong positive relationships with staff members. They felt listened to and that their teachers supported them with a sense of belonging. They were frequently asked if they felt safe and they were also able to explain the different ways in which teachers demonstrate respect towards

Other comments can be found in the following word cloud below.



Children from Victoria Road Primary School told us that teachers listen to and respect their opinions. The picture below is of an outdoor display in their playground detailing some of the articles within the UN Convention on the Rights of the Child which shows how they promote that they listen to children in a helpful and visual way.



In the secondary schools we visited the young people were able to articulate what ‘being listened to’ meant to them. Some students said that they feel they have to chase teachers for a response on some occasions. Young people all agreed that *“there is too much change” that takes place in schools, and these are “not communicated well, and can feel unsettling.”*

The students were asked if they knew of the different ways that they could raise a problem. Their tutor was often the first port of call, but a few said that inconsistent tutors make it difficult to form relationships. One shared that *“there are people who we can rely on in the school like those who are trained and we can identify them by their yellow lanyards.”*

Not all schools had a student voice group / council but some young people wondered whether that would be an effective way of communicating any issues.

A consistent theme was how busy they thought the Heads of Year are and that put them off seeking help from them and that Safeguarding leads only really deal with complicated situations.

We discussed how they felt the school demonstrates respect towards them, with the following points being given:

- Provides food
- Provides toilets (sometimes) – a lot of discussion on this!
- Support with uniform costs
- Asking how we are on entry to class

When asked what the school could do to demonstrate respect they suggested:

- *“The rules need to be relaxed more – we should be able to use the toilets.”*
- *“Don’t judge us by how many detentions we have or how good/bad they think we are.”*
- *“They do show respect, but I think the school should check up on people more and care more about us. Ask questions more often to see if we’re okay and happy.”*
- *“They should pay more attention to students as some may be depressed or suffering but may not speak up.”*

When asked if anyone at secondary school ever asks them if they feel safe, the majority said no and added that they often feel like they can’t speak freely often, however those that had interacted with safeguarding leads said that they had been asked about their safety.

4.4 Health Findings

We received responses to the initial survey from Livewell and Devon ICB. We were then able to obtain data from CAMHS, the Child in Care nursing team, and Paediatric outpatients. We later interviewed two members of staff from Livewell and one from University Hospitals Plymouth NHS Trust (UHP).

No data was provided to us by the Neurodiversity team as it does not exist. Instead, there is a Neurodiversity pathway and some of the data provided by CAMHS included young people on this pathway.

1. Capturing children’s views

There were some excellent examples of participation and co-production within Livewell and UHP including children and young people interviewing applicants as part of the recruitment process, developing written materials, secret shopper mock appointments where young people gauge the responses received when asking for support and young people contributing ideas as to how the new Dartmoor building at Derriford Hospital looks.

The UHP Youth Council have been involved in conducting assessments of care environments attended by young people, making suggestions for improvement and reviewing national young person survey result leading to the co-design of improvement projects. The UHP Youth Council have also been listed as a finalist for the national Patient Experience Network awards for their work and achievements.

UHP aim to get the voice of the child in the moment. Case notes are audited to ensure that the voice of the child is present and in the last audit of 100 cases, the voice of the child was present in 100% of the files.

Livewell shared that patient stories are brought to their board meetings on a monthly basis from a range of services from across the organisation and several videos from children and young people have also been shared at their executive team meetings.

Children, young people and families' voices are captured in a variety of ways; questionnaires, online surveys, talking at groups, clinics and appointments and through targeted co-production and participation work. For example, the 'CAMHS eating disorder pathway centre of excellence business case' has been co-produced within four well-attended co-production workshops focussing on each area of the pathway including early intervention, home treatment, community, paediatric inpatient and Tier 4.

Livewell have appointed a co-production and participation lead within their children, young people and families' service to ensure that their voices are part of ongoing feedback to recognise what is working well, improving the service and supporting future developments of services.

4.4.2 Responding to feedback

The Child in Care nursing team shared that young people had previously requested not to be seen in schools, and the team has changed their practice and now ask children and young people where and when they want to be seen.

The team have also changed their writing style recently and now write to the child in their reports which they have received positive feedback on.

CAMHS were operating much of their therapy online following the COVID pandemic but received feedback from young people disliking this so have endeavoured to have therapy sessions face to face.

The ICB shared that young people's feedback around a youth service that supported young people in hospital resulted in the service being recommissioned.

4.4.3 Information shared with young people and families

In our data request, health was asked to provide examples of all documentation and contact (anonymised) with the young person in between the date of referral, date of first appointment and date of start of any treatment but this request was refused, citing confidentiality. Whilst the Young Safeguarders understood this, they were a bit disappointed that examples or templates weren't given so they could see how accessible and informative communication was. With this in mind Livewell were reapproached to see if they could share any information leaflets that you usually included with letters to young people. We received four documents including Early Help pathway and Neurodiversity pathway waiting list letters, a list of helplines, and an example anonymised letter sent following an assessment.

The Young Safeguarders questioned why letters were aimed at parents and carers and not the young people themselves.

“Why are the letters speaking about us but not to us?”

We understand why letters need consistency but 'cut and paste' letters don't make us feel listened to or cared for. We can be afraid about what's happening so need to know more about it. The QR codes linking to more information are a good idea, but it does lead to information overload. They link to different Padlets which are online noticeboards to collect, collate and present information. The Early Help pathway Padlet links to 46 different websites.

Young Safeguarders described some of these links as ‘scary’, *not relevant* or ‘belittling’. For example, if the referral relates to anxiety, receiving links to resources on issues such as ‘fussy eating’, ‘sexual behaviour in children’, ‘child to parent abuse’ or ‘coping with your teenager’ may feel frightening, belittling, or irrelevant. We feel that there should be a bigger suite of letters, more tailored to different issues.

4.4.4 Website information

We initially asked for data relating the neurodiversity team but were told that the neurodiversity pathway within Livewell CAMHS service is not a separate team but part of the whole CAMHS service, who work within the iThrive model as pathways.

The CAMHS Neurodiversity pathway offer assessments to young people already within the CAMHS service who are receiving support for their mental health

This is different to information displayed on the internet and in leaflets about the team and the inconsistency in information on support for neurodivergent young people can lead to confusion.

4.4.5 16 and 17 year olds admitted to hospital

Within the self-assessment, UHP highlighted an area where they need to improve in hearing the voice of children and young people; “16 and 17 year olds are cared for in adult areas and sometimes staff can forget that they *are legally children and don’t treat them as such. Their voice may not be heard in adult areas.*” The Young Safeguarders wanted to know what is being done to protect young people on adult wards and were told during one of the interviews:

“Every day we screen the computer system to check where 16/17 year olds are and offer support. Staff training is given on 16/17 year olds and the Children’s Act as under that legislation 16/17 year olds are children and have to be safeguarded. They are all asked if they want to come up to the older children ward if there is space available.”

Two young people who had direct experience of being a 16 or 17 year old staying on an adult ward approached the Young Safeguarders and shared that they did not feel supported which leads us to ask, ‘How can the partnership assure itself that things are being seen from a young person’s perspective?’

"I was discharged from all of the paediatric services a couple of days after my 16th birthday, and I stopped being offered a bed space on level 12 (the Children's ward) whenever I was admitted. I've asked and have been told it's not possible.

