Shropshire Safeguarding Community Partnership

Adults, Children and Community Safety Annual Report

2020-2021

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2021 – 2022

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Foreword by Key Partners

Tanya Miles, Director of People, Shropshire Council

This Annual Report provides an opportunity to celebrate our achievements from 2020-21 and reflect on where we need to focus our efforts in the year ahead.

Understanding the impact and effectiveness of this work is fundamental ensuring we remain focused on making safeguarding personal in all we do and all we are about.

We need to understand the quality of work required to help to keep children, young people, adults with care and support needs and our communities safe.

We know from our experience that safeguarding people cannot be done by one agency alone; it is only truly effective when we work collaboratively and restoratively with our partners to 'think family'. As partners, we need to continue to prevent, reduce and remove harm. Let's work together to stop the dreadful experiences that so many vulnerable people experience.

This report does reflect the national and local view that we have seen more children and young people in particular referred to safeguarding who have experienced neglect and non-accidental injury. We've seen an increase mental health issues, some of which has been further worsened by our experience of the pandemic over the last year.

In addition in February 2020, within this reporting period the Partnership agreed to incorporate the community safety duties as outlined in the Crime and Disorder Act 1998 within the Partnership's governance structure. This will add another dimension to the arrangements and again will take time to fully embed and realise the full benefits.

The report sets out the importance of focusing our partnership energy further into safeguarding our communities.

Guy Williams, Head of Service Delivery, Shropshire Fire and Rescue Service

Shropshire Fire and Rescue Service recognises the importance of working in partnership to make Shropshire safer. The service collaborates appropriately with others to ensure a coordinated approach to safeguarding and preventative work across the county. Shropshire Safeguarding Community Partnership is at the forefront of this work and as such is vitally important in bringing all the key partners together to improve the lives of those at risk.

Shropshire Fire and Rescue Service working within the Partnership aim to proactively respond and reduce the risk of abuse, harm and neglect to those who are the most at risk in Shropshire and also those inside our own organisations. To meet this challenge, Shropshire Fire and Rescue Servicestrive to be compliant with safeguarding legislation, understanding and effectively fulfilling our obligations and responsibilities.

Shropshire Fire and Rescue Service is a service whose employees are trained, supported and empowered to respond to safeguarding needs, however, to develop these skills further, Shropshire Fire and Rescue Service continues to learn from our partners in Shropshire Safeguarding Community Partnership.

Shropshire Fire and Rescue Service believes the challenges facing the Partnership in reducing risk can be successfully met through increased data sharing, signposting, learning and listening. This will be underpinned by transparency and a public duty of candour that will develop the Partnership and reduce community risk in Shropshire.

Stu Bill, Superintendent, West Mercia Police

West Mercia Police recognise the role it plays in making Shropshire a safer place for all residents and visitors alike. This cannot be achieved unless all partners across the area come together to align our priorities and resources. As a collective, we need to be accessible and accountable both to each other and to the public. This report outlines some of the work undertaken and some of the areas to be developed. COVID-19 has presented the partnership with some significant challenges and will continue to do so, both directly and indirectly. It is therefore more important than ever that we collaborate effectively to manage risk and deliver an excellent service, protecting adults and children and our communities from harm.

Zena Young, Executive Director of Nursing & Quality, Shropshire, Telford & Wrekin Clinical Commissioning Group

2020 has been a difficult year with the advent of the Covid-19 impacts being felt across health and social care. The pandemic changed our ability to always see people face to face and has affected all that we do in the safeguarding arena including how we monitor and how we help keep people safe. We have risen to that challenge and adapted our approaches through providing virtual means of keeping in touch and supporting our front-line staff. Our relationships at local level have enabled us to work very closely across all agencies to assess and respond to risks and we have maintained and built on these approaches as we come out of the numerous periods of lockdown with restricted interactions. Our safeguarding work has increased over the last year and we remain vigilant and fully committed to keeping the most vulnerable in our communities safe.

George Branch, Head of Service, West Midlands Probation Region, Hereford, Shropshire and Telford Probation Delivery Unit

Working in partnership is at the very heart of our service and through collaborating with others, we have achieved many important successes in reducing reoffending, protecting the public and supporting vulnerable groups.

The annual report provides us with the opportunity to look back as a significant player in the partnership on our successes and for us to harness and further develop our collaborative approach. Working in partnership is a crucial principle for the Probation Service. We will stick to this principle as we know that by working with others, we will achieve better outcomes for victims, for our communities and people who have offended.

With the whole of the Probation Service back in the public sector and the stability this will provide will give partners every confidence that we can deliver on our priorities. The changes to the Probation Operating Model will transform our service. We will be better placed to ensure that the needs of local stakeholders, communities and people on probation are at the heart of how the Probation Service in our region operates, and able to achieve our goal of practice becoming trauma informed. We aim to enhance our service delivery and commissioning decision making by improving our data and analytical capability and involving people with lived experience.

Looking forward, we will be in a strong position to partner and commission services which meet the needs of the local communities and drive down reoffending across Shropshire.

Introduction

The purpose of this report is to provide assurance that Shropshire Safeguarding Community Partnership had plans in place to address our strategic and "business as usual" priorities to safeguard our communities.

In September 2019, Shropshire Safeguarding Children's Board became Shropshire Safeguarding Partnership in response to Working Together 2018 and the Wood Review 2016.

Following consultation with all relevant partners, on the 29th April 2020, Shropshire Council sought Cabinet approval to extend these arrangements to include the Adult Safeguarding Board and the Community Safety Partnership to create a single governance structure.

We did this because we believe that working in a joined-up way between our key Safeguarding Partnerships offers Shropshire opportunities to:

•Understand risk for individuals, families and communities from an all age, family and community perspective

•Embed the concept that keeping our communities, adults with care and support needs and children safe, is everyone's responsibility

•Plan our response to risk more efficiently and reduce duplication

•Share and reduce risk across the system

We believe the benefits of doing this includes:

• Further improving the well-being of children and adults with care and support needs and the safety of the population of Shropshire

• Reducing silo working between key safeguarding partnerships

• Ensuring Business Unit support of the Community Safety Partnership

• Introducing a consistent approach to the wider safeguarding agenda with an overall Independent Chair and Scrutineer[1]

• Working proactively as a single partnership on key issues such as:

• Domestic Abuse

• Exploitation

• Children being impacted by neglect

Risks were considered in making this decision and we recognise it is possible that in bringing these areas together some focus may be lost, however, we think the opportunities this presents outweighs this risk. Whilst it is also recognised that the legislative framework for Adults, Children and Community Safety are different, there is a need to strengthen joint working particularly when the following factors are apparent:

• Adult's and Children's services work with the same families or a person is moving from Children's to Adult Services

• The presence of mental health issues

• Alcohol and/or drug use

• Domestic Abuse

There were challenges noted from Shropshire Partners in Care and Shropshire Clinical Commissioning Group in the bringing together of what were the learning and development sub-groups for adults and children into one that would also cover community safety. Those views were shard with the Strategic Governing Group (which included Shropshire Clinical Commissioning Group) and the decision was taken to go ahead and bring the groups together to:

• Be consistent with the rest of the structure

• Increase efficiency

• Ensure there is a learning and development programme relating to community safety

The members of the Strategic Governing Group are:

• Shropshire Council

• Shropshire, Telford & Wrekin Clinical Commissioning Group

• Shropshire Fire and Rescue Service

• The Probation Service

• West Mercia Police

[1] The Scrutineer is an external person who considers how effectively the arrangements are working and acts as a critical friend to all partners

This is how we are now structured

Shropshire Safeguarding Community Partnership Structure

What we achieved this year

In our report for 2019-20, we described a number of areas of work that would continue as we implemented the new Partnership arrangements. Those areas were:

- **Joint priorities are Domestic Abuse, Exploitation and Transitional Safeguarding (the period of moving from Children's Services into adulthood)**
- **The Adult priority is Self-Neglect**
- **The Children's priority remains Neglect**
- **The Community Safety priorities are Preventing Offending and Drug and Alcohol Misuse**

At the time the decision was made to implement our new governance structure, the COVID-19 pandemic hit and we went into the first national lockdown on the 23rd March 2020. For this reason, we agreed a gradual implementation in order to recognise the pressure on partner agencies whose staffing resources were being re-directed to respond to the pandemic.

The following groups in the above structure were given priority and were established/ continued:

• Strategic Governing Group in order for system leaders to make decisions to enable the governance structure to be established

•Domestic Abuse Group due to concerns about the impact of the pandemic for people at risk and to begin preparation for the implementation of the Domestic Abuse Bill

• Neglect Group due the concerns about Child Neglect in Shropshire

• Exploitation Group as this group had already formed under the previous arrangements and had a work plan in place

Achievements and decisions of the Strategic Governing Group

• Consultation about the amalgamation of the partnership's budgets.

• Agreement to bring the budgets into one and include community safety into that budget

• Agreement to the new Constitution

• The development of new assessment system for partnership group Chairs

• Partner appraisal of the Independent Chair and Scrutineer

• Oversight of statutory case reviews

• The commissioning of an external scrutineer to help us to understand child Neglect and non-accidental injury in Shropshire and the impact of COVID-19. This was identified because of the significant increase in:

• Rapid Reviews

• Children removed under Police protection

• Increase in children becoming looked after

• Increase in harm to children

Achievements and decisions of the Domestic Abuse Group

•The transition of the group from the Domestic Abuse Forum under previous arrangements to the Domestic Abuse Group

• Agreement to the Group's Terms of Reference to explain the function of the group

• Begin the development of a Group Business Plan to deliver on the statements of success in our Strategic Plan

• Awareness raising about the White Ribbon campaign and encouragement of organisations to join

• Briefing on the Domestic Abuse Bill

• Work started on the development of an all-age profile and dataset to help us understand Domestic Abuse in Shropshire

• Work started on reviewing the Multi-Agency Risk Assessment Conference governance and processes

Achievements and decisions of the Neglect Group

• The transition of the group from the Neglect Task and Finish Group under previous arrangements to the Neglect Group

• Agreement to the Group's Terms of Reference to explain the function of the group

• The broadening of the Group to widen its membership to include health and other partners

• Begin the development of a Group Business Plan to deliver on the statements of success in our Strategic Plan

• Regular progress reports on case tracking with four families

• Work began on the development of a Practitioner Support Pack to support staff to identify and respond to child neglect at the earliest opportunity

• Planning for Neglect module to be reintroduced into the learning and development plan. It was previously removed as it was believed to be no longer required. It became clear this year, it was still very much needed

• Planning began to co-produce a poster campaign targeted at three groups:

• Children to help them recognise what was happening to them or others

• Parents to help them recognise different levels of Neglect and prevent them becoming neglectful parents themselves

• Professionals to help them understand their responsibilities to tackle Neglect

• Work started on the development of a profile and dataset to help us understand Neglect in Shropshire

• Professor Jan Horwath was commissioned to deliver Child Neglect workshops to managers of frontline supervisors to help them understand their role in supporting staff to protect children from Neglect and support families. Her findings will be reported next year.

