



**Shropshire Safeguarding  
Community Partnership**

**Community Safety Needs Assessment  
and  
Safeguarding Annual Report  
2023-2024**



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## Foreword by Key Partners

How we contribute to this partnership and our safeguarding arrangements

Ivan Powell, Independent Chair & Scrutineer

As the Independent Chair and scrutineer of the Shropshire Safeguarding Community Partnership (SSCP), I am pleased to present the Annual Report for the period April 2023 to March 2024.

This is the third Annual Report under the new tri-partite governance arrangements which include children, adults and community safety.

This report is published in line with the statutory responsibilities under the new requirements in Working Together to Safeguard Children 2023 (WT23) and the Care Act 2014 statutory guidance. This report covers April 2023 to March 2024 and provides the opportunity to review progress in delivering on our priorities, assess our training activities and consider how agencies work together across the portfolios of children, adults and community safety.

The SSCP has a really important role in coordinating and ensuring the effectiveness of what is done by each and every person involved in protecting children, adults and communities in Shropshire. The SSCP monitors how all agencies work together to provide services for children and adults and ensure they are protected.

The revised Partnership has now been in place for three years and is between Shropshire Council, West Mercia Police and the Shropshire and Telford and Wrekin Integrated Care Board.

The partnership has also responded to the new guidance Working Together to Safeguard Children 2023, published in December 2023. In delivering independent scrutiny I have ensured that the partnership has undertaken the necessary work to develop a delivery plan and framework to implement fully WT 2023, including the necessary leadership through

the identification of lead and designated safeguarding partners and the engagement with and of education representatives.

The partnership has also developed a framework for the delivery of future independent scrutiny and is actively working on strengthening the multi-agency data sharing and analysis, including multi-agency case file audit framework.

I have pressed the partnership to ensure it is effectively resourced to meet the new requirements under Working Together 2023 and duties under the Care Act 2014.

I continue to engage with The Association of Safeguarding Professionals (children) and am a member of the executive group of the National Network of Independent Chairs Safeguarding Adults Boards which enables me to bring national policy and procedural developments and learning from case reviews into the work of SSCP in a timely manner.

Lastly, I would like to thank the Partnership staff, for their continued support in the smooth functioning and promotion of the SSCP. I would also like to thank our Stakeholders from across the partnership and all the frontline practitioners and managers for their commitment, hard work, and effort in keeping children, adults and communities safer in Shropshire.

Tanya Miles, Executive Director of People, Shropshire Council

During 2023/24, Shropshire Council continued to make a significant contribution to the functioning and structure of the multi-agency safeguarding arrangements, through co-chairing the partnership, chairing and leadership of two of our oversight groups (children and adults) and two of the priority themes (drug and alcohol and domestic abuse). In addition, officers from the council actively support each group and groups in the partnership to ensure oversight and action to implement appropriate safeguarding responses.

The council also hosts the business unit that independently and proactively supports the functioning of the partnership.

This year, following concerns around the number of serious cases of non-accidental injury of babies in Shropshire, the Director of Children's Services asked the Partnership to call a summit to take action. We met within ten days of the discussion and a systemwide, co-ordinated approach was taken recognising that safeguarding is everyone's responsibility. Four summits took place between May and November chaired by the Director of Children's Social Care and facilitated by the Council with support from the business unit.

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

To support this partnership Shropshire Fire and Rescue Service recognises its unique ability to reach part of the community that many of our partner agencies cannot reach.

Shropshire Fire and Rescue personnel undertake a wide range of public facing roles on a daily basis. This includes education and engagement with all members of our communities including children, young people, and adults with complex needs and vulnerabilities. These teams have a legal and moral obligation to recognise and report concerns about abuse or neglect, they are also provided with the necessary skills and training to ensure that they are safe and effective practitioners. We also have a responsibility to safeguard and protect those that represent their service, and it is therefore imperative that they are provided with guidance and support in order to effectively safeguard themselves and others. This duty underpins how we support this Partnership and other safety initiatives, and the level of energy and competence that we can bring to support the reduction of community risk.

The value and importance of partnership and inter-agency working is key to ensuring that children, young people and adults at risk have that risk mitigated wherever reasonably possible. This partnership is vital in leading and providing the strategic direction to ensure that resources are not wasted

nor duplicated, and skill sets can be applied by the most appropriate agency.

Stu Bill, Superintendent, West Mercia Police

Strong, joined-up leadership and clear accountability is critical to effective multiagency safeguarding, bringing together the various organisations and agencies that serve Shropshire. As the demands and complexities of our society evolve, so too must our strategies and partnership.

West Mercia Police are proud to be members of Shropshire Safeguarding Community Partnership and, as a statutory partner, it is important that we play an active role in ensuring that the service the partnership delivers to our communities is effective and keeps people safe. As such, we work collaboratively to provide multi agency safeguarding arrangements for children and adults in Shropshire.

Policing remains committed to adapting and responding to emerging threats, ensuring that our practices remain effective, and our communities protected.

Over the past year, West Mercia Police has continued to work diligently alongside our partners in health, social services, the fire service, probation and many others, including in the voluntary sector. Through a combination of preventative measures, timely interventions and support systems, we have aimed to ensure the safety and wellbeing of the most vulnerable in our communities.

During the latter part of the year, we have worked to introduce a trial of Pitstop. Pitstop (Partnership Integrated Triage) is a multi-agency process designed to support with triaging information shared by the police where the level of need for direct referral for urgent safeguarding and a statutory social care response is not met at that time, but there is vulnerability identified relating to a child, young person or adult to warrant further information sharing. This includes promoting and safeguarding the welfare of children and adults through a multi-agency approach, to improve outcomes by enhanced information sharing and

robust decision making to ensure appropriate intervention is offered at the earliest opportunity to meet the needs of the child, adult or family.

The trial is set to run through 24/25 and will be evaluated as it progresses.

This Annual report serves as a great point to pause and reflect on the work of the partnership, outlining what we have done well and identifying where we should focus our collective effort, over the coming year, to enhance our service to the public. It reinforces our pledge to continuous improvement and working in partnership to safeguard the vulnerable.