When I was on paediatrics, they had the play specialists, they had obviously the games room, the playroom and everything. And on adults, they have literally none of it. I've asked multiple times about going up to the day room to hang out and they always say it's a case of if you're not the patient, the answer is no.

The adult wards are just overly a lot more grown up. There is a lot more swearing, more adult conversations and just less awareness that there's children potentially on the adult ward. The other patients don't realise I'm only 16. I've seen more than I should have. I've also found that you don't tend to stay on the same ward throughout an admission, they'll move you constantly so you can't settle.

If I could change anything, I'd definitely say more staff training around children because the staff seem to be very focused on adults, if that. Also having access, if you're 16 or 17, to the play specialists. They're very good at explaining things like medical procedures, for example, in a way that's not as intimidating as how it's said to me now."

We were later informed that there should be a qualified children's nurse in the team within each ward that could have 16 and 17 year olds staying who can help upskill the other ward staff and ensure that they are child centred in their approaches.

4.5 Police Findings

The inspector who completed the data request information relating to the last 20 under 18's held in custody reported that it had been a useful exercise as it identified that 30% of the last 20 children held in custody was in relation to motorcycle thefts. This has contributed to the establishment of a new operation that focuses on tackling this issue.

4.5.1 Capturing children's views

The voice of the child is represented in Public Protection Notices (PPNs) that are shared with partner agencies recording safeguarding concerns. The voice is captured in a range of ways including audio and visual recordings, but is also more than just what the child says and includes body language, avoidance, and officer instinct.

Officers acknowledge that it can only take one bad experience to skew someone's view so work tirelessly to not contribute to that.

When Young Safeguarders asked, 'how do you capture the voice of children, young people and families across your organisation?' in the initial survey, they were told that they use the RESPOND mnemonic (respond / engage / speak / protect / observe / nutrition and health / development) in PPNs. However, the officers spoken to in interview had not heard of this.

The officers we spoke to from the child centred policing team were exactly that – child centred.

- They build relationships with young people, are trauma informed, and young people's views are taken into account during every single meeting.
- The staff are resilient and whilst they may face abuse, they always come back and try and build that trust within the relationship.
- They talk *with* young people, not *to* young people. They also shared that they can recognise risks that the young people may not necessarily see.

4.5.2 Time spent in police stations

In our data request we asked for information relating to the last 20 under 18's held in custody, and we found that the average time held in the Charles Cross custody suite for these 20 children is 16 hours and 48 minutes which is higher than the national average of 11 hours and 36 minutes and significantly longer (60% increase) than the 10 hours and 30 minutes time reported to Young Safeguarders when they carried out their learning walk in the custody suite three years ago (April 2023).

We wanted to know why they thought the time had increased so much and it was explained that it is a '*huge*' decision to arrest a child. It could be to preserve evidence, safeguard them or prompt an effective investigation. There are also outcomes such as bail conditions of not going to a certain area of the City that can only be sought if they are brought into custody. It was also explained that the time frame could be increased if waiting for an appropriate adult if family members refuse to attend or if the arrest happens at night (which most do) so the child can sleep and be interviewed in the morning. It was explained by a front line officer that instead of bailing someone to return in the future, sometimes it can be

a quicker process to gather information there and then, so the experience is not dragged out for the child.

The child centred policing team do look at the option of 'voluntary attendees' at Devonport station instead of being arrested and taken to Charles Cross, which they described as being better all round.

The data request also covered which alternatives to custody were explored and we were told that the *"police always try and find appropriate accommodation through social services as is the law"* They also described that offense type, risk of reoffending and to the public and lack of suitable alternative accommodation can mean young people are detained. We discussed this with the officers we spoke to and were given examples of Children's Social Care not responding to requests in a timely way. Some of these examples included children as victims, not perpetrators.

One example included an officer *"sat with a child for eight hours waiting for a social worker and kept being told that they were on their way or would be there within an hour. A worker arrived and then wouldn't stay alone with the child and needed a colleague to join her from Exeter. On the next call he was in Bristol; nothing made sense and it got very confusing. The communication with me wasn't very good."*

One of the challenges of the police booking accommodation at night is that a lot of hotels aren't manned 24 hours a day making contacting them difficult. Officers agree that a police station is not a suitable place for a young person. In the evening and overnight there is a meeting room that is sometimes used and an officer shared an instance where this was used to accommodate four children. A woman from out of the area was arrested on suspicion of drunk driving and had the children in the car with her. Neither the women's local Social Care department or Plymouth's wanted to take responsibility for the children, so the officer took the children upstairs and built a pillow fort with them and borrowed an iPad to put a Netflix movie on. She also got sweets from the tuck shop and some 'Buddy Bags' which contain colouring in sheets and a little teddy and ultimately, the children didn't feel like they were in a police station.

"What's key is making the best of a bad situation so for me... I could be stressing out on the phone, or I can take my kit off, put my hoodie on and sit down and watch Netflix and chat with

them and make sure they get some rest while someone else runs out and tries to sort things out.”

In the end the police found accommodation for the woman and her blood alcohol level had come down enough for her to be released and have her children put back in her care. This example illustrates both the barriers and the compassionate problem-solving shown by officers.

4.5.3 Barriers to communication

Public attitudes towards the police have changed over the years and officers demonstrated a good level of awareness on barriers that young people face to communication with them, from being exposed to negative viewpoints or media to fear of the uniform.

Frontline officers recognise that the uniform can act as a barrier and may be intimidating. However, they felt that one of the most significant obstacles to meaningful interaction between police and young people is the perception of limited mutual respect.

Confrontation and young people using mobile phones to film officers can present challenges that extend beyond what the Young Safeguarders had considered. For example, impacting an officer's career so that they cannot move into any kind of covert operations. Perseverance is present though with front line officers utilising personal knowledge to engage young people, keeping the conversation going and not saying anything that makes them feel stupid. We learned that some of the most challenging situations often involve teenagers, largely because a developing brain can lead to unpredictable behaviour. This highlights the need for improved relational policing and communication strategies.

4.5.4 Training

We discussed training within the interviews and found out that not all officers are trauma informed trained. There is very little available in terms of training offers for response officers with individuals being responsible for their own development, researching things in their own time. There is some online training available, but staff often do not have the time to take this up. The Child Centred Policing Team did liaise with the Response officers in Plymouth and give a talk on young people who were missing from home which officers found insightful. One

officer felt that it would be helpful to explore young people's views on interactions with the police from their lived experience.

4.6 Children's Services Findings

We received responses to the initial survey from Children, Young People & Families Services, Education, Participation & Skills, Families First and Education Improvement. We were then able to obtain data in connection with Family Group conferences, Child in Need meetings, Child Protection conferences and Child in Care meetings. We interviewed a total of eleven Children's Services staff including seven Social Workers, a Family Help Lead Practitioner, an Independent Reviewing Officer, an Independent Chair and a student Social Worker.

In the initial survey response, we heard that assessments are completed that describe the child's experiences and the help that they and their carers need to improve their situations. Practitioners then develop and oversee plans for children that reduce their levels of risk and improve their life chances. This is done in a child centred way so that everyone understands how important it is for the child.

All children going through court have an independent CAFCASS worker and an independent solicitor who represent their voice in court and this was flagged as a way that children's voices are made the loudest in the work.

We were also told that the Participation team work tirelessly to make children's voices the loudest in the room and young people have been supported to produce videos that share their voices, and the videos are presented at various leadership meetings.

Young people are now also attending some strategic boards which have made their voices louder.