Achievements and decisions of the Exploitation Group

• Agreement to the Group's Terms of Reference to explain the function of the group

• Work started on the development of an all profile and dataset to help us understand Exploitation in Shropshire

• Review of the Child Exploitation Pathway; taking account from learning from a local child safeguarding practice review

• Business Plan drafted Development of a Group Business Plan to deliver on the statements of success in our Strategic Plan and widened to include actions as a result of Shropshire's Counter-Terrorism Local Profile

• "Shropshire's Approach to Prevent" document approved

• Commencement of a multi-agency case file audit to review the multi-agency application use the Child Exploitation Pathway (findings will be reported in the 2021/2022 report)

As well as our Strategic Priorities, the partnership has a responsibility to focus of other safeguarding and community safety activity. This is described in our Strategic Plan and Priorities document as our "business as usual activity" and is listed as follows:

• Assurance and challenge between partners

• Ensure the effective undertaking of safeguarding enquires and investigations for adults with care and support needs and children.

• Ensure the provision of a training programme **that equips people with the knowledge and skills required to prevent and respond to harm as a result of abuse and crime.**

• Undertaking statutory case reviews and changing practice as a result of what we learn from them

• Audit and performance (including identifying trends from our communities and using our experience to constantly improve what we do)

Achievements and decisions about assurance and challenge between partners

• Terms of Refence for each group clearly states the role of members to:

• Ensure they have the right level of seniority to act on behalf of their agencies

• Ensuring that Executive Leads and commissioned services are aware of any decisions made

• For issues that they cannot make decisions on during the meeting they must be clear about what route needs to be taken in their organisation to make the decision

• Send apologies and offer a suitable deputy but only in exceptional and occasional circumstances

• Attend, participate in and contribute to meetings for which they are a member

• Commit to attend the meeting in full unless an operational emergency arises

• Offer and receive challenge and scrutiny from partners

• Agreement was reached to create a single budget for the new structure. This was following debate between partners that explored:

• the lack of partner funding for Community Safety

• the imbalance of funding for the previous adult and children's partnership arrangements

• The Strategic Governing Group received two assurance presentations from:

• Shropshire Clinical Commissioning Group on the commissioning of Child and Adolescent Mental Health Services. This resulted in further questions being asked to gather more information. This area remains a concern for the Partnership

• Shrewsbury and Telford Hospital NHS Trust about Maternity Services as a result of the Ockendon Enquiry. No further reports were requested. There is a process in place now to address ongoing work in maternity services.

• Staffing Impact Assessments produced as a result of COVID-19 were scrutinised by our Operational Leadership Group for:

• Shropshire Fire and Rescue Service

• The Education Access team (Shropshire Council)

Achievements and decisions about the effective undertaking of safeguarding enquires

Due to the concern of senior safeguarding partners about the increase in harm being experienced by children during this year, an external reviewer was commissioned to examine how we were working in Shropshire and whether any lessons could be learned. The independent reviewer held interviews with system wide middle and senior managers. She found that:

• Inter-agency working had improved significantly

• There was better understanding and respect of other individuals, agency roles and functions

• Knowledge, skills and a will to improve inter-agency services was demonstrated by all agencies

• A higher agency visibility of those children may have lessened the harm they experienced

• Virtual contacts are valid and appropriate in some circumstances but cannot be a substitute for live visits and direct contact with children and their parents in their home environments

• The commitment to safeguarding children, and workers' enthusiasm to improve all aspects of service delivery shone through often lengthy interviews

The reviewer's recommendations included:

• Making sure that human face to face contact continues when appropriate

• It may be helpful to review any strategic plans about accessible localised resources

• Proposals of core children's staff redeployment at short notice should be challenged by all community partners

• All agencies need to heighten their awareness of the impact on the mental health of some parents during the current pandemic conditions

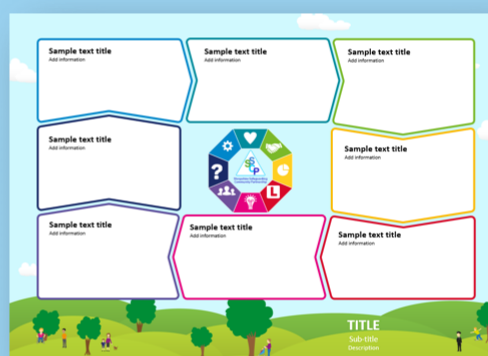
• Child and Adolescent Mental Health Services need to be available, timely and accessible to young people who need of them

Achievements and decisions about understanding statutory case reviews

• Agreed terms of reference for the newly formed joint group

• Received regular updates about

• all statutory case reviews (please see Impact on Adults and Children and their Families in Practice for more detail)



• Revised our Referral Form and Rapid Review/ Decision Making Report templates

Achievements and decisions about audit and performance

- Agreed terms of reference for the newly formed joint group
- Designed our new audit model

- Received an update about the Escalation Policy audit
- Agreed a multiagency process to reviewing agency submission
for the annual report for 2019/20 and provided feedback to improve
the quality of what was submitted
- Agreed our approach to what data we wanted to collect and how we would use it
- Started work on agreeing our datasets for
- Partnership working
- Community safety
- Children's safeguarding
- Adult safeguarding

Our response to COVID-19

It became clear quickly that there were concerns raised about the impact of operational changes on the safety of our community. Two temporary partnership meetings were established to address these concerns which linked into Shropshire's Emergency Planning Process. Those meetings were:

- Safeguarding and COVID-19 Partnership Meeting (held fortnightly)
- Safeguarding and COVID-19 Partnership Dataset Meeting (held monthly)

The purpose of them was to ensure immediate safeguarding and community safety practice continued to be delivered across all social services for children and adults and our communities. Protective Personal Equipment was used where required and all restrictions followed.

The pressure on front-line services required resourceful management to ensure we continued to protect and safeguard our most vulnerable citizens and ensure early intervention was available to prevent escalation within families and communities.

As a Partnership we recognised the impact of the pandemic on our workforce resources. The evidence in this report demonstrates that safeguarding partners have responded creatively, offering support while managing the ongoing risks presented by COVID-19. We know that some outcomes from the pandemic are as yet unknown.

The Safeguarding and COVID-19 Partnership Meeting developed an expected set of standards in relation to child and adult safeguarding and community safety and introduced a staffing impact assessment process for those organisations who could not meet the expected standards due to changes in their operational resources due to COVID-19.

A virtual briefing on Safeguarding Adults and Children for volunteers in the Community Reassurance Teams was developed in partnership with Shropshire Partners in Care on Safeguarding Adults and Children for volunteers in the Community Reassurance Teams. This was then recorded and uploaded onto Shropshire Council YouTube Channel and remains freely available.

There was also a poster produced raising awareness of Domestic Abuse during the pandemic and promoting the contact numbers of agencies who would be able to provide support.

Links to the Covid information were also promoted available to the public and community volunteers during this period.

These meetings continued through the year until we established the Operational Leadership Group (previously known as the Executive Group) and our Assurance and Improvement Group (previously known as the Assurance and Performance Group).

The Operational Leadership Group includes COVID-19 as a standing item on its agenda. The dataset work developed to monitor the impact of COVID-19 on our activity has been used to inform the development of our full partnership datasets.

DOMESTIC ABUSE
AND COVID-19 IN SHROPSHIRE

We know that this is a difficult and challenging time for everyone

YOU ARE NOT ALONE

You can access support using the contacts and links below

IF YOU OR SOMEONE ELSE IS IN IMMEDIATE DANGER
PLEASE CALL 999 AND ASK FOR THE POLICE. 'PRESS 55 IF YOU CAN'T TALK'

ADULT SOCIAL CARE AND SAFEGUARDING CONCERNS		0345 678 9044
SAFEGUARDING CHILDREN		0345 678 9021
TELFORD AND WREKIN FAMILY CONNECT		01952 385385
OUT OF HOURS EMERGENCY DUTY TEAMS	SHROPSHIRE	0345 678 9040
	TELFORD & WREKIN	01952 676500
SHROPSHIRE DOMESTIC ABUSE SERVICE SDAS	MON-FRI 9AM-5PM	0300 303 1191
WEST MERCIA DOMESTIC ABUSE HELPLINE 24 HOURS		0800 7831 359
RESPECT HELPLINE (for anyone worried that they may be harming someone else)		0808 802 4040
GALOP		0800 999 5428
FORCED MARRIAGE UNIT		0207 008 015
MEN'S ADVICE LINE		0808 801 0327
SAFELIVES.ORG.UK		

What we know about adult safeguarding, children at risk and crime in Shropshire

In our report for 2019-20, we described a number of areas of work that would continue as we implemented the new Partnership arrangements. Those areas were:

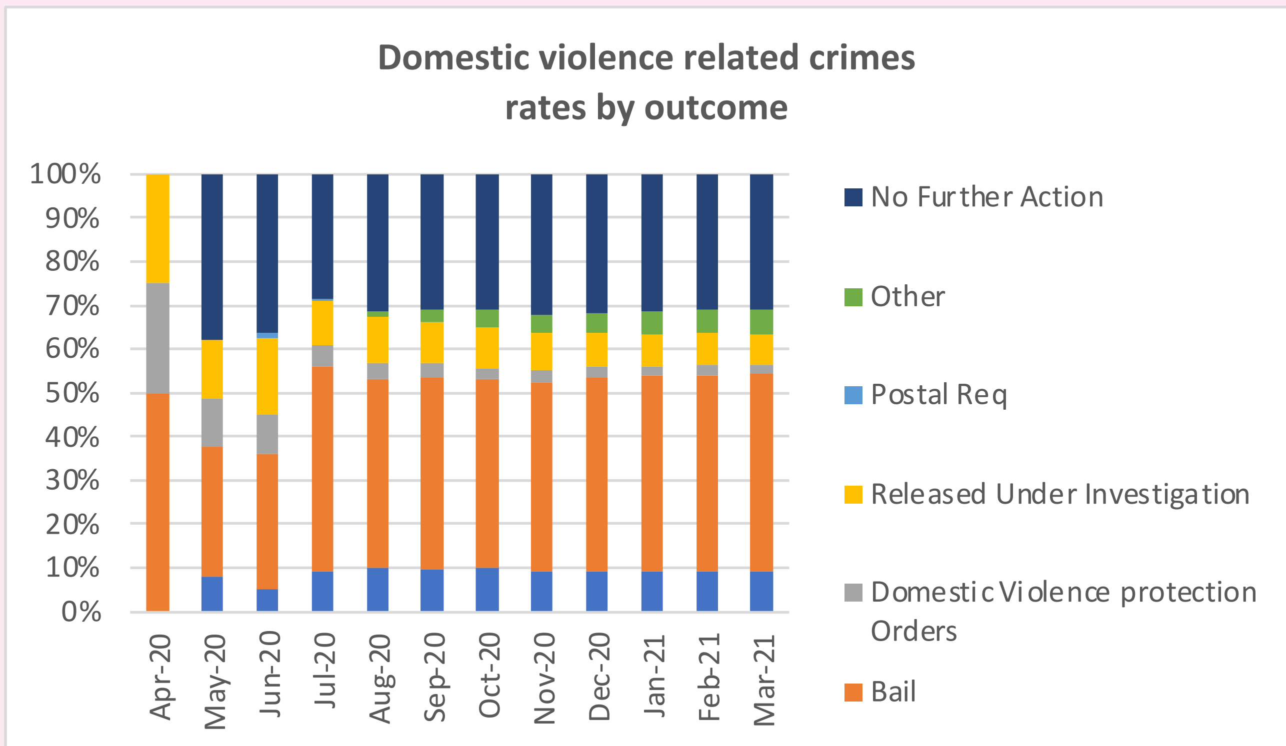
• Joint priorities are Domestic Abuse, Exploitation and Transitional Safeguarding
(the period of moving from Children's Services into adulthood)

• The Adult priority is Self-Neglect

• The Children's priority remains Neglect

• The Community Safety priorities are Preventing Offending and Drug and Alcohol Misuse

At the time the decision was made to implement our new governance structure, the COVID-19 pandemic hit and we went into the first national lockdown on the 23rd March 2020. For this reason, we agreed a gradual implementation in order to recognise the pressure on partner agencies whose staffing resources were being re-directed to respond to the pandemic.



While Domestic Violence Protection Orders have seen a steady decrease during the year, accounting for 1% by March 2021, the number of Domestic Violence Protection Notices issued for the year to March 2021 was 40. This is an increase of 26 or 185% on the previous year. The increase is due to local work by Single Point of Contact Officer and an increase in training for all Police Officers.

Domestic Violence Protection Notices issued up 185% on the previous year

In February 2021, West Mercia Police set up a panel of Detectives and investigators to discuss 10 domestic abuse cases a month. The discussion consider the whole journey of the person, starting from the initial call or referral to police up until the finalisation of the case itself. They have identified both good and poor practice and produce a learning document for all Police Officers on the Local Policing Area.

The number of people discussed in the Multi-Agency Risk Assessment Conference was 253. This is a decrease of 36 or - 12.4% on the previous year. The number of people being discussed increased from September 2020 onwards.

The number of people discussed in the Multi-Agency Risk Assessment Conference decreased by 12.4%

The number of domestic abuse cases discussed in the Multi-Agency Risk Assessment Conference involving children totalled 239 in the year to March 2021. This is a decrease of 147 or - 38% on the previous year end figure of 386. The number of cases involving children has reduced at a higher rate than for all cases. This requires investigation as it is inconsistent with the number of referrals received by Children's Social Care and the complexity of cases seen in relation to domestic abuse. This will be added to the business plan of the Domestic Abuse Group.

The number of domestic abuse cases discussed in the Multi-Agency Risk Assessment Conference involving children decreased by 38%

The main provider of services to people experiencing domestic abuse service is currently Shropshire Domestic Abuse Service which is run by Connexus. They received 933 referrals which is an increase of 4.8% on the preceding year, the majority of which come from professionals.

Referrals to Shropshire Domestic Abuse Service increased by 4.8% on the preceding year

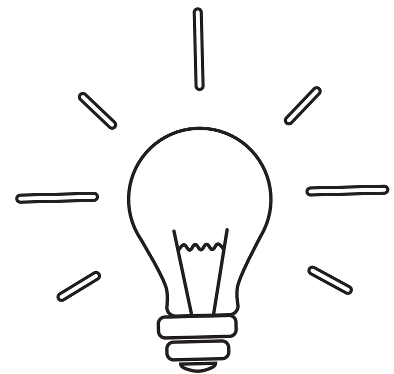
We remain concerned about Domestic Abuse in Shropshire in spite of the reduction in reports to the Police. We know that Domestic Abuse remains underreported by victims and this particular year was exceptional for us. A reduction in contacts to the Police does not necessarily mean a reduction in Domestic Abuse.

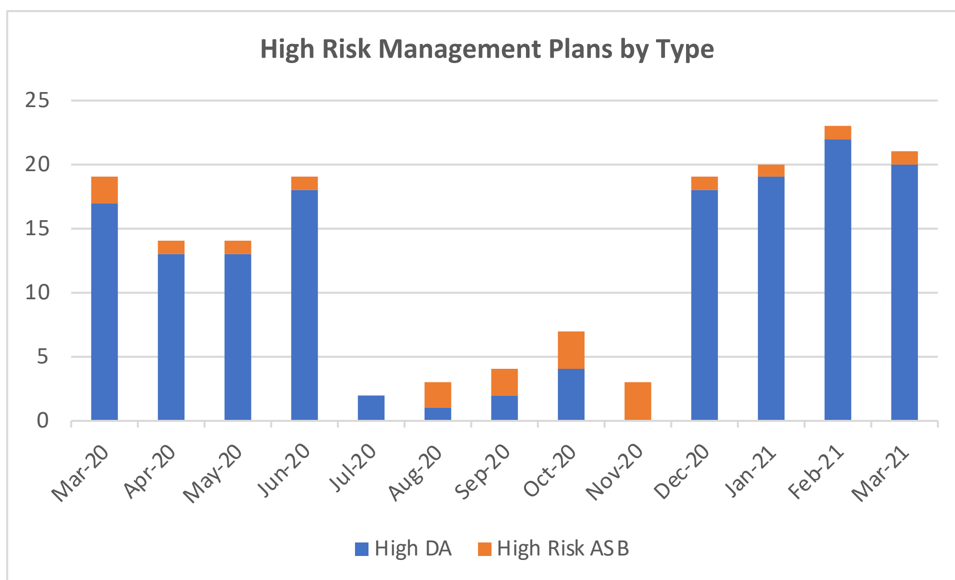
Judges were also reporting to Shropshire Council that they had noticed a significant increase in domestic abuse issues within court proceedings about children.

Risk Management Plans

These plans are put in place by the Police to help protect victims of crime and reduce the opportunity to cause harm.

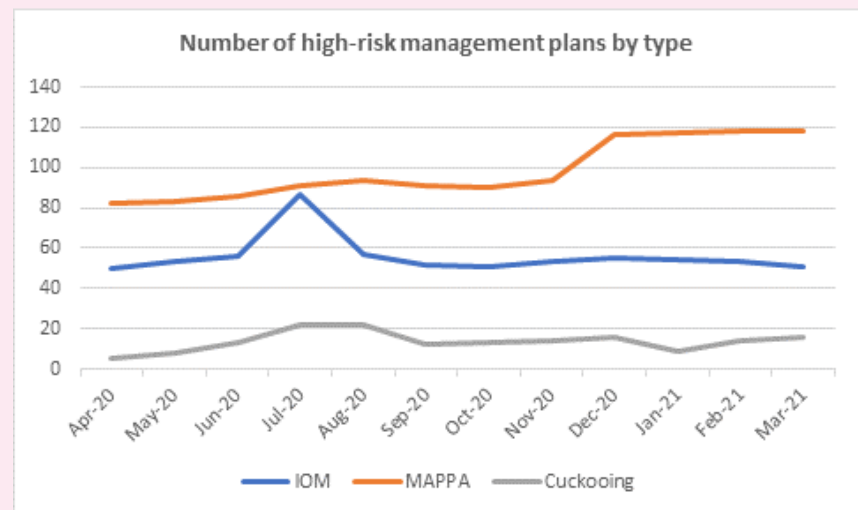
The number of high-risk management plans open for those currently at risk has ranged from 13 in April to 23 in August. The chart below shows that high-risk domestic abuse account for most plans. Please note that ASB in the chart is Anti-Social Behaviour and DA is Domestic Abuse.





The number of High-Risk Management Plans open for those posing a risk increased from 53 in April 2020 to a peak of 187 in December 2020. No explanation of the difference between the number of plans open in March 2020 and March 2021 has been offered by West Mercia Police.

The chart below shows that Multi Agency Public Protection Arrangements[2] are the most numerous. Cuckooing[3] numbers did show an increase during the summer months but have returned to levels seen at the start of the year. The reference to IOM in the chart stands for Integrated Offender Management[4].



Channel Panel

The Channel Panel is a group of professionals working together to identify people and support people who are at risk of being drawn into terrorism. Whilst numbers of people are low, the potential impact and harm to the community is significant. Preventing this harm is essential to the safety of the public.

During this year there were four referrals to Channel Panel. This is a significant increase on the preceding year where we had one referral. This increase is not necessarily due to an increase in risk in Shropshire. The Counter-Terrorism Unit specialist support now comes from Staffordshire Police. The Channel Chair has changed and both of these personnel changes have clearly had an impact on who comes to the Panel and what gets discussed. It is important to note that the majority of referrals discussed in the Panel are about right-wing extremists which is consistent with the Counter-Terrorism Local Profile for Shropshire.

[2] The Multi-Agency Public Protection Arrangements (MAPPA) is the process that the Police, Probation and Prison Services use to work with other agencies to manage the risks posed by violent and sexual offenders living in the community.

[3] Cuckooing is a practice where people take over a person's home and use them and the property for exploitation. It takes the name from cuckoos who take over the nests of other birds.

[4] Integrated Offender Management (IOM) is the term we use to describe a multi-agency approach totackling persistent offenders who commit a lot of crime, causing damage and nuisance to communities.

Mental Health

Nationally, Coronavirus and lockdown has had a profound impact on the mental health of all age groups according to data from the Office of National Statistics and from NHS Digital.

Office of National Statistics data for adults include:

One in eight adults **12.9%** developed moderate to severe depressive symptoms during the pandemic, while a further **6.2%** of the population continued to experience this level of depressive symptoms; around 1 in 25 adults **3.5%** saw an improvement over this period.