Vanessa Whatley, Chief Nursing Officer, NHS Shropshire Telford and Wrekin Integrated Care Board

The Integrated Care Board is pleased to be part of the Shropshire Safeguarding Partnership and actively collaborates with partners to improve the safety of children and young people and adults in the community it serves. This year there has been a particularly challenging piece of work to be done following an increase in young children admitted to care. The series of summits that resulted brought partners together to support the common goal and successful drive improvements in Early Help referrals. The ICB has supported on going proactive approaches through ensuring all health partners are appropriately engaged, sharing best practice and strengthening the health input to the front door in strong collaboration with statutory safeguarding partners.

It is pleasing to see the number of safeguarding adult conversions have decreased and an increase in referrals into the hub, with the majority of people supported to be safe.

We note the increase of 4% in children going into care and have contributed to ongoing conversations to implement Working Together to Safeguard Children 2023 guidance. The ICB looks forward to seeing the potential that this has on improving outcomes for children and young people.

I would like to thank colleagues in the partnership for their support and collaborative working this year and look forward to further joint working in 2024/5.

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

The role of the Probation Service is to protect the public, support victims and reduce reoffending.

Reducing reoffending and public protection so that there are fewer victims is a critical priority of the Shropshire Safeguarding Community Safety Partnership. The Probation Service continues to work in partnership to tackle the drivers for reoffending and help people live decent law-abiding lives by improving access to employment, accommodation, substance misuse treatment and addressing anti-social behaviour. As an agency we recognise the importance of people and other organisations working together to prevent and stop both the risk and experience of abuse and neglect, whilst at the same time making sure an individual's well-being is being promoted with due regard to their views, wishes, feelings and beliefs.

During the year the Shropshire team was inspected as part of His Majesty's Inspectorate of Prisons domestic abuse thematic inspection. Though the report highlighted concerns across the 6 areas that were inspected about the overall quality of practice in the management of domestic abuse, Shropshire practitioners did receive recognition for working collaboratively with police and partners. The inspection reported Shropshire as having effective information sharing with other agencies:

*'Shropshire probation practitioners are able to share the list of cases they are concerned about with West Mercia Police, and they will then be provided with any arrest or incident information about those individuals.'*

We have used effectively commissioned rehabilitative services across employment, and well-being which has improved the rate of employment



for prison leavers, as well as the number of individuals able to access mental health services. Shropshire is piloting the Continuity and Resettlement Integrated Board which will monitor and discuss the continuity of care for prisoners being released from His Majesty's Prison Hewell. It is hoped this will provide improve outcomes across all areas of the reducing reoffending pathways.

We have also ramped up our support to those who need drug and alcohol recovery work by improved protocols with drug and alcohol recovery teams.

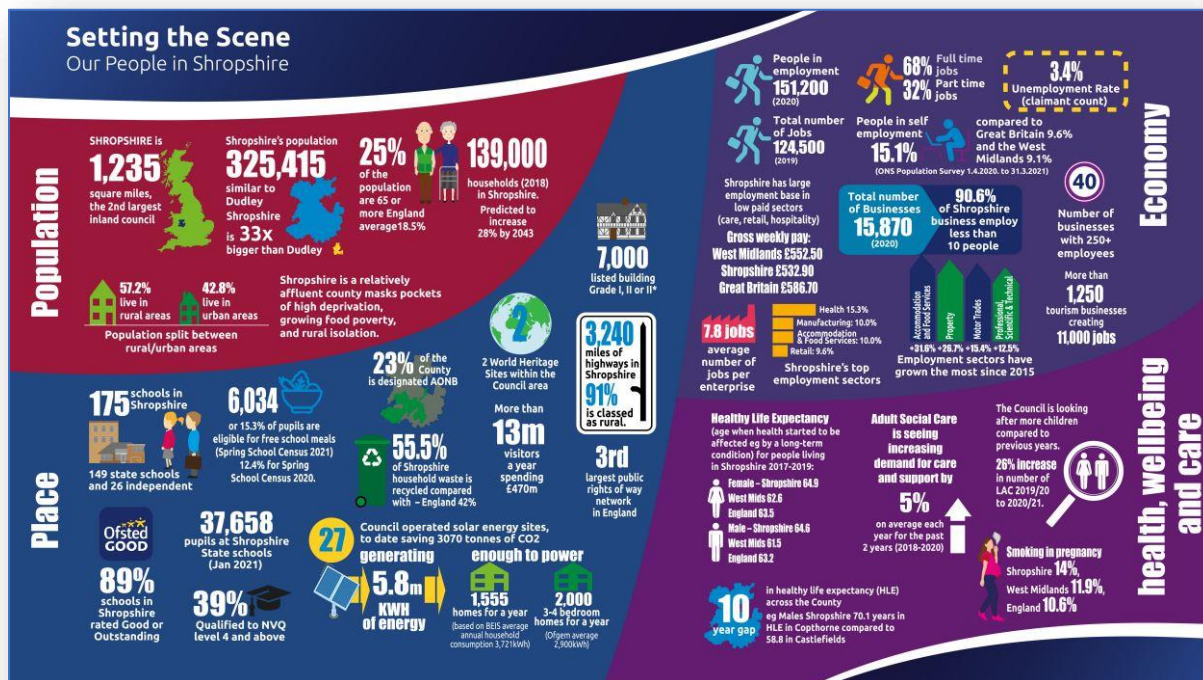
However, it is around mental health where we have with the help of Midland Partnership University Foundation NHS Trust, made considerable progress. The employment of Integrated Offender Management Mental Health Nurses has assisted offenders to meet their mental health needs. We have commissioned a mental health clinical psychologist in court which has improved the appropriate sentencing of those whose offending behaviour is linked to their poor mental health. This has seen a marked increase in Mental Health Treatment Requirements<sup>1</sup> from courts.

There is still more work to be done to tackle the drivers for reoffending, to protect communities and help people live decent law-abiding lives. This cannot be done without a dedicated and valued workforce and our partners across the area. We look forward to making more improvements together.

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<sup>1</sup> This is a community sentence w hich the court can sentence defendants to.