Independent Reviewing Officers are very child focused and consistently chair meetings that are child centred. They formally escalate any practice concerns that could be causing delays for children.

The survey also identified the need to strengthen the voices of children with 'Child In Need' plans by working differently with them and making better use of what children are saying about practice.

During the interviews, when asked how do you keep a child safe if what they tell you could potentially put them at risk, all social work staff were able to articulate straight away what they would do.

They were knowledgeable, enthusiastic and kind, and gave long insightful answers. They were passionate about their work, and you could tell that they wanted the child to be comfortable through the whole process. Children are their priority and they listen to and incorporate their views.

4.6.1 Gathering feedback

During the initial interviews last year, we asked ‘How often do you ask young people how you could do better?’ And ‘Do you routinely collect feedback from them?’ We learnt that whilst feedback is usually sought when workers are newly qualified and require it for their portfolio, it is not usually collected once they are past this stage. This was also the case for the interviews we held in February with social workers, independent chairs and IROs. One social worker told us *“I think it's not a priority maybe. I'm not saying that that's right or wrong, but not something that just gets done day-to-day”*.

The exception to this was the Family Group Conferencing Service who seek feedback from every family after working with them. The feedback questions are based on each of the Ten Wishes. Any positive feedback they receive is shared in a peer supervision session to share positive practice and experiences and to embed that within their service.

Audits are undertaken by managers across the service who then meet and pull together a report on the themes. Peer group supervision then happens each month based on one of the themes to share ideas of different tools to use to address any shortcomings.

4.6.2 Engaging with young people

Young Safeguarders found staff that were passionate about working with young people and making sure they were safe and included in decision making. There were clearly challenges around this with it appearing that time constraints and lack of clear and consistent guidance meant that not all young people were able to have their views heard.

Some staff used incentives to support engagement with young people but this was inconsistent between different teams. There is no set agreement across different services for the use of incentives when meeting with young people.

Within Family Group Conferencing, the option to take them out to somewhere like a coffeeshop or snack bar (like Costa or McDonalds) when meeting for the first time has been removed. Coordinators used to be able to provide a list of options of where to meet and being able to take them somewhere nice that feels like a treat which helped the levels of engagement and enabled them to feel valued. With ten coordinators having an average of 25 first visits with young people a month, the removal of this is saving a potential £250 a month, although young people have provided negative feedback about the situation and workers are anticipating more disengagement or non-engagement as they are moving to work with young people who have already experienced these trips and may expect them.

Social Workers from other parts of the service have been told to keep spending to a minimum and are all interpreting that in their own way, for example getting a takeaway drink and walking along the seafront rather than sitting in a coffee shop with a drink and a cake.

However, when we asked how social workers listen to children and young people and ensure they get the right help, the response was *“Don’t always have the time to see them before review meetings, even though we have 6 months’ notice.”*

4.6.3 Young people's attendance at meetings

Our data request was for a snapshot of the last ten of a range of meetings asking about the number of children and young people attending in person, online or having their views represented by an advocate. We also explored reasons why children and young people don’t attend their meetings and if any action is taken by team managers in relation to this.

Some areas provided information for more than ten meetings. Once we had removed data relating to unborn children and those aged one and two, we had received information relating to 78 children and young people aged 3-17.

Percentage of children and young people who...	Child in Care meetings	Child Protection Conferences	Child in Need meetings	Family Group Conferences	TOTAL
attended in person	6 out of 10 60 %	0 out of 35 0 %	4 out of 14 29 %	10 out of 19 53 %	20 out of 78 26%
attended online	0 out of 10 0 %	1 out of 35 3 %	0 out of 14 0 %	0 out of 19 0 %	1 out of 78 1%
did not attend but did have their views represented by an advocate	1 out of 10 10 %	14 out of 35 40 %	10 out of 14 71 %	7 out of 19 37 %	32 out of 78 41%
did not attend and had no views shared	3 out of 10 30 %	20 out of 35 57 %	0 out of 14 0 %	2 out of 19 10 %	25 out of 78 32%

Overall, the data received tells us that almost a third of children and young people did not have their views shared at their meeting, either by an advocate, other professional, or by themselves.

The lowest attendance by children and young people at their meetings was in Child Protection Conferences with the main reason given being parental refusal. We asked Social Workers why they thought this was and were told that it could be because they may not understand, or that the system in place to gain children's views is not working.

Across the service there is not much pre-information provided to support young people's understanding of meeting which could make them feel more comfortable to attend or explain alternative ways young people can have their voices heard through letters or video clips for example.

There was also confusion over whose responsibility it is to invite children and young people to their meetings. Some Social Workers are very clear that it is their responsibility, whilst others feel that the responsibility lies with the Barnardo's advocacy service or Independent Chairs.

When discussing Child in Need meetings, we also explored how meetings are explained to children and young people and found that the conversations are predominantly with parents with an expectation that they explain everything to the children, although checks to ensure this happens do not routinely occur. Reasons given for young people not attending CIN meetings was to protect them from parental conflict and protect them from adult issues. In both of these examples young people views were shared by workers close to them.

Within Family Group Conferencing 90% of children and young people either attended the meeting or had their views shared by an advocate from the FGC team. The 10% who didn't were deemed to be too young with us being told that every child over the age of five will always be offered an advocate. Three and four years olds will be supported if it's becoming clear that they have the capacity to have their feelings known but there are limited resources. One of the young people who attended their meeting in person shared the following feedback:

"The family meeting was an extremely helpful event ran by two superb professionals. I was made to feel safe and heard by them as they allowed for me and my family the space and time to truly communicate and sort my situation. Thank you."

Young Safeguarders also found that team managers do not routinely check and challenge why children and young people do not attend meetings. When exploring what could have helped them attend or have their voices heard, it was suggested to have leaflets with information on the process that could be shared with parents, and on rights that could be shared with young people. Split meetings for children able to be present without parents was also suggested.

As part of the services work around the Families First Partnership services are looking at a suite of resources for children, young people and families to ensure they are better informed about services, staff and processes they are involved in so a response to some of these points are likely to be picked up through this work.

4.6.4 Use of advocates

“Advocacy in social work in general is a means of overcoming powerlessness, focusing on the rights of service-users by making their voices heard and enabling their participation” (Scourfield, 2021)

Family Group Conferencing Coordinators also act as advocates for young people in each other’s cases whereas other parts of the service use the Barnardo’s advocacy service.

Advocates from Barnardo’s aren’t always available for Child in Need meetings as they have to prioritise Child Protection conferences. Several workers noted challenges with the service and the procedures in this area. For example, when there’s going to be a child protection meeting, the social worker needs to tell Barnardo’s and then Barnardo’s make contact with parents to ask for their agreement to speak to the child. As part of that conversation, the advocate will ask children and young people whether they want to take part in a meeting, as well as getting their views. However, Barnardo’s aren’t seeing everybody and therefore the pathway breaks down and often doesn’t happen. If a parent doesn’t answer the phone, it’s not clear how many times the advocate will try to make contact again, or how it’s explained to the parent to try and obtain consent.

There are times where others step into the role of advocate to ensure that the voice of the child is heard. This could be a Family Help Lead Practitioner or another allocated worker. One young person had their views represented in a Child in Need meeting by their step mum and dad and Young Safeguarders questioned whether that was normal practice as it obviously isn’t independent or objective. Social Workers said that they hoped that this wasn’t a regular occurrence as they recognised that anything could be said and it may not be a true reflection of the child’s thoughts, wishes and feelings.