Almost one in five adults **19.2%** were likely to be experiencing some form of depression during the coronavirus (COVID-19) pandemic in June 2020; this had almost doubled from around 1 in 10 **9.7%** before the pandemic (July 2019 to March 2020).

Adults who were **aged 16 to 39** years old, female, unable to afford an unexpected expense, or people with disabilities were the most likely to experience some form of depression during the pandemic.

Over two in five **42.2%** adults experiencing some form of depression during the pandemic said their relationships were being affected, compared with one in five **20.7%** adults with no or mild depressive symptoms.

Source: https://www.ons.gov.ukpeoplepopulation andcommunity/wellbeing/articles/coronavirusand depressioninadultsgreatbritain/june2020

- Rates of probable mental disorders have increased since 2017. In 2020, one in six **(16.0%)** children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine **(10.8%)** in 2017. The increase was evident in both boys and girls.

- The likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years); **27.2%** of young women and **13.3%** of young men were identified as having a probable mental disorder.

- Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (**54.1%** of 11 to 16 year olds, and **59.0%** of 17 to 22 year olds), than those unlikely to have a mental disorder (**39.2%** and **37.3%** respectively).

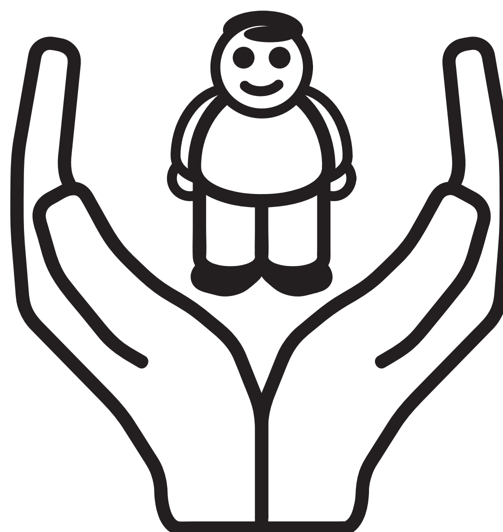
For this reason, Shropshire Safeguarding Community Partnership currently tracked data about those experiencing mental illness requiring an assessment under the Mental Health Act 1983. An assessment of this kind takes places when someone is thought to require assessment or treatment in hospital, in the interests of their health, safety or the protection of others.

The request for Mental Health Act assessments has reduced in comparison with this time last year. There was a decrease of 22% in assessments that were carried out. There are two factors worthy of note; the impact of COVID and a new Mental Health Act Manager promoting a change in practice.

There was a 28% reduction in people being assessed in a place of safety in accordance with section 136 of the Mental Health Act[5], possibly due to people not being out so much and the Police being reminded of their responsibility to consult a mental health practitioner before using their section 136 power.

West Mercia Police has been linking into an operational partnership meeting that has been established to discuss people experiencing mental health problems to ensure the right agency is providing the right support. The Police recognise they are not mental health experts and the support from Mental Health and medical partners agencies has helped improve their understanding significantly. The recommendations following the 'Picking up the Pieces' report and West Mercia Police's drive to police mental health differently has resulted in better training for Officers and staff.

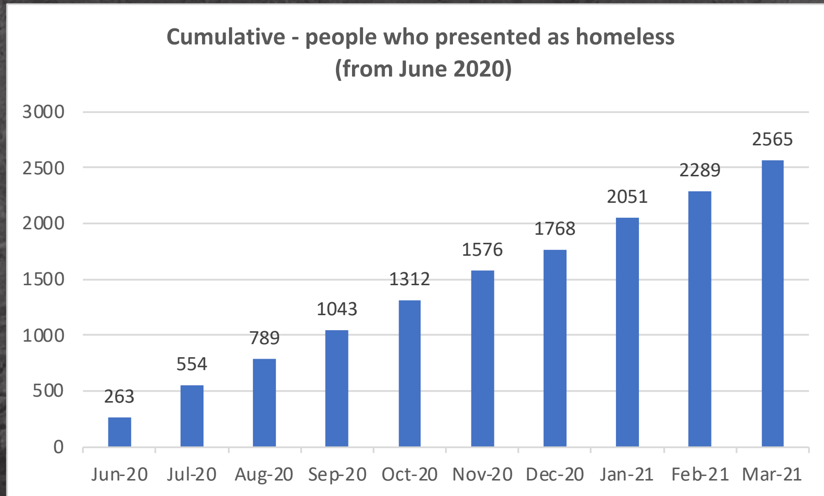
The Mental Health Act team reported an increase in section 135 Mental Health Act warrants which allows entry into a person's home to remove them for assessment. Although small numbers (12 in 20/21), this represents a 100% increase in the use of these warrants. No doubt this reflects Approved Mental Health Professionals needing to go into homes as people were not outside as much because of the COVID-19 lockdown. Worthy of note is the increase in young people coming into the 136 suite with no Child and Adolescent Mental Health doctor available for assessment. This remained unresolved throughout the year despite the use of the escalation process.



[5] Section 136 is used when a person appears to a Police Officer to be suffering from mental disorder and to be in immediate need of care or control and is outside their house to remove them to a place of safety

Homelessness

The total number of people presenting as homeless between June 2020 to March 2021 was 2565. Monthly numbers ranged from 192 in December to 291 in June with an average of 256 people presenting as homeless per month.

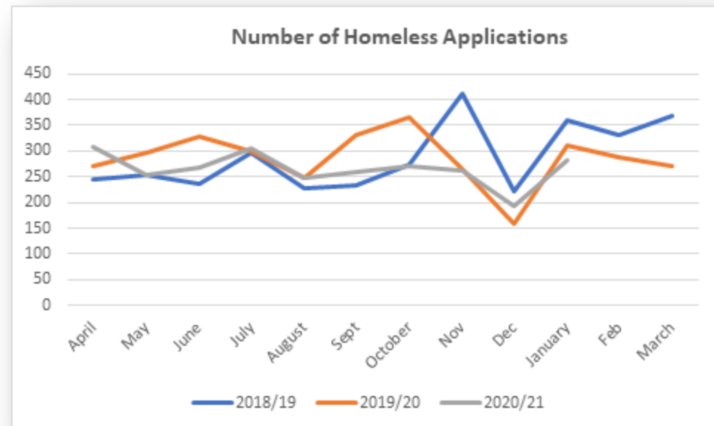


Figures for the year have been affected by actions taken to support the homeless. These include:

•restrictions on landlords to evict tenants and

•support schemes put in place to provide accommodation to rough sleepers

This is shown in the diagram below:



The number of known rough sleepers reduced in April following the introduction of schemes to house rough sleepers in accommodation. Numbers started to increase in the summer months as people abandoned their accommodation or were evicted. The pattern above is similar to other years with more people who have been rough sleeping agreeing to come into accommodation during the winter months than during the summer.

One particular success story was the work of Shropshire Councill with The Prince Rupert Hotel in Shrewsbury to accommodate people that usually slept rough during the pandemic. Read more below:

Hotel offering five-star service for homeless once again during lockdown Shropshire Star

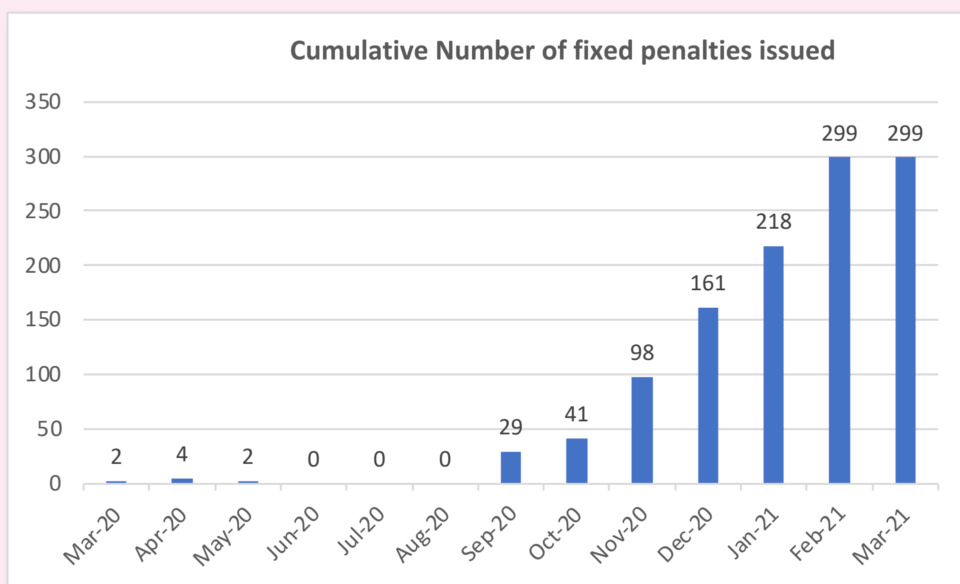
https://www.shropshirestar.com/news/local-hubs/shrewsbury/2020/11/09/shrewsbury-hotel-once-more-offering-shelter-to-the-homeless-during-lockdown/

Coronavirus Act 2020

During the early stages of the pandemic, there was an adoption of the 4Es model; Engage, Explain, Encourage and Enforce, with enforce being the last resort.

Because of concerns about an increase in COVID 19 cases, from September West Mercia Police took a proactive stance to enforce breaches of the guidelines. From March 2021 the Police moved back to the 4Es model.

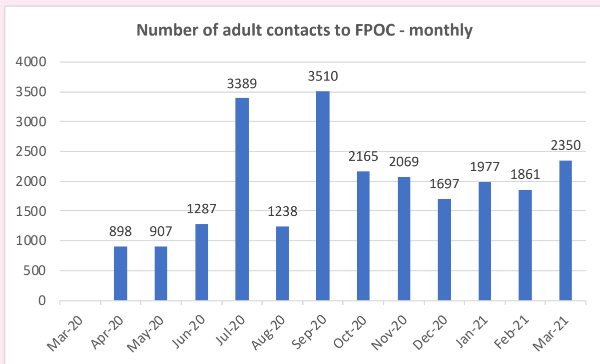
The number of people taken into custody in Shropshire for offences under the Coronavirus Act 2020 was 0.



Adult Safeguarding

The total number of contacts about adults made to Shropshire Council's First Point of Contact team in this year was 23,348. This is an increase of 7,228 or 45.3% on the previous year.

There has been a wide range in the monthly contacts from 898 in April to 3510 in September as can be seen in the diagram below.