# Information about Shropshire



## Introduction

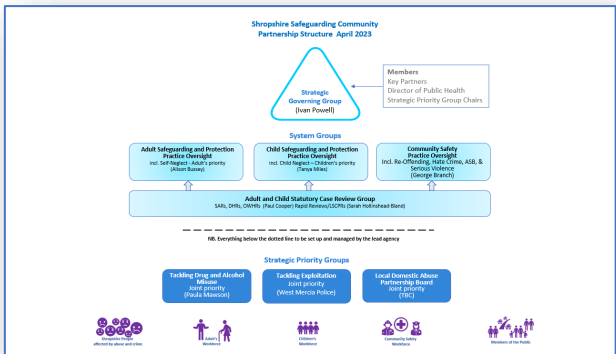
This report fulfils the statutory duty to produce an annual report for both Adult and Children's safeguarding arrangements and the needs assessment for our Community Safety Partnership. Whilst there is no requirement on the Community Safety Partnership to publish an annual report about its activity, Shropshire Safeguarding Community Partnership chooses to ensure its community safety work is reflected in this publicly available report. It provides an opportunity to report to the public and all partners about decisions made and actions taken, by the Responsible Authorities for Community Safety.

The purpose of this report is to provide assurance that Shropshire Safeguarding Community Partnership has plans in place to address our priorities to safeguard our communities and to meet the requirements set out in Working Together 2023.

Working Together 2023 came out in December 2023 and contains new requirements for annual reports. We have met those requirements where we can, and any we have not been able to meet, will be covered in next year's report.

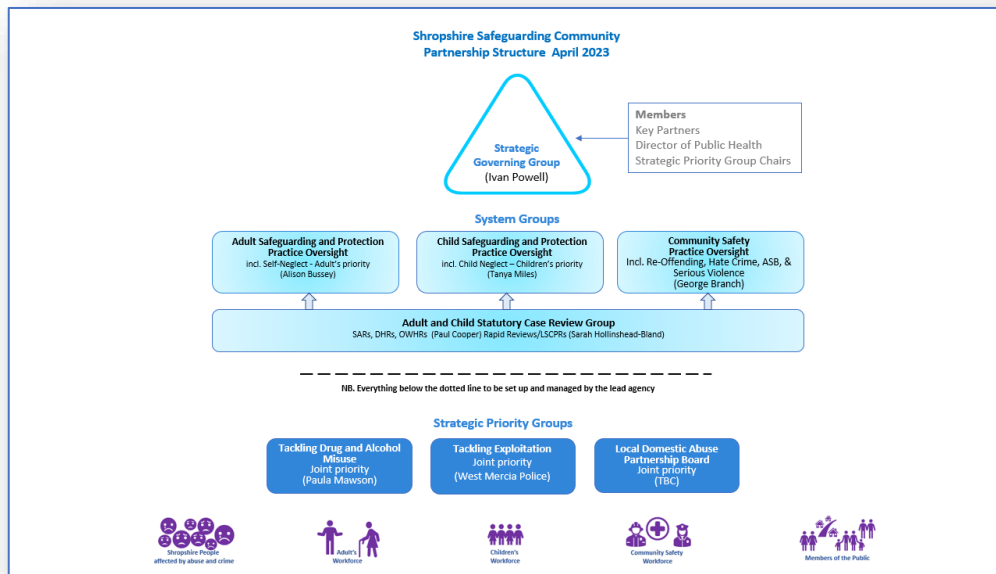
The report explains what has been achieved in this financial year and what we plan to do in 2024-25.

In our last report .....

We said we would.....	We did (or was not able to do) .....
<p>Implement our new structure as a result of reviewing our priorities discussed on 3<sup>rd</sup> February 2023</p>	<p>This was done successfully, and the new structure is fully operational.</p> <p>Partners were informed in March 2023 about the new structure.</p>  <p>The diagram illustrates the organizational structure of the Shropshire Safeguarding Community Partnership as of April 2023. At the top is the 'Strategic Governing Group (over Power)' which includes 'Members' and 'Key Partners' (Director of Public Health and Strategic Priority Group Chairs). Below this are three 'System Groups': 'Adult Safeguarding and Protection Practice Oversight' (not safeguarding priority, Adult Safety), 'Child Safeguarding and Protection Practice Oversight' (not child neglect - children priority, Child Safety), and 'Community Safety Practice Oversight' (not safeguarding, Adult Crime, ADB, &amp; Serious Violence, Group Safety). These system groups feed into the 'Adult and Child Statutory Case Review Group' (SARs, CHRS, CHRSs, Part 18/19/20 Review Groups, Local Safeguarding Boards). Below this is the 'Strategic Priority Groups' section, which includes 'Building Group and Alcohol Partnership' (not priority, Public Protection), 'Licensing Partnership' (not priority, Local Safeguarding Board), and 'Local Domestic Abuse Partnership Board' (not priority, Local Safeguarding Board). At the bottom are icons representing various stakeholders: 'Shropshire Safeguarding Community Partnership', 'Partners', 'Members', 'Partners', 'Members', and 'Partners of the Partnership'.</p>
<p>Ensure that each group has a Strategic Action Plan in place with success statements agreed</p>	<p>This has been achieved. The Strategic Plan and Priorities 2023-26 document was signed off on 14<sup>th</sup> March 2024 and can be found on our website <a href="#">here</a>.</p>
<p>Respond to the consultation on the new Working Together 2023 to Safeguard Children document and begin our</p>	<p>This was achieved. Our preparation for understanding what would be required from the new version of Working together, began in August 2023 when a</p>

<p>preparation for implementation</p>	<p>presentation of the draft guidance was on our agenda.</p> <p>We continued to discuss this at our meetings and agreed that partners would share their responses to the consultation with each other.</p> <p>In January 2024, a workshop was held with Delegated Safeguarding Partners to explore the implications of the newly published guidance. A number of decisions were made at that workshop including:</p> <ul style="list-style-type: none"> <li>• A meeting of Lead Safeguarding Partners would be held to make further decisions about how the guidance would be implemented in Shropshire.</li> <li>• A specific workshop would be held to discuss chapter 3 of the guidance which would focus discussion on how agencies would work differently together to meet the requirements of the new guidance.</li> </ul> <p>In March 2024, we agreed that it would be beneficial to recommend to Lead Safeguarding Partners that we link with Telford &amp; Wrekin at this level. The reason for this is the two local authority areas share a police force and Integrated Care Board.</p>
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We are structured in line with our priorities, and this is what our structure looks like:



In our document Strategic Plan and Priorities 2023-26, we set our priorities as:

- Adult Safeguarding and Protection Practice Oversight
- Child Safeguarding and Protection Practice Oversight
- Community Safety Practice Oversight
- Undertaking Statutory Case Reviews
- Domestic abuse
- Tackling exploitation
- Tackling drug and alcohol misuse