4.6.5 Compliments and complaints

We found out that on average each month Children's Social Care receive three compliments and 15 stage one complaints through the official feedback procedure.

They were unable to advise how many compliments have come directly from young people however they could say that in the last 12 months, four complaints have been received via an advocate, and 11 complaints have been received direct from the young person.

We were provided with four examples of change in practice, policy or procedure that have taken place in the past 12 months due to this feedback.

1. Strategy implemented regarding Placement Order practice and associated information sharing with birth parents
 - Changes to practice that will ensure the same concerns are not repeated
 - Timely and effective social work practice which keeps children and young people safe, both in their families and in our care when this is needed and improves wider outcomes
 - A stable, highly skilled, well supported and high performing workforce
 - Strong partnerships and partnership governance arrangements deliver effective joint arrangements which improve outcomes for children and young people, particularly in priority areas
2. An update to policies and procedures to ensure compliance under sections 85 and 86 of the Children Act 1989 and the 2011 Regulations.
3. The Council has now provided dedicated note takers for ICPC meetings to ensure proper records are kept of the important information discussed.
4. Team Managers to ensure when social workers take leave unexpectedly, they have a responsibility to check diaries and ensure any commitments are met or cancelled as appropriate.

Young Safeguarders do think that there needs to be a better understanding for Children's Social Care staff on the corporate compliments and complaints process as during our interviews, not all staff members knew the process, and therefore would not be able to explain it to children, young people and families.

5. The Ten Wishes



The Ten Wishes focuses on what children and young people want from professionals.

When they were initially created, there was a focus on workers within Children's Social Care. However, they have since been adopted by the Plymouth Safeguarding Children's Partnership and are relevant to anyone working with children and young people.

A Ten Wishes Charter was created for organisations to sign up to which demonstrates a commitment to meeting the Ten Wishes through all work, behaviours, and actions.

Organisations who have signed up to the charter can be found on the PSCP website.

Throughout this project there were questions related to different aspects of the Ten Wishes. During the initial survey and the staff interviews, we asked what the Ten Wishes meant to them. The responses we received from the professionals are displayed below and include things like *"explaining decisions"*, *"making a difference"*, *being honest and reliable in communication* and *"listening to wants and wishes"*.

WHAT DO THE TEN WISHES MEAN TO YOU?

During the initial survey, there were three specific questions relating to the Ten Wishes.

- How often do you ask young people if they feel safe?

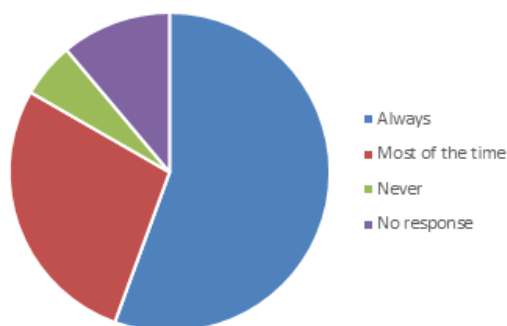
- How do you feel you demonstrate respect towards children, young people and families?
- Are children, young people and families involved in the training your employees receive?

Over half of the respondents said that they always ask young people if they feel safe (56%) with an additional 28% saying they ask most of the time.

Only 5% said they never ask.

The remaining 11% did not give a response to this question.

How often do you ask young people if they feel safe?



How do you feel you demonstrate respect towards children, young people and families?

Many of the respondents described how their organisational values underpin the respect they show to the children, young people and families they work with. Sir John Hunt Community College highlighted their values of *ambition, endeavour and respect*. UTC Plymouth explained that they show respect by listening to young people and demonstrating that change has occurred. Victoria Road Primary School shared that respect is embedded throughout their staff approaches, while the Education, Participation and Skills department at Plymouth City Council talked about their 'equal, kind and safe' value set.

One theme centred on demonstrating respect through trauma-informed and safeguarding-focused practice. Young Devon and St Paul's

Catholic Primary School explicitly referenced their trauma-informed approaches. Plymouth Argyle Community Trust ensures all interactions are child-centred and that concerns are taken seriously, while The Children's Society operates using anti-oppressive and anti-racist practice, supported by policies and training.

Many responses emphasised active listening, co-production and enabling children and families to contribute to decisions that affect them. Barnardo's told us they listen, respect and treat each child as an individual with different needs. Cann Bridge School highlighted that everyone has a voice and can influence school improvement. Tor Bridge High involves young people in meetings, gathers their views and shares plans and documents collaboratively. The NSPCC treats children and communities as equal partners. Action for Children works in partnership by seeking views and co-producing support. Devonport High School for Boys puts children and families at the centre of planning and decisions, and Plymstock School listens and works with services to provide appropriate support.

Some organisations described respect in terms of honesty, consistency and keeping promises. Action for Children told us they work openly and transparently in partnership with families. NHS Devon ICB evidences the changes they make in response to feedback. Children's Services described their commitment to doing what they say they will do, turning up on time, being clear and honest in their communication, and offering reliable and consistent support.

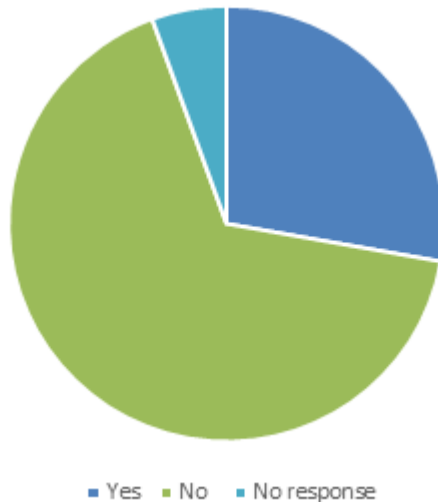
Another strong theme focused on how respectful language and confidentiality shape interactions. The Workforce Development Sub-Group explained how they promote respectful language, avoid victim-blaming and encourage a culture of optimism.

The Multi-Agency Performance & Quality Assurance Sub-Group uses constructive language, such as asking "what can we do differently to engage families" rather than "families won't engage with us." The Families First – Integrated Front Door team said they ensure communication is age-appropriate and culturally sensitive.

Are children, young people and families involved in the training your employees receive?

Just over a quarter of respondents involve children, young people and families in training (28%).

67% said they did not involve them and 5% did not give a response to this question.



Examples of involving children, young people and families in training included:

- Young people from City College developing and adapting introductory training on child sexual abuse as a preventable issue.
- Parents and carers attending and contributing to student information meetings with teachers at Torbridge High School. The school also asked students how ADHD feels in their body and used those quotes within part of the schools training which they shared with the students for their feedback prior to rolling it out to staff members.
- Within Children's Services, young people have been involved in reviewing training courses and giving suggestions for changes being made to the programme to strengthen the training. They have also been supported to create videos that have been used in training on topics such as language, accessing records and Best Practice Standards.

- Before the Graded Care Profile 2 (GCP2) was launched in Plymouth through PSCP, young people reviewed it and whilst they weren't able to make any changes as it's a set tool, they were able to offer their thoughts on how it should be introduced to children and families. Their ideas were put onto a handout that is now shared at GCP2 training.

Examples of good practice

As well as the focused questions, there were also multiple examples of good practice shared that link to each of the wishes. The table below highlights one example of each.