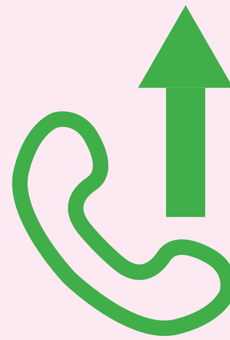


Apart from in April and August, every month represented an increase in the number of safeguarding contacts to First Point of Contact (calls only) on the year before for to First Point of Contact.

In 19/20, an average of 40% of safeguarding contacts resulted in safeguarding concerns being raised. In 20/21, an average of 33% of safeguarding contacts resulted in safeguarding concerns being identified. This represents a 17.5% reduction in the number of contacts progressing to concerns yet there was a 20% increase in safeguarding contacts to First Point of Contact.

There was a 6% decrease in Adult Safeguarding Concerns in this year. Overall, there was also a decrease in safeguarding enquiries being started which is a reversal of the position we saw in May 2020 where we saw a significant increase.

The total number of concluded enquiries for this year was 125.

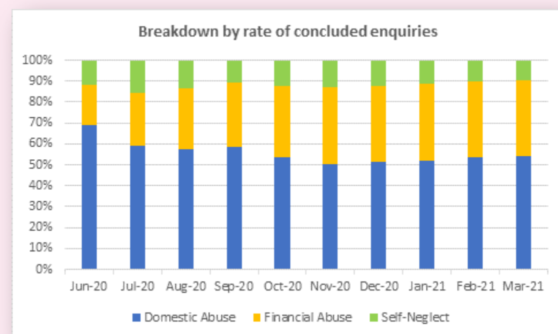


Adult contacts up **45.3%** on the previous year.

The three forms of abuse of particular interest to the partnership (where enquiries were completed) were:

- Domestic abuse
- Financial abuse
- Self-Neglect

The breakdown by type of abuse for this year, shows that there was a 23% decrease in concluded domestic abuse enquiries compared to the previous year. There was a surprising 15% decrease in financial abuse concluded enquiries as throughout the year we were heading for a significant increase but in last quarter this tailed off. There was a decrease of 20% in concluded enquiries for self-neglect compared to 19/20.



Types of adult abuse

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There has been a wide range in the monthly contacts from **898** in April to **3510** in September as can be seen in the diagram below.

Adult contacts up **45.3%** on the previous year.

Types of adult abuse enquires

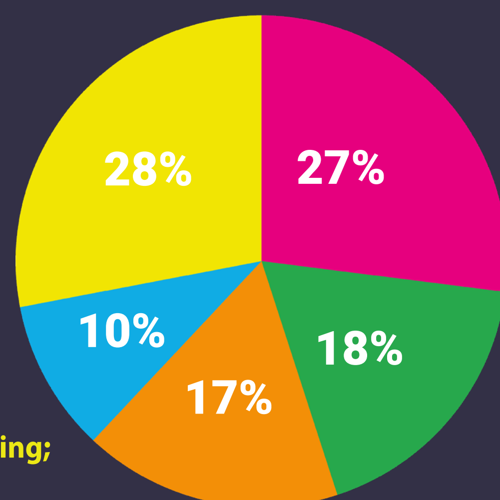
27% of concluded enquires were about domestic abuse.

18% of concluded enquires were about financial abuse.

17% of concluded enquires were about emotional abuse.

10% of concluded enquires were about neglect caused by people outside the family.

The remaining **28%** were about other forms of abuse including; physical abuse and self-neglect.



The age of people affected by adult abuse

40% are between the ages of 18-64.

60% are 65+.

Where does abuse happen?

77% of concluded enquiries happened in people's own homes.

8% of concluded enquiries happened in residential care homes.

What happens as a result of a concluded enquiry?

97% of people (or their representative) were asked what outcomes they wanted to be achieved. This indicates a strong emphasis on Making Safeguarding Personal which includes seeking the person's (or their representative's) views.

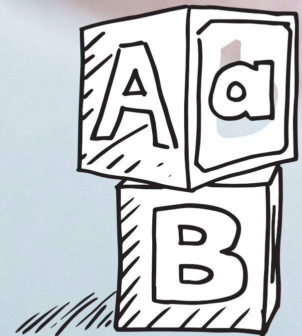
75% of people who expressed a desired outcome, were identified as having their outcomes fully met.

Child Safeguarding

The total number of contacts to COMPASS during the year was **12,757**. From June, the recording of contacts for open children was stopped, making direct comparisons to the previous year not possible. Contact forms for open children were stopped in favour of making a case note on the child's record on the database in line with other local authorities.

The number of new safeguarding referrals for this year was 2021. This is an increase of **267** or **15.2%** compared to year ending March 2020. The number of new referrals range from **89** in April to **222** in March.

There was a **13%** increase in the total number (new and existing cases) of strategy discussions[6] undertaken on the previous year with a total of **1666** in 2019/2020 and **1881** in 2020/2021.



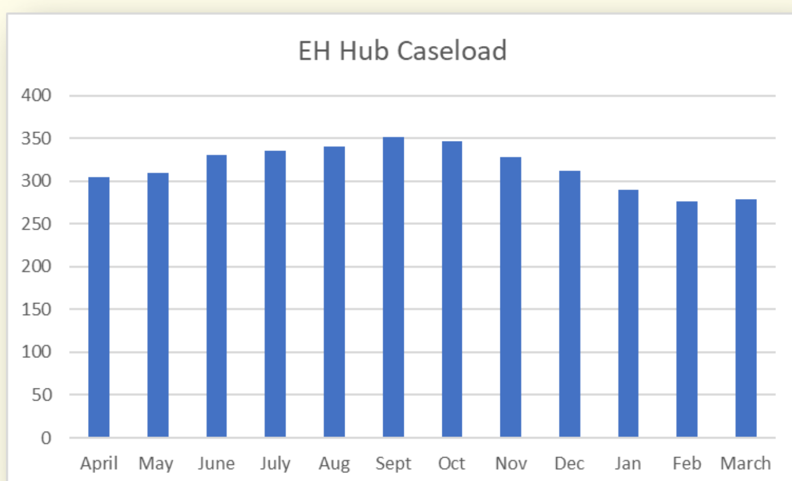
[6] A strategy discussion/meeting is **an opportunity to share as much of the available information as possible between participants to inform the next steps.**

Early Help

Shropshire Council's Early Help Hub Teams in normal times support families at Tier 3 and the Parenting team supports families across all tiers of need; 1 – 4[7] .

Many families considered to be at Tier 2 would ordinarily be supported by schools and nurseries. During periods of lockdown, when schools were closed, the Early Help Team agreed to support some families at Tier 2 where concerns were that if left unsupported, this might result in escalating needs. However, as the pandemic progressed, because of demands on the service the Parenting Team stopped all Tier 1 and Tier 2 support to provide additional support to families at Tier 3 and Tier 4.

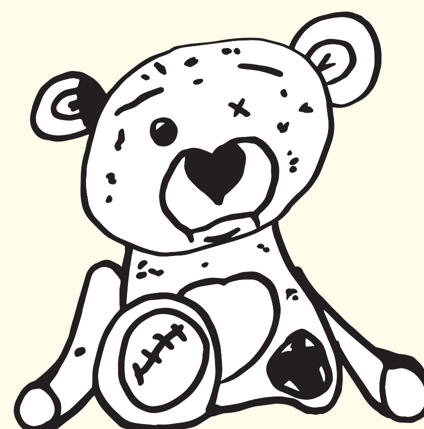
The chart below shows the number of families in the Early Help caseload.



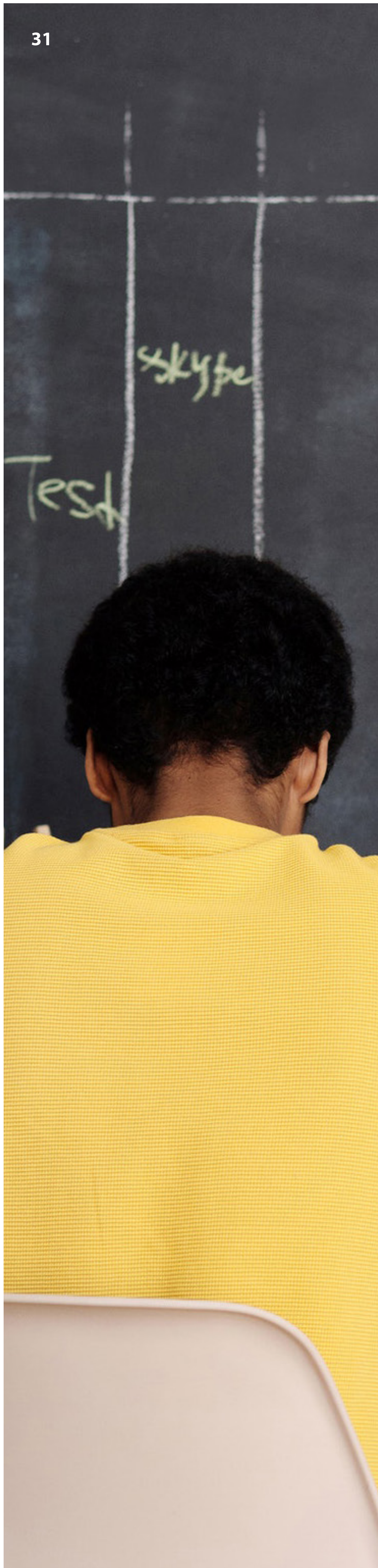
The number of children referred by Early Help as at March to Children's Social Care was 58. This is a 35% increase on the previous year. There was a significant increase in cases stepping up to Social Care as the pandemic progressed.

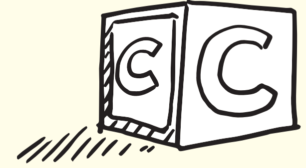
In March 2021, West Mercia Police recruited two full-time dedicated Intervention and Prevention Police Constables working in the Shropshire Police Problem Solving Hub.

They work with families to provide early intervention in order to prevent either the child or the adult coming into the criminal justice system.



[7] Tier 1 = Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available. Tier 2 = These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. This support is provided by all partners. Tier 3 = These children will be those who are vulnerable to harm or experiencing adversity. These children are potentially at risk of developing acute/complex needs if they do not receive targeted early help. Tier 4 = These are children whose needs and care at the present time are likely to be significantly compromised and/or they are suffering or likely to suffer significant harm and so who require intervention from Shropshire Council Children's Social Care.