## What each group achieved this year

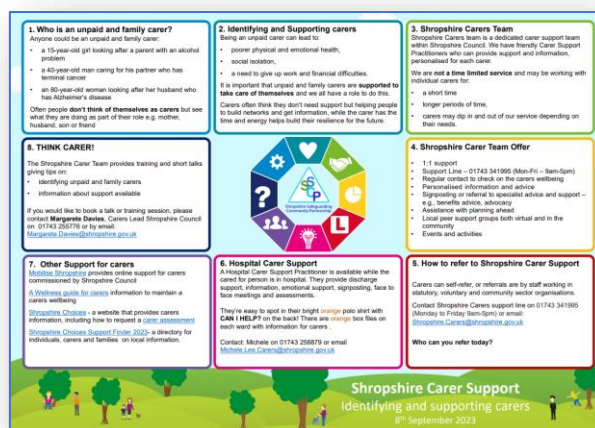
### Adult Safeguarding and Protection Practice Oversight Group

<b>We said we would.....</b>	<b>We did (and was not able to do) .....</b>
Increase the number of S42 enquires about self-neglect beyond 3% of total S42 enquires	We have achieved this and concluded enquiries for self-neglect are at 4%. We anticipate that this number will continue to increase following the launch of the revised self-neglect policy.
We expect at least 75% of Multi-Agency Case File Audits where self-neglect is factor, shows clear evidence of the application of the Working with Self-Neglect Guidance	Unfortunately, we cannot comment on this, as no multi-agency self-neglect case file audits have been undertaken, due to capacity issues.
Evidencing that the self-neglect guidance is embedded in practice, multi-disciplinary meetings are taking place when required, and action plans are developed for the individual	<p>Multi-Agency Risk Management meetings are now held regularly. These are hosted by Adult Social Care and are open to all partner organisations. They provide a central place for staff to come together to consider individuals who are self-neglecting and/or hoarding.</p> <p>Work is underway to develop system guidance on how to call and run multi-disciplinary meetings.</p> <p>The Adult Safeguarding and Protection Practice Oversight Group is following a real, anonymised example of one adult who is self-neglecting and presents as high risk. This will provide some insight into how partners are working together.</p> <p>We need to develop a method to count multi-disciplinary meetings across the partnership.</p>

<p>Have a strategic use of the Multi-Agency Case File Audit process to address areas of adult abuse which require scrutiny and improvement</p>	<p>As a result of a number of care homes closing and/or receiving an inadequate rating from the Care Quality Commission this year, we agreed to undertake an audit with a focus on care homes in this situation. The group was keen to understand how professionals going into the home identified and responded to quality and safeguarding issues.</p> <p>This work is ongoing.</p>
<p>Embedding the learning from SARs and DHRs</p>	<p>A safeguarding leaflet 'Safeguarding is everybody's business' designed for the public has been developed and will be launched next year.</p> <p>All learning briefings have been published and shared across organisations following the publication of Safeguarding Adults Reviews.</p> <p>A learning event was held in October 23 for all staff across the system following the publication of three Safeguarding Adult Reviews.</p> <p>A programme of learning for safeguarding adults' week was put together and delivered in November 23.</p> <p>Individual organisations within the system held their own internal learning meetings for staff.</p> <p>Our current Domestic Homicide Reviews have not yet been published but a learning briefing was developed on</p>



identifying and supporting carers as it was recognised from the reviews that this was an emerging theme.



A task and finish group was held to consider fire deaths in Shropshire and the actions that all agencies could take to reduce these. In addition to individual agency action plans a fire death learning briefing has been written and will be published next year.

## Child Safeguarding and Protection Practice Oversight Group

We said we would.....	We did (and was not able to do) .....
Achieve a reduction in the number of under 5's referred due to significant harm	<p>We saw a rise in cases of non-accidental injury of babies and those under 1 year in Shropshire, so we held four summits to take action to reduce these cases. All actions were tracked and monitored.</p> <p>We saw an increase in referrals from partners</p>



	<p>into the front door; this is progress as we started from a low referral rate.</p>
<p>Get evidence of more prevention activity taking place and more direct work with families</p>	<p>We are still seeing high numbers of cases coming to Children's Social Care who are not known to Early Help, however, there has been a significant increase in referrals to Early Help following the new front door system. This new approach involves the council's Targeted Early Help and Children's Social Care teams being based together where decisions are made about calls coming in. There has been a corresponding reduction in referrals to children's social care, however there is no material difference yet, to those that have had effective early help intervention. The restructuring of the Early Help front door was based on feedback from partner agencies and a pilot project which commenced September 2023.</p> <p>We produced a prevention campaign which signposted families to advice and support.</p> <p>Public Health colleagues undertook a systematic review of the research evidence of best practice to prevent harm, abuse and neglect. This was presented to the summit and used to inform action planning.</p> <p>We escalated the pace of transformation programs: including Early Help System; Integrated Practitioner Teams (who have consultation panels to consider children and their families) in three sites; Community &amp; Family Hubs; and the Best Start in Life program.</p>

	<p>We have seen improved throughput in Early Help.</p>
<p>Ensure learning is embedded and there is a reduction in repeated points of learning</p>	<p>We continue to work to make sure all staff across partner agencies receive safeguarding training. This applies not just to those in direct roles with vulnerable children and adults.</p> <p>Joint workshops were held with providers of domestic abuse, mental health and substance misuse services to improve integrated working and develop joint working protocols.</p> <p>Partners produced learning briefings for example, Shropshire Community Health NHS Trust put in place 7-minute briefings and 'permission to pause' sessions for practitioners to review safeguarding learning; and Midland Partnership University NHS Foundation Trust used safeguarding children awareness week in June 2023 to raise awareness across its whole workforce reaching 400 staff.</p> <p>We held a practitioner learning event on 13th November about professional curiosity, where practice and examples were shared.</p>
<p>Demonstrate evidence that the voice of child has influenced outcomes</p>	<p>Learning and Skills shared the learning and recommendations from the summit with all schools and early years settings, including policy and safeguarding training for all staff.</p> <p>An audit carried out in Children's Social Care shows that the voice of the child is heard in</p>

	child protection planning and there is evidence of it informing plans.
Ensure ongoing review of local data to understand patterns and trends in our children and ensure our actions are achieving positive outcomes	There is continued surveillance of the data on contacts and referrals of 0-4s into the front-door. Public Health are developing a Children and Young People's needs assessment which will include a focus on the early years of children's lives.