Ten Wishes	Examples of good practice
Easier to contact	<i>"Students can use the 'Tell Us' button on their student log in home screens. Anyone can also speak to us face to face or send an Email."</i> Sir John Hunt Community College self assessment
Be on time	<i>"Practitioners make use of the Ten Wishes in their work with children. For example, they make good efforts to visit on time...maintain contact if that can't happen."</i> Children's Services self assessment
Properly trained and young people involved	<i>"We have asked students how ADHD feels in their body and used these quotes within part of our training. We then shared the training and asked them for feedback."</i> Tor Bridge High self assessment
Ask what we need and don't assume	<i>"We have a youth forum that contribute to service change and policy change."</i> CAMHS Interview
Listen and stand up for us	<i>"We ask them what would make their support work for them, make the changes we can and let them know this. We continually challenge when young people aren't being prioritised and are willing to be unpopular on their behalf."</i> Young Devon self assessment
Use words we understand	<i>"We use clear, honest communication that's age-appropriate and culturally sensitive."</i> Families First self assessment
Reassure us something is being done	<i>"A piece of work currently being undertaken will routinely seek the views of relevant children/ young people where this was previously not the case, helping reassure them that something is being done."</i> Education, Participation and Skills self assessment
Talk to us one-to-one	<i>"We see them alone and away from the family...Trying to get to the bottom of what they want and not being influenced by the adults around them."</i> Social Worker Interview
Ask us if we feel safe	<i>"We always ask children if they feel safe and if they can they identify a safe adult."</i> Social Worker Interview
Respect us and how we feel	<i>"We have a trauma informed approach. Dignity is key to all we do."</i> St Pauls Primary School self assessment

6. Recommendations

Due to the timescales involved in this project and initial feedback being shared part way through, some of these recommendations already have updates associated with them which are detailed below where available.

In regard to incorporating the voice of children and young people into your work our general recommendations for everyone who contributed to this project include:

- All partners to review the whole report to identify actions for improvement for self and others.

2. Sell yourselves – there is good work happening out there!
3. Better communication between leaders and practitioners on systems.
4. Systems to enable senior leaders to hear the voice of children and young people.
5. Better understanding for frontline staff on the PSCP and how their work links.

6.1 Recommendations for the Partnership

1. Review whole report to identify actions for improvement for self and other partners.
2. Recognise when you are ‘hearing’ the voice of children and young people. It’s not just direct. You will encounter their voice everywhere. Each Subgroup to agenda an item to discuss and act on this.
3. Each subgroup to consider how it uses research and other documents to learn about the voice of the child and acknowledge the voices of children and young people regardless of if heard direct or through research, good practice or evidence bases.
4. Consider how the partnership rates their ability to influence safeguarding practice across education.
5. Identify and promote a way to share and celebrate good practice.
6. Ensure that services and processes are understood and experienced from a child’s perspective, including how children and young people (such as those staying on adult wards) perceive them, and make adjustments or provide explanation materials where needed.
7. Presentation on role of the partnership to be shared in team meetings across services.
8. Consider how the voices of very young children are heard and influence services. Each Subgroup to agenda an item to discuss and act on this.
9. Creation of resources to support young people and families understanding of services, staff and processes. This could include the use of postcards including QR codes and quotes from children and young people to promote the work of PSCP.

6.2 Recommendations for Education

1. Review whole report to identify actions for improvement for self and other partners.
2. Explore the difference between primary and secondary school in how children's voice is listened to and acted upon and see how the strong sense of belonging in primary schools can be replicated in secondary school. Ideas for this could be contributed to include trying to boost relationships across the year group.
3. Consider the school culture to ensure that children can speak freely when needed.
4. Explore what life is like for young people today, understanding the differences to when you were at school.
5. Have clear ways for students to express their concerns, such as a school council that is independent.
6. Consider having the safeguarding / pastoral lead more independent from the senior leadership team as students consider this to be a conflict of interest and don't always feel that they can be open about the issues they are facing at school.
7. Self-evaluation on how much influence partnership has over schools and colleges.
8. Cross reference findings from Public Health Schools report and S175 audit responses and finding in this report.
9. Find examples of secondary schools with a good culture of children being heard and share this practice.
10. Explore potential of Public Health's Relational Practice Model for schools in terms of relationships, inclusion and exclusions.

6.3 Recommendations for Health

1. Review whole report to identify actions for improvement for self and other partners.
2. Have a more bespoke range of letters with links to more specific areas of (internet) support.

3. Review arrangements for 16 & 17 yr olds on wards and include young people's voices in the review.
4. Think and decide when you write to children and young people as well as, or instead of, their parents.
5. Consider what role health has in bring voices of children and young people into safeguarding meetings.
6. Analyse the 'Voices of Child' section in case notes (UHP) to assess whether they are being acted on.
7. Share good practice examples (videos etc) with partners to promote wider learning.
8. Explore what GP support looks like and how is experienced by children and young people.
9. Review information on the Livewell website on the neurodiversity 'team'.

Update: Livewell have thanked the young people for their feedback in regard to the website information and they promised to promptly review the website to ensure they are communicating their offer accurately. The wording on the website has since been updated.

6.4 Recommendations for Police

1. Review whole report to identify actions for improvement for self and other partners.
2. Ensure a wider training offer that explores different cultures, SEND, and young people's voice based on their lived experience is both available and accessible. For example, creating a film based on young people views on interactions with the police to better explain the feelings and impact.
3. Explore influence of child centred policing across the wider police force and the scope for utilising the skills/knowledge of child centred policing across the wider force (e.g. shadowing, attending incidents to provide feedback).
4. Have a plan to improve relationships between young people and the police including how to be more approachable.

5. Develop clear guidance on 'how long is too long?' and when it is okay for children to be held in custody for longer periods of time when trying to achieve an outcome on the day.
6. Police to regularly review why children and young people are being brought into custody (or arrested) and identify if there are any preventative programmes that can be implemented.
7. Dip sample PPNs to highlight and share good practice.
8. Agree ways to identify and challenge responsible authority when children and young people or arrested parents are from outside of force area.
9. Review Appropriate Adults work in relation to availability and timeliness.

Update: In the board meeting on 4 December 2025, the Partnerships inspector committed to delivering work ensuring patrol officers understand how to capture the child's voice in practice. There is training being developed and delivered force wide in 2026.

6.5 Recommendations for Children's Services

1. Review whole report to identify actions for improvement for self and other partners.
2. Refresh staffs understanding and promote use of the compliments and complaints process. Followed by a clear way of seeking assurance of the changes that have been made following any complaints. How do you know it's happening? And how do we?
3. Gather feedback from children and young people about staff and services to inform supervision, staff and service development.
4. Undertake a review of the advocacy service to ensure that it is meeting the needs of the young people and of the service.
5. Develop a clear guide of options and expectations of how children and young people contribute to their meetings to ensure consistency. To cover all ages and include who can advocate for them with their agreement.

6. Provide clarity on incentives to engage young people in meetings with professionals.
7. Ensure children and young people are seen by their workers prior to key meetings.
8. Team managers to check, challenge and support staff in relation to young people's attendance and being heard in meetings.
9. Improve children, young people and families understanding and purpose of meetings.
10. Identify good practice in Family Group Conferencing work and share with whole service.
11. Clarity on who is responsible for inviting and supporting children and young people to their meetings (inc. CP, CIN & CIC).

7. Next Steps

An action set in the PSCP board meeting on 4 December 2025 was for the Business Manager to liaise with the identified senior points of contact to provide a timely, formal response to the young people once the final report is shared. We welcome and look forward to this.