Child Protection

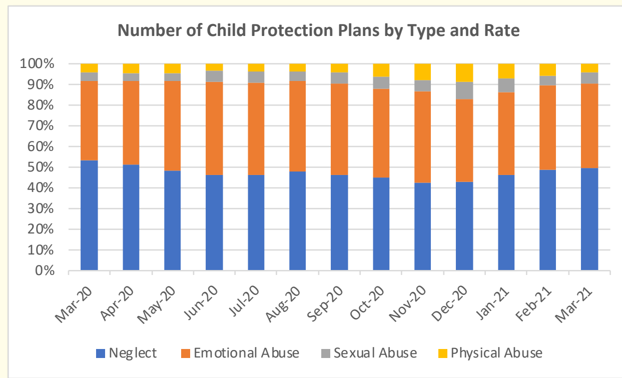
A Section 47 Enquiry is started to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. There was a 7% increase in the total number (new and existing cases) of S47 enquiries conducted on the previous year with totals of 1098 in 2019/2020 and 1179 in 2020/2021.

The number of Initial Child Protection Conferences held within 15 days was 349 in this year. This is an increase of 112 or 47.3% on the year before.

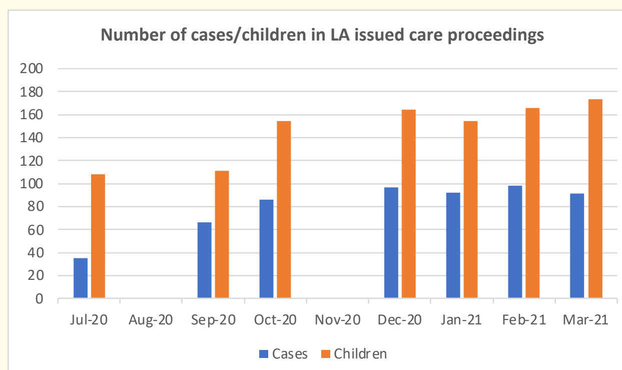
The first national lockdown negatively affected Shropshire children as shown by the above figures.

The number of Child Protection Plans has varied from a low of 278 in January to a high of 303 in August. The types of abuse are shown in the chart below.

The number of Child Protection Plans where Domestic Abuse is a risk factor has been recorded since July 2020. The percentage of plans where Domestic Abuse is a risk factor appears to have increased during this period.

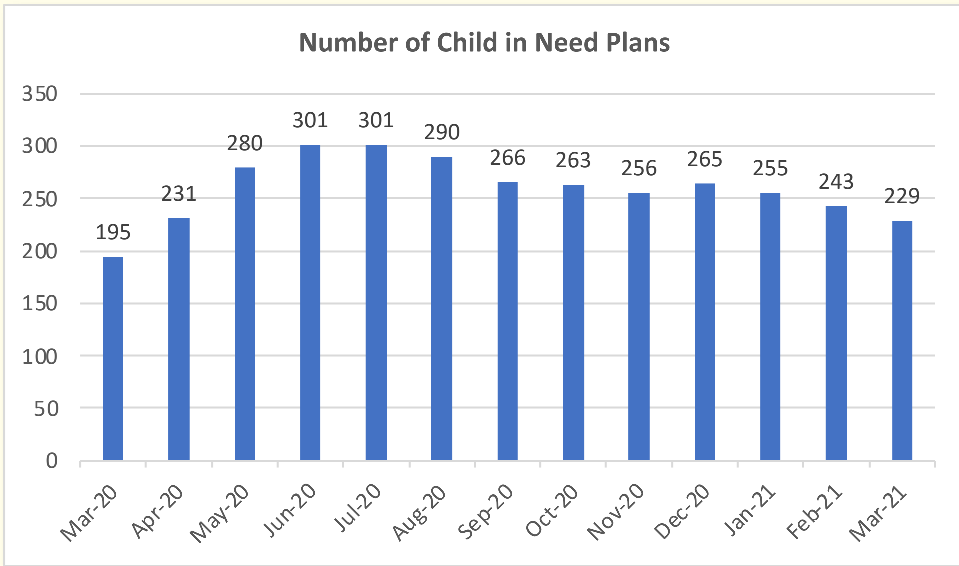


At the end of this financial year, the number of families involved in court proceedings was 91 involving 173 children. There has been an increase in cases for new-borns going to proceedings.



Children in Need

The number of Children in Need plans at the end of March 2020 was 195. Numbers for 2020/21 increased by 17% compared with March 2020 and peaked at 301 in June and July 2020. Numbers have since decreased and have finished the year with 229 plans.



Impact on Adults and Children and their Families in Practice

During this financial year, there was a significant increase in statutory case reviews. Our considered view was that COVID-19 and national lockdowns has had a significant impact on the safety of our community.

One of the ways we understand what impart our work has had on our communities is to carry out one of four different types of statutory review. They are:

- **Rapid Reviews/Child Safeguarding Practice Reviews[8]**
- **Safeguarding Adult Reviews[9]**
- **Domestic Homicide Reviews[10]**
- **Anti-Social Behavior Case Reviews[11]**

[8] This is a multi-agency process undertaken when a child dies or the child has been seriously harmed and there is cause for concern as to the way organisations worked together

[9] This is a multi-agency process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place

[10] This is a multi-agency review of the circumstances of the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person who they were related or they were an intimate partner with

[11] This is a multiagency process set up to respond to concerns about how agencies have responded to reported Anti-Social Behaviour

Child Safeguarding Practice Reviews/Rapid Reviews

Child H

A Child Safeguarding Practice Review is being undertaken on a 5-year-old child who had previously been on a child protection plan and was subject to familial sexual abuse. The alleged perpetrator had historically been convicted of sexual assault on a minor.

Lessons learned:

- Robust assessment of the risk of sexual abuse should be undertaken when it is known that there are previous offences of a sexual nature, no matter how historic.
- Midwifery staff now screen all expectant mothers for risk of domestic abuse.
- Referrals should always be made for a pre-birth assessment where other siblings are known to be on a child protection plan.
- Since this review Shropshire and Telford & Wrekin Clinical Commissioning Group has worked with General Practitioners across the partnership to improve their engagement in the child protection planning process and in sharing information to safeguard children.
- Children's Social Care to conduct checks to assure themselves that all meetings are being held in accordance with procedures and that relevant agencies are invited to attend.
- The Business Unit has attempted to organise a reflective learning event with the core group practitioners involved in this case to explore:
- Understanding of their individual and collective responsibilities in the child protection planning process
- Understanding of risk
- Understanding of the escalation policy
- Professional curiosity and the notion of 'group think'
- Barriers to effective challenge
- Effectiveness of supervision

It has so far not been possible to hold the learning event due to many of the staff involved have moved on to new roles in other organisations.

- The SSCP Learning and Development Group to incorporate messages around the importance of professional curiosity, challenge and escalation in all multi-agency training modules.

Child I

This review is ongoing and is about the non-accidental injury of a 4-month-old baby. Both parents are care leavers and their children had been the subject of a child protection plan and child in need plans in another local authority area before moving to Shropshire. The outcome of the social work assessment on moving to Shropshire was to step down to Early Help as the risk had reduced.

The learning from this review will be published in next year's annual report.

Child J

The review in respect of Child J is on-going. Child J was 16 years old at the time of his death following a suspected drug overdose. Evidence recovered from Child J's bedroom suggested that he had been criminally exploited for some time.

His situation has been mapped against the findings from the National Child Safeguarding Practice Review Panel's themed report on criminal exploitation: 'It was hard to escape' 2020. A learning event with practitioners is planned to inform the revision of the SSCP Chid Exploitation Pathway.

The full findings of this review and learning will be reported in next year's annual report.

Child K

Child K was a 3-year-old who suffered a non-accidental injury. There was a history of domestic abuse in the family and there had been previous Children's Social Care involvement regarding a previous non-accidental injury to Child K's sibling.

Lessons learned:

- During a Section 47 investigation into a suspected non-accidental injury, the child should be seen and spoken to alone. It is also important to ensure that the child is not intimidated by an excessive number of adults being present.

- Shropshire Risk Assessment Framework[12] assessment training has been revisited and regular audits of the effective use of the Shropshire Risk Assessment Framework demonstrate that improvements in its use have taken place.

- Child protection medical reports are now sent to Children's Social Care within 72 hours where possible. Shrewsbury and Telford Hospitals NHS Trust is developing a new form that can be shared with the police and the social worker on the day of the medical.

- The Partnership has considered ways in which historic safeguarding information can be kept and shared appropriately with services when a child starts school or nursery. This helps to prevent and manage risk. It is felt that the implementation of the Integrated Care System and Child Protection Information Sharing[13] system should address this issue.

[12] The purpose of this is to provide an evidence-based assessment of risk to children

[13] https://digital.nhs.uk/services/child-protection-information-sharing-project

Child L

Child L was a 2-year-old who suffered a non-accidental injury. Child L was open to Early Help and there were concerns of domestic abuse, neglect and missed appointments.

Lessons learned:

- The Education Access Service has reminded schools about the importance of transferring a child's records when they enrol at a new school and ensuring this is done in a timely manner.

- The Business Unit organised a reflective learning event for practitioners with a COVID-19 focus to reflect on agencies' practice during lockdown and the impact it had on this child and Child K (see above). The purpose was to consider how this might apply to the wider system and identify learning for any potential future local lockdowns.

The learning event enabled practitioners to safely talk about their experience of working with these families during COVID-19 and their own reflections of the impact of lockdown on the effectiveness of safeguarding arrangements.

The findings from this event were reported back to senior managers and statutory partners and disseminated in a learning briefing.

https://www.safeguardingshropshirechildren.org.uk/media/1371/practitioner-learning-briefing-child-k-and-child-l-final-clean.pdf

Children M & N

This review is ongoing and is about two siblings, one of whom died. Due to the on-going criminal investigation, it would not be appropriate to comment further on the review at the time of writing. Learning will be disseminated upon publication and reported in next year's annual report.

Child O

A Rapid Review took place regarding a 17-year-old who became looked after due to self-harming behaviours, suicidal thoughts and parents feeling unable to keep them safe. Whilst in care, the risk to the young person increased due to repeat missing episodes and so plans were put in place to support her twenty-four hours a day in the family home.

This is one of a number of cases of young people in mental health crisis requiring a Tier 4[14] bed or alternative specialist provision or assessment which is not readily available. These young people are often inappropriately having to remain on a children's ward in hospital, which is presenting a further risk to themselves, staff and other young patients on the ward. The Partnership is currently challenging this issue by arranging an event with partners to find out how they are going to tackle this issue.