### Community Safety Practice Oversight Group

<b>We said we would.....</b>	<b>We did (and was not able to do) .....</b>
Gather and share hate crime resources with schools in Shropshire	Schools across Shropshire are offered hate crime session delivered by the Youth Engagement Team, however not all schools took this up, but those that have, report that they have been happy with the input.
<p>Convened a task and finish group to develop a multi-agency crime and disorder profiles for anti-social behaviour, offending behaviour (including reoffending) and hate crime; that goes beyond the core Community Safety core dataset and specifically identifies:</p> <ul style="list-style-type: none"> <li>• What types of anti-social behaviour, offending</li> </ul>	Work is still ongoing in this area however we have agreed what partnership data we'd like to use on offending from Probation and youth justice, Integrated Offender Management and Anti-social behaviour case reviews (numbers and themes). Office of the Police and Crime Commissioner analysts have provided an overview of Shropshire crime profiles on a quarterly basis.

<p>behaviour and hate crime are happening</p> <ul style="list-style-type: none"> <li>• Who is experiencing this</li> <li>• Who is causing this</li> <li>• Where in Shropshire this is happening</li> <li>• How Shropshire performs against other authorities.</li> </ul>	
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### Children's Statutory Case Review Group

We said we would.....	We did (and was not able to do) .....
Provide learning resources to authors of initial scoping forms, chronologies and agency reports particularly around analysis of practice and identifying learning, to include the rapid review process.	Changes have been made to the scoping forms and a good practice example of how to complete a scoping form has been shared with partners. There is a webinar under development but due to the number of on-going case reviews there is not currently the capacity in the Business Unit to complete the webinar. The quality of scoping forms has improved.
Monitor action plans from statutory case reviews through action planning meetings with the aim of completing them within 3 months.	All rapid reviews and Local Child Safeguarding Practice Reviews undertaken in 2023-2024 have had action planning meetings arranged. Action planning meetings were also arranged for previous reviews and old action plans have now been closed. Our action planning template has been revised to ensure actions are smarter and impact can be evidenced more effectively. We still struggle to close

	<p>action plans down within our target of 3 months due to operational pressures faced by partners having an impact on their ability to attend meetings fully prepared. This is being addressed to ensure the plans can be completed within the time frame. We hope to be able to report our progress in our next report.</p>
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### Adult's Statutory Case Review Group

We said we would.....	We did (and was not able to do) .....
<p>Need to ensure the risks for people affected by suicide as a result of experiencing domestic abuse are better understood  <a href="https://www.vkpp.org.uk/vkpp-work/domestic-homicide-project/recommendations-domestic-homicides-and-suspected-victim-suicides/">(https://www.vkpp.org.uk/vkpp-work/domestic-homicide-project/recommendations-domestic-homicides-and-suspected-victim-suicides/)</a></p>	<p>The group reviewed the research and the risk factors for suicide by those exposed to domestic abuse. This has led to a learning briefing being produced and a series of learning events, including one held by Midlands Partnership University NHS Foundation Trust where front-line staff have been asked to help identify when any of their service users are living with these risk factors. It has also been used to inform the new suicide prevention strategy.</p>
<p>Look at ways to ensure there is real learning and genuine change as the result of statutory case reviews</p>	<p>The Business Unit that supports the Partnership has developed a new approach to embedding the learning having received the recommendations following a statutory case review. The new process involves a meeting with all the agencies involved facilitated by the Business Unit. The agencies meet</p>

	together, question their own and each other's practice and report how their actions have changed their practice.
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## Local Domestic Abuse Partnership Board

We said we would.....	We did (and was not able to do) .....
Re-look at our Domestic Abuse Local Partnership Board membership to make it more effective, so we worked on this during 2023/2024. This was a recommendation from the Domestic Abuse Needs Assessment which was completed in 2022	<p>We revamped our Domestic Abuse Group and re-launched as the Domestic Abuse Local Partnership Board and created a new Terms of Reference.</p> <p>We set up a new level of strategic membership.</p> <p>We held monthly meetings until September 2023 to establish a foundation for the group which looked to be effective in making the change and agreeing a new direction. However, the Boards effectiveness has not been sustainable as members are now delegating the responsibility further down their organisation or service, so representatives are not able to make decisions. Rarely are the right level of statutory partner in the room and as such, strategic decision making has become more difficult.</p>
Write a Domestic Abuse strategy.	The draft Domestic Abuse strategy was ready to go out for consultation, but it was felt as the Needs Assessment was

	due to be updated in 2024, we would launch it after this review. It will be a priority for 2024-2025.
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## Tackling Drug and Alcohol Misuse Group

We said we would.....	We did .....
Produce a refreshed Tackling Alcohol and Drugs Action Plan with new success statements in line with the national <i>From Harm to Hope</i> Drugs Strategy	<p>Partners worked together to develop a new strategic action plan and to agree success statements and performance measures around three key themes linked to the national strategy:</p> <ul style="list-style-type: none"> <li>• Breaking the Drugs Supply</li> <li>• Delivering a world class treatment and recovery system</li> <li>• Achieving a generational shift in the demand for drugs.</li> </ul> <p>We made sure the plan also addressed the recommendations from the Joint Strategic Needs Assessment for drugs and alcohol.</p> <p>We deferred updating our local strategy until 2024-25.</p> <p>We ensured that the voice of lived experience is present in our partnership meetings to aid the development and delivery of our action plan, and Shropshire Recovery Partnership established a lived experience forum.</p> <p>We worked with the Office of the Police Crime Commissioner to support the work of</p>

	the Combatting Drugs Partnership across Shropshire, Telford & Wrekin.
Continue to work together to reduce the availability of drugs in our communities, and reduce the harms associated to our communities by drug supply.	<p>West Mercia Police continued to work hard to disrupt County Lines and Organised Crime Groups across Shropshire leading to significant reductions in the number of County Lines and arrests of criminals.</p> <p>We have jointly purchased a surveillance system with Telford &amp; Wrekin local authority, to monitor drug or alcohol deaths and suicide deaths. This allows a more immediate review of potential risk within the community related to specific groups of people, emerging themes or geographical areas to undertake appropriate preventative action through our partnership groups.</p> <p>We monitored our communities access to new or emerging drugs, or drugs presenting significant harm to our population based on local and national intelligence and local and national alerts. During the year, partners worked together to respond to incidents including the national threat in relation to nitazenes.</p> <p>We re-established the process for reviewing deaths due to drug use to help us to identify themes and trends so that actions and learning for the health, social care and criminal justice system could be identified.</p> <p>We continued to strengthen partnership working to protect children and young</p>