A spread sheet has been created which has been populated with all of the young peoples recommendations and can be used to track progress.

Thank you for reading our report.

The Plymouth Young Safeguarders

Supported by PSCP and Plymouth City Council's Participation Team,



Appendix 1

Survey question set

1. Name of organisation / subgroup
2. What are your main objectives and how do you measure impact?
3. Who would you describe as your priority children, young people and families?
4. How many children, young people and families do you work with on a monthly basis?
5. Who do you work with most closely in the Partnership and how?
6. How do you capture the voice of children, young people and families across your organisation?
7. How do you act on what children, young people and families tell you?
8. Do you have specific groups of children, young people and families that you listen to?
9. To what extent do you make the child's voice the loudest in your work?
10. What do you think you do well in this area?
11. Where do you think you need to improve in this area?
12. Can you give us an example of service user feedback and how it led to or contributed to organisational change?
13. How do you share what you hear and learn from children, young people and families across the Partnership?
14. Can you tell us about the different ways that children, young people and families can raise something that they are or aren't happy with?
15. How do you keep children, young people and families informed of any changes made following their feedback?
16. Have you signed up to the Ten Wishes charter?

17. What work are you doing to meet the expectations within the charter?
18. How often do you ask young people if they feel safe?
19. Are children, young people and families involved in the training your employees receive?
20. Can you give us examples?

Appendix 2

Interview questions – Health

1. How do you listen to children and young people to make sure they get the right help?
2. How do you evidence that and the impact it has?
3. Do you pull together feedback from young people that may show a trend?
4. What do you do if the child's voice is different to everyone else's?
5. In a tricky family dynamic, how do you make sure the child's voice is still heard and taken into account?
6. How do you keep a child safe if what they tell you could potentially put them at risk?
7. How do you listen to feedback and how do you communicate feedback from children, young people and families?
8. And what do you do with it?
9. Are you aware of any complaints or compliments that have led to changes?
10. How often do you ask young people how you could do better? Do you routinely collect feedback from them?
11. Can you tell us about the process for how complaints or compliments are made?
12. How do you make this procedure clear to children and young people?

13. Your organisation has signed up to the Ten Wishes charter – what does this mean to you?
14. How do you make sure that children and young people understand your consent and information sharing rules?
15. How do you take account and overcome any barriers or preconceptions that young people have of you to ensure you hear them effectively.
16. Can you give us an example of co-production with young people?
17. What is being done to protect young people on adult wards? (UHP only)

Appendix 3

Interview questions – Police

1. Can you talk us through how the voice of the child is captured within your work?
2. How do you endeavour to make the child's voice the loudest in your work?
3. Do you understand the barriers to young people talking to you?
4. How do you get the best views from young people who may have negative views of the police?
5. How much training have you had around communication with all young people including with different cultures or people with SEND?
6. How do you share your learning with colleagues?
7. How do you communicate police processes to young people you are in contact with?
8. Why do you think the amount of time a child is held in custody has increased so much in the past two years?
9. From the data shared with us, we noted that 30% of the 20 children in custody were held in relation to motorcycle thefts and wondered if there was work being done around this.
10. Can you talk us through the alternatives to custody that get explored for children to help us better understand the process.

Appendix 4

Interview questions – Children's Social Care

1. Where and when are the meetings held? Is there the option to have them after school?
2. Whose responsibility is it to invite them to the meeting if appropriate?
3. How are the meetings explained to children and young people? By who?
4. Why do you think children do not attend their child protection meetings? (CP only)
5. In six of the meetings, an advocate shared the child's views. Why do you think advocates weren't used in the other thirteen meetings? (CP only)
6. Are advocates always available? (CIN only)
7. One young person had their views represented by their step mum and dad. Obviously that is not independent or objective. Is that normal practice? (CIN only)
8. What special arrangements do you make for children who don't have an advocate?
9. If children and young people don't attend their meetings, what response do you get from your manager about it?
10. How do you listen to children and young people to make sure they get the right help?
11. How do you evidence listening to children and young people and the impact it has?
12. What do you do if the child's voice is different to everyone else's?
13. In a tricky family dynamic, how do you make sure the child's voice is still heard and taken into account?
14. How do you keep a child safe if what they tell you could potentially put them at risk?
15. As a social worker, if you don't evidence the voice of the child in your work, what response do you get from your manager?

16. One area your service feels they need to work on is reaching quieter voices by improving engagement with those less likely to speak up, such as very young children or those with communication needs. Do you agree that this is an area that needs work? How do you think this could be done?
17. How often do you ask young people how you could do better? Do you routinely collect feedback from them?
18. How do you listen to feedback and how do you communicate feedback from children, young people and families?
19. How does your service pull together feedback from young people that may show a trend?
20. Can you tell us about the process for how complaints or compliments are made?
21. How do you make this procedure clear to children and young people?
22. Are you aware of any complaints or compliments that have led to changes?
23. Your services' self-assessment identified that they need to work on strengthening feedback loops - ensuring children and families see how their voice has influenced decisions. Do you agree with this? Do you have any ideas how that could be done?
24. Your organisation has signed up to the Ten Wishes charter - what does the Ten Wishes mean to you?
25. How do you make sure that children and young people understand your consent and information sharing rules?
26. Finally, is there anything else you want to share with us such as examples of when things have gone well?

Appendix B

How have the voices of children and young people been captured in your organisation, and how has this impacted practice?

The Community Youth Team (rebranding as Cosmo - the space to be you)

Following the phased reopening of our upgraded youth venues, funded through the Youth Investment Fund (YIF), the Community Youth Team has worked in partnership with the National Youth Agency (NYA) to ensure our governance, safeguarding, and youth work practice align with the National Quality Standards for Youth Work [1].

As part of this process, we undertook a comprehensive peer review and were proud to receive an assessment of “Excellent across all three assessed domains: Active Participation, Governance & Leadership, and Youth Work Practice” (NYA Peer Review, 25 February 2025). Achieving this standard required a detailed review and strengthening of our safeguarding, risk management, and governance arrangements, ensuring full alignment with Plymouth City Council (PCC) policy, statutory safeguarding requirements, and the NYA’s Quality Standards [1]. This process has ensured that the voices of children and young people are embedded not only in frontline practice but also within leadership and governance structures.

Embedding the voice of children and young people into practice

As part of our rebrand to Cosmo, and our transition to full operational delivery across venues, learning gathered from children and young people, together with peer review feedback, has informed the refresh of core policies and guidance. This includes updated safeguarding, confidentiality, anti-bullying, and behavior statements and agreements, all of which will be clearly displayed across venues to promote transparency, safety, and shared understanding. We continue to embed learning through funded opportunities and collaborative partnerships, ensuring that young people’s feedback directly informs service development and delivery.

My Way Project - Strengthening participation and agency

A key example of how children and young people’s voices shape practice is through the My Way Project, funded by NHS Devon and delivered in partnership with Young Devon, Space, and Kooth [3]. The project aims to rebalance youth mental health support by supporting young people to become *active drivers* of their own wellbeing rather than passive recipients of services.

The Community Youth Team’s role aligns with the THRIVE Framework, specifically *Getting Advice* and *Getting Help*, supporting voluntary engagement for young people aged 11-17, with

a stretch to 25 for young people with SEND. The focus is on early help, emerging emotional wellbeing needs, reducing social isolation, and strengthening life skills prior to crisis point [3].