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Safeguarding Adult Reviews

Ms. F

A Safeguarding Adult Review has been initiated following the death of a homeless woman. She found herself homeless having been asked to leave specialist drug and alcohol provision as she had not conformed with the requirements of the environment. Her vulnerability increased immediately because of her eviction. There were also concerns about self-neglect and the way in which multi-agency partners worked together to support her.

This referral was considered for a review because of the publication of the Rough Sleeping Strategy, August 2018, which highlighted the precarious position rough sleepers find themselves in.

The learning from this review will be reported in next year's annual report.

Mr G

A review was initiated following the death of a 74-year-old man from Sepsis after he had laid on his kitchen floor for 48 hours. Mr G had a history of Depression, including features of self-neglect. Mr G had a relapse profile when his mental health was deteriorating which included him neglecting his physical care needs.

Mr G's care giver would also request help at the point of crisis and then both of them would choose not to accept further support when the crisis had eased leading to the assessment of care and support often not being able to be completed fully.

The learning from this review will be reported in next year's annual report.

Domestic Homicide Reviews

[14] specialised day and inpatient units, where people with more severe mental health problems can be assessed and treated. Currently this is commissioned by NHS England

Domestic Homicide Reviews

Ms A

Ms A was a 65-year-old woman who was unlawfully killed by her 38-year-old daughter.

Anti-Social Behaviour Case Reviews

During this financial year, Shropshire Council received five requests for Anti-Social Behaviour Case Reviews to be carried out. Four met the requirements for the review to happen.

Of the four that progressed, three resulted in an action plan being put in place. The plans were reviewed three months after they were put in place and no further action was needed.

One of the above four went through an appeals process with the Independent Chair of the Partnership. Work with that person is still ongoing to help to reach a satisfactory conclusion.

Because these reviews take place about situations that are current and ongoing, we do not publish summaries about them.

Hearing the voice of children and families, adults with care and support needs and victims of crime

We currently capture the voice of our communities in number of ways including through:

- Our data collection process
- Conducting statutory case reviews
- Undertaking multi-agency file audits (none were completed this year due to setting up the new structure of the Partnership and the impact of COVID-19 on how we were working)

This is an area of work recognised by the Partnership that needs to improve. Further steps being taken will be reported in the next annual report.

Our Approach to Learning and Development

Shropshire Safeguarding Community Partnership radically changed its approach to multiagency training delivery as a result of COVID-19 lockdowns. The training delivery programme was refined and designed with a focus on delivering online, live, learning webinars. The focus was on:

• delivering a safe learning environment,

• interaction and collaboration between learners which was possible through the use of online platforms which operate in real time such as Mentimeter.

This approach has proved to be successful with more learner engagement than in face-to-face courses.

The training delivered is informed by the findings of local and national statutory reviews; emerging themes and trends; guidance; and workforce needs identified through multiagency case file audits.

Support for Training Pool members was increased to enable safeguarding training within single agencies to continue to be delivered effectively.

The Partnership funded five Trainers (from a range of agencies) to attend NSPCC licenced Train the Trainer programme for Graded Care Profile 2 which is a tool that supports practitioners to assess parental neglect.

Training courses are designed using criteria set out in specialist, targeted, universal and induction tiers in the Training Strategy:

Training sessions

Total **56** sessions to **680** attendees

Induction

•Safeguarding Adults and Children Briefing (delivered jointly with SPIC)
2 session to 54 attendees

Targeted Training

•Child Neglect for Managers of Frontline staff
6 session to 109 attendees

Specialist Training

•Train the Trainer
1 session to 7 attendees

•Training Pool
9 session to 210 attendees

Universal Training

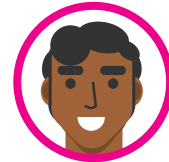
•Raising Awareness in Safeguarding and Protecting Children (figures include
18 attendees from Joint Training)
6 session to 144 attendees

•Child Exploitation Briefings
12 session to 33 attendees

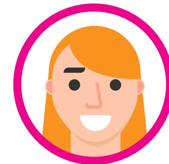
•Domestic Abuse Briefings (figures include 23 attendees from Joint Training)
6 session to 138 attendees

Learners told us:

I was able to explore the risk to the siblings of the unborn and the unborn living in a household with domestic abuse. The physical risk to the children but also the risk of ACE's /toxic stress etc…



The training re-enforced my understanding of the potential impact of Domestic Abuse on child development. I was able to use this when discussing a case in which a member of staff approached me for advice following a patient making a domestic abuse disclosure.



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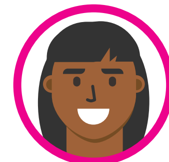
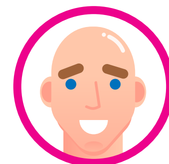
I have disseminated some new-found knowledge to my colleagues and shared information regarding NSPCC apps with the young people I support.



I have stopped thinking drug dealer - always a child first.



I have since worked with a vulnerable young person who was at risk of exploitation. It was really helpful to know some of the subtle signs to look out for. Although the young person did not appear to be involved in County Lines, I felt much more confident in assessing their risk and informing the relevant agencies to provide support at the appropriate level.

Shropshire Safeguarding Community Partnership Training Pool

The impact and reach of the Partnership to raise awareness about Safeguarding and Child Protection Training across Shropshire is only possible because of the dedication and enthusiasm of the professionals who make up the Training Pool.

The Training Pool train within their own agencies using the package supplied by the Shropshire Safeguarding Community Partnership Learning and Development Coordinator.

The ambition of the partnership is to expand the number of people in the Training Pool to deliver training in other areas such as Adult Safeguarding and Community Safety.

Training Pool - Universal (Single agency)

Total **161** sessions to **1909** attendees

Virtual Raising Awareness

107 session to 1400 attendees

Face to face Raising Awareness

54 session to 509 attendees

Examples of the agencies that make up the Training Pool include:

Connexus housing; Education Improvements; Education settings (Early Years; Primary; Secondary; Academy; Maintained; Independent; Special schools; and FE Colleges); Enhance; Family Information Service; Independent Care Providers; Independent Review Unit; Joint Training; Learning and Skills; Public Protection; Shire Services; Shrewsbury and Telford Hospitals NHS Trust; Shrewsbury Town Council; Shrewsbury Town in the Community; Shropshire Community Health Trust; Shropshire Council (Targeted and Early Help Children's Services); Shropshire Partners in Care, Shropshire Youth Association; Strengthening families through Early Help team; The Hive; and Shropshire Recovery Partnership.

Shropshire Partners in Care - Safeguarding Delivery and events

Total **56** sessions to **680** attendees

Safeguarding Adults Awareness
13 session to 108 attendees

Safeguarding Adults Health
4 session to 44 attendees

Adult Safeguarding
18 session to 240 attendees

Safeguarding Adults, Your Role as Safeguarding Lead
5 session to 47 attendees

Safeguarding Adults an Introduction
4 session to 21 attendees

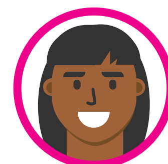
Professional Boundaries
1 session to 10 attendees

Safeguarding Adults and Children Briefing
2 session to 54 attendees

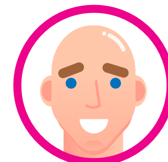
Forums, Networking Meetings and Events
7 session to 127 attendees

Learners told us:

Good to hear other delegates views and this was easier online than during a live course which I found pleasantly surprising.

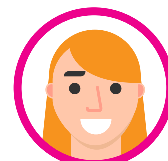


The real-life case studies made me realise how common safeguarding issues are.



Case studies illustrating safeguarding processes, will use knowledge to underpin advice given to staff.

I will take away the saying "Nothing about me, without me"



Joint Training - Safeguarding Delivery

Total **55** sessions to **666** attendees

Adult Safeguarding (delivered by SPIC)
18 session to 240 attendees

Safeguarding Briefings
2 session to 21 attendees

SSCP DA briefing
2 session to 23 attendees

Mental Capacity Act – Awareness Level
19 session to 204 attendees

Joint Training DA Briefing
(delivered by SSCP figures not included in total below)
2 session to 23 attendees

Supporting Individuals (Adults with Learning Difficulties) to have a Safe Online presence
(delivered jointly by SPIC and Joint Training)
1 session to 20 attendees

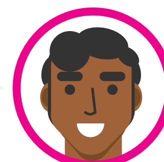
Raising Awareness in Child Safeguarding
(delivered by SSCP figures not included in total below)
2 session to 18 attendees

Deprivation of Liberty (DoLs) – Awareness Level
12 session to 141 attendees

PACE – Police & Criminal Evidence Act (Appropriate Adult)
1 session to 17 attendees

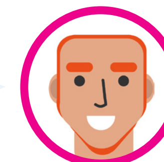
Learners told us:

We deal with vulnerable clients on a daily basis so the information I have learnt through this webinar I can apply to my daily work in order to better identify and support issues around safeguarding and how to deal with these.

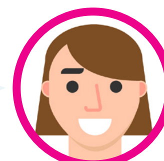


Evaluate verbal clues during the triage process to determine a safeguarding concern and take appropriate action

Being more aware of potential abuse (particularly online abuse) when completing assessments in peoples' homes and who to refer to



Enabled me to record and report abuse and neglect appropriately



Changes to published arrangements

On 29th September 2019 Shropshire Safeguarding Partnership published its multi-agency safeguarding arrangements in accordance with Working Together 2018. At that time Shropshire began to combine its child protection and adult safeguarding arrangements.

In April 2020 this included adding the community safety duties as identified in the Crime and Disorder Act 1998 into the partnership arrangements and the partnership was re-named the Shropshire Safeguarding Community Partnership.

As a consequence, the published partnership arrangements have been updated to reflect this change. This includes identification of the new senior members of the partnership brought about by staffing changes in the identified organisations and the rationale and identified benefits from this change. It identifies that in order to be able to discharge all statutory and decision-making functions across the three disciplines of child protection, adult safeguarding and community safety West Mercia Police, Shropshire, Telford and Wrekin Clinical Commissioning Group and Shropshire Council were joined at the strategic governing group level by Shropshire Fire and Rescue Service and the Probation Service.

In reaching the decision to combine the arrangements the Strategic Governing Group collectively agreed to retain an Independent Chair with chairing functions, but with emphasis on the scrutiny and challenge roles. Latterly the Strategic Governing Group have agreed an Scrutiny Framework.