	<p>people from harms through drug and alcohol use, and from exploitation.</p> <p>We engaged in the consultation for the Statement of Licensing Policy 2024-29.</p>
<p>Further enhance and improve our drug and alcohol treatment and recovery system for Shropshire, in line with the aspirations of the national strategy to deliver a world class treatment and recovery system.</p>	<p>We secured over £1.5m of additional funding from Office for Health Improvement and Disparities<sup>[1]</sup>, to develop a multidisciplinary team to work with people who are homeless, rough sleeping, or are at risk of homelessness with drug and alcohol needs.</p> <p>We also received an additional grant from the Office for Health Improvement and Disparities, which enabled us to strengthen our criminal justice drug and alcohol treatment team. It has helped to enhance our commissioning and intelligence function and work towards improving our engagement of people with lived experience. We want to continue to develop our recovery offer to support people to maintain their recovery, post treatment.</p> <p>Drug Intervention Programme funding from the Office of the Police and Crime Commissioner continues to contribute to the local criminal justice team within Shropshire Recovery Partnership<sup>[2]</sup>. The team enhances the engagement of offenders where drug and alcohol misuse is a factor in their</p>

<sup>[1]</sup> Working to improve the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.

<sup>[2]</sup> An organisation supporting people who have drug and alcohol misuse issues.

	<p>offending behaviour. Services offered include arrest referral, assessments for community sentencing, continuity of care and integrated offender management, working closely with probation, police and prison services.</p> <p>Shropshire Recovery Partnership continued to deliver positive outcomes for children and young people receiving treatment services. They worked proactively with Shrewsbury College throughout this year.</p> <p>We secured new premises for our community drug and alcohol services in Shrewsbury that will provide an improved experience for clients using these services.</p> <p>We re-established treatment hubs across the county improving access for people.</p> <p>Following additional funding from Office for Health Improvement and Disparities, Enable<sup>[3]</sup> was able to offer individual placement and support services to people with substance misuse, to help them into paid employment as part of their treatment and recovery plan.</p>
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## Tackling Exploitation Group

We said we would.....	We did (and was not able to do) .....
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<sup>[3]</sup> A specialist mental health employment service, Enable has since expanded to include employment services for all disability groups.

<p>Develop a multi-agency profile that:</p> <ul style="list-style-type: none"> <li>· Identifies what types of exploitation are happening</li> <li>· Who is harmed by exploitation</li> <li>· Who is posing a risk of exploitation</li> <li>· Where in Shropshire exploitation is happening</li> <li>· Benchmarks Shropshire against other authorities</li> </ul>	<p>Numerous reviews of the data sets contributing to this were carried out with task and finish groups set up. This work has now been picked up as part of a system wide review of data collation aligned to success statements and while not complete is in progress.</p>
<p>Set up a serious youth violence task and finish group to work on what could be included to contribute to West Mercia Wide Serious Youth Violence Strategy, specifically: data and awareness raising to multi-agency partnership (inc. schools), young people, families and the public.</p>	<p>Key partners engaged in the West Mercia Serious Violence Duty consultation.</p>
<p>Conduct a multi-agency case file audit on adults experiencing exploitation.</p>	<p>This is in the planning stage but has not progressed due to capacity issues.</p>
<p>Set up a task and finish group to explore transitional safeguarding and ensure there is an adequate local response to transitional safeguarding in the context of exploitation; taking into consideration the Bridging the Gap report.</p>	<p>We have lost traction on this due to changes in personnel. It is superseded by work being progressed in Shropshire Council by their learning and development lead.</p>
<p>Produce an electronic learning resource to raise awareness of</p>	<p>This has been done and can be found on our website <a href="#">here</a>.</p>

right-wing extremist activity including symbols to be aware of and give the clear message it is all to be taken seriously.	
Arrange a series of focus groups with children and adults (including those with care and support needs) who have been involved in Exploitation to find out from their point of view, what works for them.	This has been completed with children but is still in the planning stages for adults, due to changes in staffing within adult social care.
Ask Statutory Partners to ensure their PREVENT training is mandatory.	<p>All partners have been tasked with this, but establishing this in training regimes has proved challenging.</p> <p>It has been raised at a senior level for resolution and is underway.</p>
Set up a simple local reporting pathway, so that staff can report Prevent intelligence incidents and submit (if available) photographs to local counter-terrorism police. This pathway should be circulated across relevant agencies. The issue can be tracked by the standing agenda item at each meeting for Problem Solving to identify and track any such reporting.	Pathway is in existence and awaits confirmation from counter terrorism police prior to adding to website.
Use our Prevent standing agenda item to encourage key partner agencies to report any emerging concerns or issues about emerging narratives or influencers.	This is complete and was reinvigorated following our Counter Terrorism Local Profile presentation. This now happens at every other meeting.

## Strategic Governing Group

Our senior Key Partners met 11 times during this year. The achievements and decisions of this group include:

- Early preparation for implementing Working Together 2023.
- Undertaking an audit about our compliance with our Community Safety Partnership statutory duties. We were not compliant in one area only, *'The Partnership reports at least once a year to a Crime and Disorder Committee to review or scrutinise decisions made.'*
- Discussing the implications of West Mercia Police bringing in its Most Appropriate Agency Policy. As it could have significant impact on partners, we agreed there would be regular meetings between the police and council's Delegated Safeguarding Partners.
- Discussing concerns about agency responses to people in mental health crisis. This has resulted in us undertaking a multi-agency case file audit to better understand what needs to be done to improve the response people are getting.
- Worked with the Police and Crime Commissioner to jointly agree and fund a Safer Communities Project for Shropshire which includes strengthening our response to child exploitation and anti-social behaviour.
- Having a presentation from Shropshire Fire and Rescue Service about a thematic review of fire deaths in 2022-23. This resulted in agreeing the production of a learning briefing to help the workforce to understand more about to prevent fire deaths.
- Receiving regular updates about Serious Organised Crime.
- Convening urgent multi-agency operational meetings to respond to:
  - **The River Severn dangers for young people** - During the summer the warmer weather saw young people using substances at the riverside in Shrewsbury placing them at

risk, particularly those who chose to use areas that are more difficult for emergency services to access. Detached youth workers and other partners worked with young people about harm reduction messages to keep our young residents safe from preventable harms.