Tools used to capture voice and measure impact

Through this partnership work, we have developed and are currently piloting a range of tools designed to capture the voice, priorities, and lived experiences of young people:

- YP-CORE - a recognised outcome-monitoring tool used to understand and measure emotional distress. It supports young people to articulate how they are feeling and enables reflective tracking of distance travelled over time [4].
- Young Person's Wellbeing Plan - a co-produced tool that supports young people to create a personalised, preventative roadmap for self-help and accessing appropriate external support.
- Goal Based Outcomes (GBOs) - an outcomes framework which focuses exclusively on what the young person wants to achieve, rather than professional-defined goals, supporting agency and ownership [5].
- Service Experience Questionnaire (SEQ) - used as a professional reflective tool to understand whether young people feel listened to, empowered, and safe. This captures relational outcomes such as trust, confidence, and sense of belonging, translating qualitative experiences into evidence for learning and accountability.

Collectively, these mechanisms enhance our ability to listen to, understand, and respond to the voices of children and young people, ensuring that support is proportionate, responsive, and informed directly by lived experience. Learning is embedded within our Plan, Do, Review, Redo cycles, ensuring continuous improvement rooted in young people's feedback.

Learning and future implementation

Ongoing reflective practice has identified key areas for service improvement:

- **Equality, Diversity and Inclusion**

Feedback from children, young people, and families highlighted the need for greater clarity regarding the scope and parameters of our offer. In response, we are strengthening our Theory of Change processes to clearly define eligibility, boundaries, and outcomes. This learning has informed the development of an Equity, Equality, Diversity, Inclusion and Belonging (EEDIB) Statement, aligned with PCC policy and the NYA Quality Standards [1].

- **Complaints and feedback processes**

Review of feedback identified that, although PCC policy was followed, internal processes for managing complaints and feedback were fragmented and unclear for staff and service users. Updated guidance for colleagues has now been implemented, alongside clear, accessible information for children, young people, and the public. Visual guides will be displayed in venues to promote confidence, transparency, and understanding.

Conclusion

As Cosmo - the space to be you continues to develop and reach full operational capacity, we remain committed to strengthening how the voices of children, young people, and families shape our safeguarding practice and service delivery. Through partnership working, reflective learning, and active participation, young people's experiences will continue to inform safe, inclusive, and responsive services.

References

[1] National Youth Agency (2022).

Youth Investment Fund (YIF) - Quality Standards Framework.

Available at:

<https://s3.eu-west-1.amazonaws.com/assets.nya2.joltrouter.net/wp-content/uploads/2022/10/17101518/YIF-Quality-Standards-Framework2.pdf>

[3] Young Devon (n.d.).

My Way Project - Early Help Mental Health Support.

Available at:

<https://www.youngdevon.org/myway>

[4] Novopsych (n.d.).

Young Person's CORE (YP-CORE) - Outcome Monitoring Tool.

Available at:

<https://novopsych.com/assessments/outcome-monitoring/young-persons-core-yp-core/>

[5] Child Outcomes Research Consortium (CORC) (n.d.).

Goal Based Outcomes (GBOs).

Available at:

<https://www.corc.uk.net/outcome-measures-guidance/directory-of-outcome-measures/goal-based-outcomes-gbo/>

Appendix C

Safe Families Pilot Year 25-26

DA/ DV PLYMOUTH Case Study

Domestic Abuse Case Study

**Names anonymised*

Family Number: 33290 Referring agency: Plymouth Children's Social Care (Child Protection) Date referred: 15/08/2025 Date completed: Ongoing, soon to be completed.
Brief Summary of Family: Aaron is a single father caring for his 10-year-old son, Freddie, and has been his primary caregiver since 2019 following Freddie's removal from his mother's care. This is due to Aaron's ex-partner's emotional and physical abuse, poor mental health, learning disabilities, and overall unsafe life choices. Both Aaron and Freddie have been significantly affected by their experiences of domestic abuse. Following the abuse, they have been isolated without support from family or friends, resulting in ongoing social isolation and limited opportunities for Aaron to get respite. Freddie's early experiences of harm have led to trauma-related behaviours affecting his emotional regulation, trust, and attachment. Aaron has found it challenging at times to fully understand the impact of this trauma, which has contributed to a difficult and, at times, overwhelming parenting experience. While Aaron meets Freddie's basic care needs, concerns have been raised around potential emotional harm and Aaron's mental health, which is impacted by pressures of single parenting, isolation, and supporting a child with additional needs. Aaron has expressed that he is particularly keen for overnight hosting to provide respite, and although he would prefer longer daytime sessions, he understands the volunteer's limitations. The family were subject to a Child Protection Plan from 14th November 2024 until 16th December 2025, during which a Public Law Outline process was initiated. The family then stepped down in early November 2025 following significant improvements in Aaron's parenting and engagement and deescalated to Child in Need status at the beginning of our support period. Aaron remains motivated to continue making progress and values the support.
Were the children considered on a trajectory into care? Yes
Family Goals

- For Freddie to have time with a volunteer (daytime or overnight hosting) to enable Aaron to emotionally re-group and engage in some social activities.
- Aaron will feel more empowered and confident in approaches to supporting and parenting Freddie.
- The family's social networks to increase through exploring appropriate social connections for them, to enable longer term community peer support.

Support provided:

- Freddie had a volunteer in place who has met him in the family home and taken him to different activities in the community, including spending time at the park and by the sea. This was to support Freddie in increasing his confidence to build positive relationships with trusted adults, expanding his social networks and empowering him to feel comfortable out in the community.
- This frequent daytime hosting respite has taken place for Freddie with his volunteer enabling Aaron to take time for himself; this has contributed to an overall improvement in his mental health.
- A selection of toys was provided by Safe Families for Freddie at Christmas time as part of a more practical and material support to the family.
- Family Support Manager (FSM) has been checking in with Dad regularly and provided him space to talk about his domestic abuse-related, and general trauma. She has also encouraged him in his parenting and mental wellbeing – an improvement reflected in the below outcome hexagon scores as jumping 4 points up from scoring a 2 to a 6.
- Safe Families have signposted details for a local basketball group for Freddie to get involved with.
- FSM has been available to consistently to offer support and to signpost services if the family require anything further.

The support provided has helped Freddie's overall behaviour, as well as helped Dad to be equipped to be a positive parent whilst also aiding his low mental health.

Deescalation outcome:

At the midway point of our support (In January 2026), the decision was made for the family to deescalate even further from CIN to being closed to Children's Social Care, to access Universal Services.

This family has deescalated from being on a trajectory to care (a CP plan with a PLO), to CIN, to finally being closed to CSC.

Outcomes and Parent Feedback:

- Volunteer support resulted in Aaron feeling more supported and the family's situation improving so that the PLO process was stopped in November 2025.
- As the PLO process was prevented, Freddie has not been removed from his dad's care and has de-escalated to Universal services.