The effectiveness of these arrangements in practice

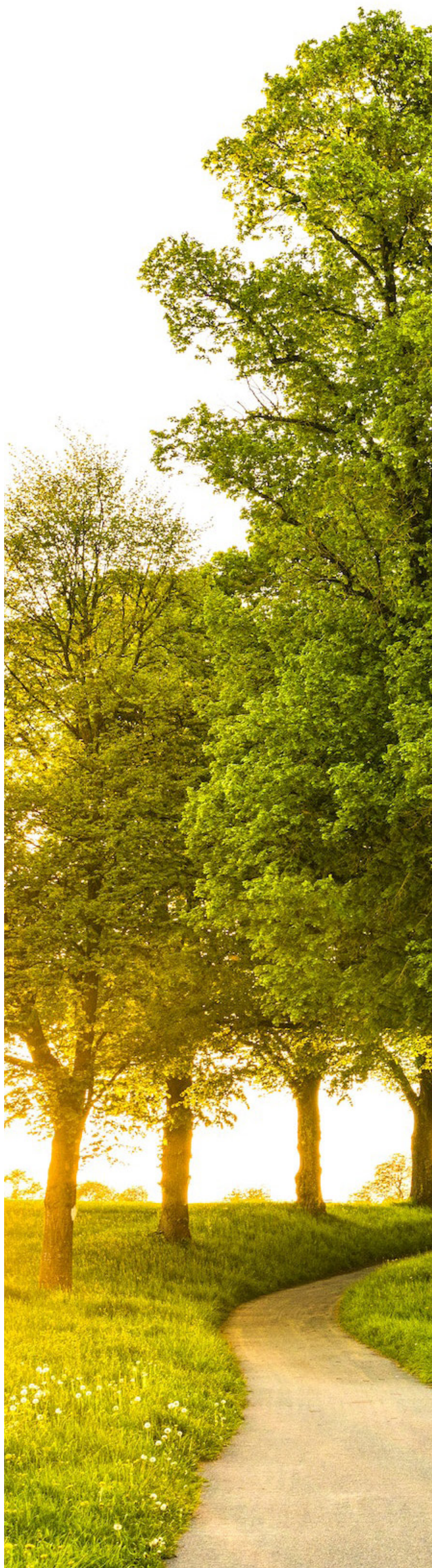
Tanya Miles, Director of People, Shropshire Council

The opportunity to work together as one Shropshire Safeguarding Community Partnership has significant benefits to further reduce the risk and potential harm that our communities face. It gives us all the opportunity to connect better, identify gaps and resolve difficulties.

The information from independent reviewers about what works well, and areas for development remain important as we work together to get better at supporting children, young people, adults with care and support needs and our families remain safe in Shropshire.

As a Partnership, we need to be prepared to do things differently to safeguard and improve the outcomes for the citizens of Shropshire. Most importantly, we need to listen and learn from our children, young people, adults with care and support needs, their carers and our victims of crime.

We must continue to draw on the experience of people and keep them at the heart of our approach and practice and continue forming a more robust collective to safeguard our communities.



Zena Young, Executive Director of Nursing & Quality

Safeguarding Partners had been enhancing the alignment of children and adult safeguarding statutory partnership arrangements with the Community Safety Partnership requirements for some time. This alliance was formally ratified in April 2020. Significantly this was one month after the first lockdown. The Parternship has subsequently learnt much about how safeguarding has been affected by the pandemic. The decision to hold a fortnightly Safeguarding and Covid-19 Partnership Meeting has proven to be a valuable tool in allowing partners to share key operational learning especially around the impact of changes to face-to-face work. As a result of this the Partnership has subsequently found more effective ways to explore this impact, share concerns and challenge each other. It has ensured that partners have been better held to account through the Partnership seeking information about how changes to working practices are mitigated to reduce the impact upon safeguarding concerns. It also allowed all partners to review data on domestic violence during this period and changes in the numbers of safeguarding concerns being raised. As concerns emerged about domestic abuse levels during lockdown the Partnership was able to review the key data looking at the local impact and ensure agencies were all made aware. These meetings have demonstrated how important it is for the Partnership to come together to address such matters.

Mo Lansdale, Superintendent, West Mercia Police

During this year the effective working relationships of the partnership were placed under additional pressure and strain by the COVID pandemic. Despite this, the Partnership focussed on the continued delivery of appropriate provision of service and the move to a more seamless single governance structure.

During this time, there was also a noted increase in the number of neglect and non-accidental injury cases involving children and young people in particular. Through the Safeguarding and COVID-19 Partnership meetings, the partners were able to maintain oversight and look to understand the reasons for this, ensuring that the staff within the partnership were aware and in a position to deal with this increase.

What we want to achieve next year

2021-2022

Joint Case Review Group

Our focus will be to:

- evidence we embed learning
- ensure that the voice of the community is heard when working to safeguarding both adults and children

Assurance and Improvement Group

Our focus will be to:

- Carry out an inspection style multiagency audit in readiness for a Joint Targeted Area Inspection[15]
- Have all partners contribute fully to providing data for the neglect, exploitation, adult and children's datasets
- Produce a data report that analyses neglect, exploitation and adult and child safeguarding

Learning and Development Group

Our focus will be to:

- Provide a multi-agency Learning and Development programme which is accessible and quality assured
- Offer support for training pool members including developing an information 'padlet' to host handouts, resources and signpost to support available
- Ensure learning from statutory case reviews is included in learning and development activity.

[15] Joint inspections of local services by Ofsted, Care Quality Commission, HM Inspectorate of Constabulary, Fire and Rescue Services and HM Inspectorate of Probation

Domestic Abuse Group

Our focus will be to:

• Review the Terms of Reference to ensure the group acts as:

• Strategic Priority Group for the Shropshire Safeguarding Community Partnership

• Domestic Abuse Local Partnership Board for Shropshire Councill

• Multi-Agency Risk Assessment Conference governance group

• Conduct a multi-agency case file audit of repeat domestic abuse cases into Children's Social Care.

• Conduct a review of the existing Domestic Abuse Pathway which takes account of:

• Multi-Agency Risk Assessment Conference protocols

• Domestic Abuse Statutory Guidance (once published)

• Assessment of and response to risks by those that perpetrate and those at risk of domestic abuse

• Learning from the multi-agency case file audit

Neglect Group

Our focus will be to:

• Ensure more professionals are using the Practitioner's Support Pack and the tools it provides to improve the outcomes of children being impacted by neglect

• Use the neglect profile data to focus resources on geographic areas of greatest concern

• Provide action learning sets to improve the practice of front-line staff when children being impacted by neglect

Exploitation Group

Our focus will be to:

• Ensure there is a multi-agency response to all adults who are at risk of or being exploited that complements the existing adult safeguarding process in Shropshire

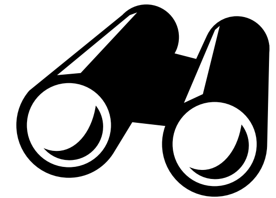
• Review the effectiveness and impact of the existing Child Exploitation Pathway in identifying and responding to Child Exploitation in Shropshire; taking account of actions within our local Child J Child Safeguarding Practice Review Action Plan and learning from other relevant Rapid Reviews and Local Child Safeguarding Practice Reviews and National Report Findings

• Ensure the revised national Prevent referral form is on all partnership web pages

Closing Scrutiny statement

Like safeguarding partnerships across the country, this year has presented the Partnership with a series of unprecedented challenges linked to the pandemic.

Partner agencies had to adjust long established ways of working, both as individual agencies, but also in terms of how they shared information, acted effectively together and collectively maintained a 'line of sight' to those children and families, and adults with care and support needs most in need of support. That need can be acute in ordinary circumstances but the onset of lockdown and the associated social, financial and emotional pressures magnified the necessity for multi-agency safeguarding.



Shropshire Safeguarding Community Partnership has strong arrangements and indeed specifically 'stood up' new partnership meetings held initially on a fortnightly basis to ensure the whole system had a strong grip and good understanding of the pressures organisations, children, adults with care and support needs, families and communities were facing. One example of the outcomes of this was an independent review commissioned following a significant increase in the use of emergency police powers for children. The reviewer went on to later describe the 'pressure cooker' environment front line practitioners were reporting on, and the impact of national guidance given to enable the redeployment of public health nursing, guidance which was to later be amended. Her over-arching conclusions were that the arrangements to tackle childhood neglect in Shropshire were appropriate and that partners needed to continue to work in line with the local strategy, policies and procedures.

Many school age children who the government described as vulnerable and therefore could continue to go to school, in reality for a range of reasons, were kept at home by some parents and carers. In the case of one school the local authority's children's services worked directly alongside the school to explore and support risk assessments in respect of individual children. There were also concerns about adults with care and support needs becoming more vulnerable as their support networks became less available, and that domestic abuse may be at risk of increasing.

The partnership put in place a COVID dataset to inform the detail of discussions across the combined adults, children and community safety agendas. One particular concern which emerged, was the degree to which agencies were able to maintain 'face to face' in-person contact with those felt to be most at risk. To that end an agreed set of standards supported by a Staffing Impact Assessment required agencies to consider how their changing service delivery models may impact on the effectiveness of their safeguarding

arrangements. In my view these processes were not used as robustly as they might have been, the subject of current and ongoing scrutiny activity.

Having reported on some of the challenges there were also matters which have strengthened the partnership. The frequent meetings ensured agencies had a much richer understanding of each other's roles and challenges, and the 'new ways of working' have resulted in more consistent attendance and contribution to partnership meetings and discussions, particularly for those agencies who have a larger than place footprint.

As Independent Chair of the Partnership, I saw genuine desire and commitment to protect and safeguard our children, families, adults with care and support needs and our communities. There was both strategic and operational engagement, commitment, and significant efforts to deliver and flex services as required. The Partnership is determined to learn from the pandemic, taking forward improved practices and identifying where further developments can be made.

My role requires that I hold the partners to account and to seek assurance that safeguarding is recognised as being everyone's responsibility. The nature of the partnership in Shropshire and the quality of leadership I have seen gives me genuine belief that the necessary partnership working to keep our most vulnerable citizens safe will build on strong foundations.

I, and the senior leaders in the Partnership, are concerned about the increase in the number of serious cases where we have had to both consider and in some case commission statutory reviews. The findings of these reviews show us we can never be complacent. The Partnership is robust in its pursuit of these reviews, active in seeking and identifying the learning and focussed on understanding how outcomes for children, families and adults improve as a result. This latter point is one which remains challenging, but the Partnership will robustly pursue this, including by evidencing improved outcomes through the multi-agency case file audit process.

Finally, I wish to acknowledge and thank all those who have worked tirelessly through the most challenging period of recent times.

Ivan Powell,
Independent Chair and Scrutineer
Shropshire Safeguarding Partnership

Shropshire Safeguarding
Community Partnership