- **Local intelligence regarding drug use by adults with concerns about overdoses and hospitalisations** – these concerns were managed by partners in line with incident management protocols, with an increase in:
  - safe and well outreach visits,
  - targeted promotion of harm reduction messages and harm reduction packs across the County, and
  - promotion and delivery of naloxone training in line with national guidance.
- **Concerns about refugees potentially being exploited at The Lion Hotel** - An action plan was developed and overseen by Shropshire Council's Head of Housing.

We called a Children's Safeguarding Summit in May 2023 due to concerns that in the previous two months there were five serious cases of non-accidental injury of babies in Shropshire leading to three Rapid Reviews. Our aims included:

- Improve the outcomes for our children and young people across Shropshire.
- Explore what individual agencies can do differently to prevent serious and significant harm in a timely way.

Four meetings were held in total, with between 30-45 partners at each meeting. Some of our achievements include:

- A higher proportion of referrals from health resulting in 547 enquiries.
- A pilot between the Early Help Team and Public Health Nursing Service working to develop a targeted 0-4 years early help offer.
- Improved discharged planning guidance from the neonatal unit.
- A prevention campaign which signposts families to advice and support.

- A health triage meeting leading to an increase in health contacts noted for 0–4-year-olds from midwifery.

The areas we have not been able to progress are:

- Our partnership budgetary decisions and the funding. Whilst we recognise our business management function is currently not sufficiently resourced to fully support our single governance structure, we hope that we will be able to resolve this during the next financial year.

Due to our budgetary position, we have commissioned fewer independent authors and asked our Development Officers to take on writing some of our statutory case reviews. This additional responsibility has meant they have not been able to provide support to our practice oversight groups.

- Having oversight of regular data reports. In August, we had data on our agenda and recognised that there were significant problems gathering the data we wanted. We had two presentations from:
  - council colleagues about PowerBi and how that can help us understand our data.
  - West Mercia Police analyst colleagues about how producing multi-agency problem profiles can help us understand what is happening.

We agreed two things:

- we want to use both approaches
- we want to start again with our data collection and asked the chairs of all groups in our structure, to agree what their minimum data sets should be.

We hope that we will be able to report more positively in our next report.

- We have had to make the difficult decision to stop providing a training programme under the banner of the partnership due to budget pressures. The Partnership's focus will be on providing

multi-agency learning events that will take place focusing on the lessons we learn from our statutory case reviews. We will keep this decision under review.

## Our budget

The total budget for the partnership is £410,240.00. Our Key Partner contributions are outlined in the table below.

Description	2022/23 % of expected income	2022/23 value	2023/24 % of expected income	2023/24 value
Council contribution	51%	£234,580.00	57%	£234,580.00
Shropshire, Telford & Wrekin Integrated Care Board	21%	£96,420.00	23%	£96,420.00
West Mercia Police & Crime Commissioner	14%	£63,543.00	15%	£63,540.00
West Mercia Police & Crime Commissioner (additional grant for CSP function)	N/A	N/A	2%	£10,000
Shropshire & Wrekin Fire Authority	1%	£3,070.00	1%	£3,070.00
National Probation Service	0%	£868.00	0% (.2%)	£870.00
<b>Total Key Partners' Contributions</b>	<b>87%</b>	<b>£398,481.00</b>	<b>98%</b>	<b>£408,480.00</b>

We also have other sources of income from:

- Local colleges
- Dedicated Schools Grant
- West Mercia Youth Justice Service
- Income from running training sessions

This amounts to approximately £19,180.00.



Anything above what we require, goes into our reserves pot. This pot of money is predominantly used for commissioning independent authors for statutory case reviews.

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

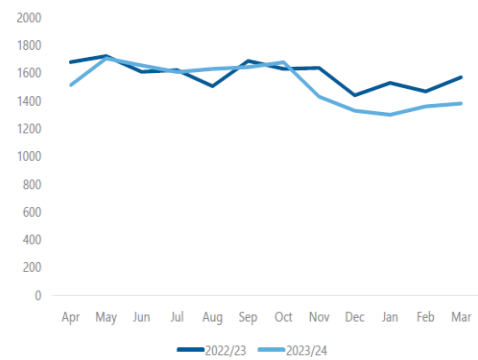
The information below explains crime and safeguarding in Shropshire. When reading this information, it's important to remember that Shropshire remains a safe place to live.

The information about crime comes from a report produced by partnership analysts working with the Police and safeguarding information is provided by Shropshire Council. We thank them for allowing us to share their work.

### **Total Recorded Crime**

# Total Recorded Crime

Total recorded crime 12-month trend 2022/23 vs 2023/24



Ten wards with the highest volume of total recorded offences in 2023/24

Ward	Total	Percentage
Quarry and Coton Hill	1,459	8%
Oswestry South	860	5%
Bayston Hill, Column and Sutton	744	4%
Harlescott	623	3%
Castlefields and Ditherington	612	3%
Battlefield	592	3%
Whitchurch North	560	3%
Ludlow North	546	3%
Oswestry East	497	3%
Wem	460	3%

- There were 18,216 offences, a 5% (n=864) decrease compared to the previous year. The greatest volume of offences were in violence without injury (15%, n=2,701), this was a 1% (n=32) decrease when compared to the previous year. 10% (n=257) of these offences were committed in Quarry and Coton Hill Ward.
- Stalking and harassment had the second greatest volume (13%, n=2,294) however this was a 17% (n=457) decrease when compared to the previous year.
- Shoplifting offences increased by 46% (n=718) compared to the previous year, the largest numerical increase of all offence types. This is a trend seen nationally and therefore is not unique to Shropshire.