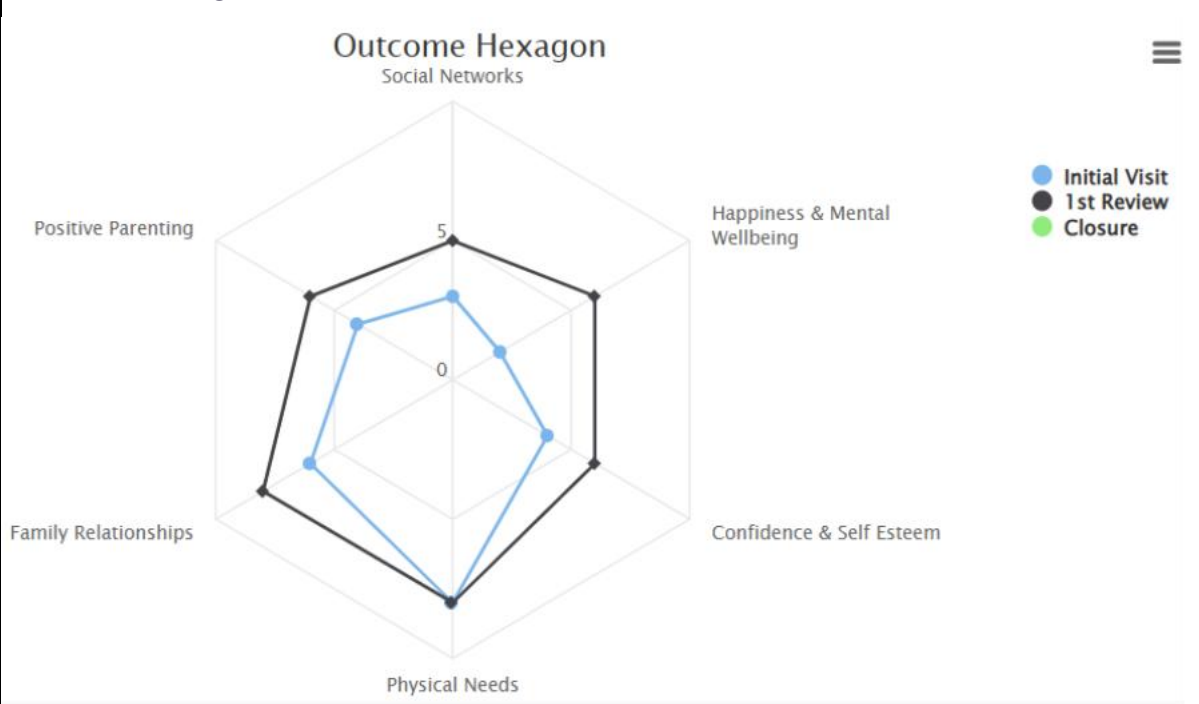
Aaron's feedback on our support:

'My experience with the volunteer has been positive. They have been kind, respectful, and understanding, and I've felt comfortable communicating openly with them. Their support has felt consistent and genuinely focused on our wellbeing.'

'At the moment, things feel more settled than before, and I feel I am coping better with the support in place. I still value having someone to talk to and to offer encouragement as I continue to move forward.'

'Looking ahead, I would like the support to continue in a way that helps build my confidence and independence, while still knowing that support is there if needed.'

Outcome Hexagon Scores



Initial Outcome hexagon scores. Score out of 10

Social Networks	Happiness & Mental Wellbeing	Confidence	Physical needs	Family relationships	Positive parenting
3	2	4	8	6	4

Most Recent Outcome hexagon scores. Score out of 10					
Social Networks	Happiness & Mental Wellbeing	Confidence	Physical needs	Family relationships	Positive parenting
5	6	6	8	8	6

Feedback quotes from this family story*

**that aren't already included in the above story*

Professional/ Referrer Feedback:

The referrer reflects that:

'At the last CIN meeting it was reported that Aaron feels well supported and that he is finding ways to manage Freddie's behaviour and explain to him when it is unacceptable. He feels that his relationship with Freddie has improved and that they enjoy time together.'

'Freddie has settled down in school and is starting to be able to recognise when he's feeling overwhelmed and find strategies to calm himself.'

'The child has complex needs but, there are reports of him presenting as more settled both at home and in school.'

Parent Feedback:

Aaron feeds back that: 'Overall, I'm grateful for the help Safe Families has provided and the impact it has had on us.'

'I've found the support from Safe Families to be very helpful and reassuring during this time. It has provided both practical and emotional support, which has made a positive difference for me and Freddie. Having someone to check in, listen, and offer guidance has helped me feel less isolated and more confident in managing things.'

Safe Families' service on families experiencing Domestic Abuse

Safe Families is a befriending service which offers emotional and practical support for families who lack help from their families, and don't have a well-established community.

Feeling isolated is the case for many Domestic Abuse Survivors, who find themselves cut off from their social networks, and often experience a decrease in their mental wellbeing and self-confidence. This isolation negatively impacts other aspects of life such as parenting, family relationships and overall happiness.

Through Safe Families support, families are matched with a volunteer who wants to become friends with them. Their support can include: a listening ear, respite by day hosting one or more of their children, a judgement free and open space to talk, a reliable and positive adult friendship and someone to call on when things get hard. Safe Families fills the gap of isolation experienced by victims of Domestic Abuse.

The volunteer becomes a bridge from isolation to community.

Ultimately, our volunteers equip these families with the ability to seek and build community independently, even after our window of support, enabling a sustainable impact on the families' future. It provides them with, a community, a friend, confidence and support; empowering families to make positive life decisions so that 'no family feels alone, and every child has a home where they can flourish.'

Appendix D

Please find the full report here - [A case study of the journey in Plymouth so far: Developmental evaluation of Together for Childhood](#)

Appendix E

Introduction / background	Family consists of Mum, Dad, Young Person 1, 16yrs, Young Person 2, 19yrs, Child 3, 13yrs, Child 4, 5yrs. The family have a long history of involvement from children's services with concerns around unsafe adults, in the wider family network, sexually harmful behaviour among the children, Mum's mental health and managing the children's behaviour. The family have had an enormous amount of parenting support from the Family Intensive Intervention Team, several EHATS over a period of time and a Family Support Worker from Targeted Support. Mum is proactive and engages well, Dad has always refused to engage in specific learning around parenting. The family make good progress when open to services but struggle to maintain when closed. A referral was made to the Family Hub from the allocated social worker with an aim for the family to be supported in regards to parenting advice and support as needed. The social worker stated a youth worker would be beneficial. The intention is for the social worker to close should the appropriate support be found in the community.
Assessment measures used	Family Star Family Star Review
What strategies were given to family	Parenting advice has been given to parents when requested, as and when challenges occur. I gave Young Person 1 strategies in regards to noting down her thoughts and feelings prior to phone calls to the Doctor, Mental Health workers or college tutors to reduce anxieties.

What actions, activities and interventions were delivered	Following assessment measures I identified the necessary next steps in order to support to the family were to refer to Citizens Advice and Improving Lives to gain additional advice and guidance on managing finances, existing debts and reduce emotional and financial stress. Food parcels and Salvation Army donations shared with the family to support financial stress. I have referred Mum to Devon Mind for Mental Health Support. During a period of time working with Young Person 1 it was identified that the language used by them at times was inappropriate in communications. We completed a working together agreement to ensure we fully understood the boundaries of communication. I met with Young Person 1 to -complete a referral to The Zone, for support around managing their mental health and the aim to reduce social anxiety. -referral completed to Safe Families, with the aim for the Young Person to engage with respite. -complete a 101 stalking and harassment form online -attend college to drop back college ID
Any requests for additional services/sign posting made.	I signposted Mum and Young Person 1 to Young Minds, Kooth and 111
What outcomes were achieved as a result of the intervention	Mum and Young Person 1 have been accepted for support through Safe Families, they are awaiting a worker to visit and explore current needs. Young Person 1 has enrolled on to a college course, has a doctor's appointment to discuss their mental health and a weight management appointment coming up.