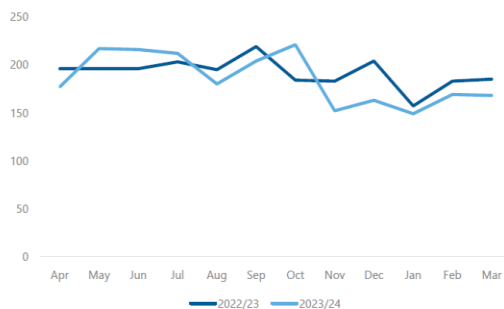
## Violence with Injury

OFFICIAL

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### Violence With Injury

Violence with injury offences 12-month trend, 2023/24 vs 2022/23



- 2,228 violence with injury offences were recorded in 2023/24. This was a 3% (n=73) decrease compared to the previous year.
- The greatest volume of offences were recorded as assault with injury (91%, n=2,028), a decrease of 5% (n=96) compared the previous year.
- 11% (n=226) of all assault with injury offences in Shropshire were committed in Quarry and Coton Hill Ward.

Ten wards with the highest volume of violence with injury offences in 2023/24

Ward	Total	Percentage
Quarry and Coton Hill	248	11%
Oswestry South	103	5%
Market Drayton West	77	3%
Wem	71	3%
Oswestry East	70	3%
Church Stretton and Craven Arms	66	3%
Whitchurch North	66	3%
Castlefields and Ditherington	64	3%
Harlescott	57	3%
Sundorne	54	2%

Violence with injury offence type breakdown with % change, 2023/24 vs 2022/23

Offences	2023/24	2022/23	Numerical Change	% Change
Assault with injury	2,028	2,124	-96	-5%
Assault with intent to cause serious harm	123	118	5	4%
Assault with injury on a constable	31	24	7	29%
Race or religiously aggravated assault with injury	16	13	3	23%
Death or serious injury by dangerous driving	12	9	3	33%
Endangering life	6	6	0	0%
Attempted murder	5	5	0	0%
Assault with injury on an emergency work	4	1	3	300%
Death by careless or inconsiderate driving	2	0	2	N/A
Death by careless driving drink and drugs	1	0	1	N/A
Causing death by aggravated vehicle taking	0	1	-1	-100%
<b>Grand total</b>	<b>2,228</b>	<b>2,301</b>	<b>-73</b>	<b>-3%</b>

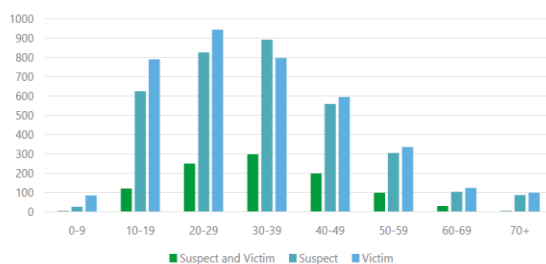
## Serious Violence

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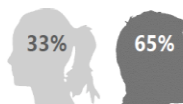
### Who is at Risk of Serious Violence?

Nominal Role and Age

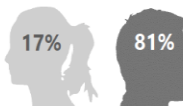


Age	Suspect and Victim		Suspect		Victim	
	Female	Male	Female	Male	Female	Male
0-9	42%	58%	50%	50%	40%	60%
10-19	41%	59%	14%	86%	62%	38%
20-29	34%	66%	18%	82%	45%	55%
30-39	24%	76%	12%	88%	36%	64%
40-49	22%	78%	11%	89%	30%	70%
50-59	30%	70%	16%	84%	44%	56%
60-69	46%	54%	40%	60%	50%	50%
70+	43%	57%	16%	84%	63%	37%
Total	34%	66%	15%	85%	48%	52%

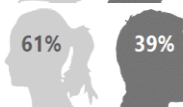
Been both suspect and victim



Suspect



Victim



- Men are nearly twice as likely as women to be a victim of violent crime and among children, boys are more likely than girls to be victims of violence. Source: [Men and Boys Coalition](#)
- However, Shropshire crime data shows that suspects and those who have been a suspect and a victim are most likely to be male, and victims are most likely to be female. This is highly likely due to the presence of domestic abuse. When domestic abuse offences were removed from the data, females still accounted for the majority of victims (53%, n = 1,012).
- Male victims of serious violence including domestic abuse and sexual violence may be less likely to come forward due to the stigma within society and this under reporting leads to an under representation of the issue.
- Suspects, victims and those who have been both a both suspect and a victim are most likely to be aged between 10 and 19 years old (35%).

## Who is at Risk of Serious Violence?

### Nominal Role and Self Defined Ethnicity

17% of offences (n = 1,520) had no ethnicity stated and have been removed from the table

Ethnicity - Self Defined	Suspect and Victim	Suspect	Victim	Total
White British	782	2,516	2,448	5,746
Any Other White Background	13	50	49	112
Any Other Black, Black British or Caribbean Background	4	13	4	21
Any Other Asian Background	5	15	15	35
Indian	4	19	12	35
Gypsy or Irish Traveller	3	12	9	24
White Irish	3	8	7	18
White And Black Caribbean	5	9	6	20
Any Other Mixed or Multiple Background	0	13	0	13
Black Caribbean	1	3	6	10
Any Other Ethnic Group	5	7	7	19
Black African	5	3	5	13
Bangladeshi	0	5	3	8
Pakistani	1	5	4	10
Chinese	1	4	4	9
White And Asian	1	3	5	9
White And Black African	5	2	2	9
Arab	1	1	0	2
<b>Total</b>	<b>833</b>	<b>2,688</b>	<b>2,586</b>	<b>6,107</b>

Ethnicity is under recorded within police data and may not reflect the true picture of the victim and suspect demographics in relation to serious violence. In this instance 17% of offences (n = 1,520) had no ethnicity stated and have been removed from analysis.

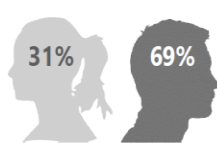
Overall, 3% (n = 200) of victims, suspects and those who had been a suspect and a victim were of a BAME (black, Asian, and minority ethnic) background. 4% (n = 102) of all suspects were from a BAME background and 3% of victims (n = 73). This compares to 3.2% of Shropshire overall population being from a BAME background as of the 2021 census.

Source: Shropshire Serious Violence Monitoring Agreement 2022. Data data covers 01 September 2020 - 31 August 2023

## Who is at Risk of Serious Violence? – Accident & Emergency Data

According to Shrewsbury Royal A&E data between 01 September 2022 and 31 September 2023, there were 352 attendances at Accident & Emergency where individuals have been the victim of an assault.

### Gender breakdown



A gender breakdown shows that mostly males attended Accident & Emergency (69%, n = 244) vs 31% identifying as female (n = 108).

This shows a different picture to police data where victims are most likely female.

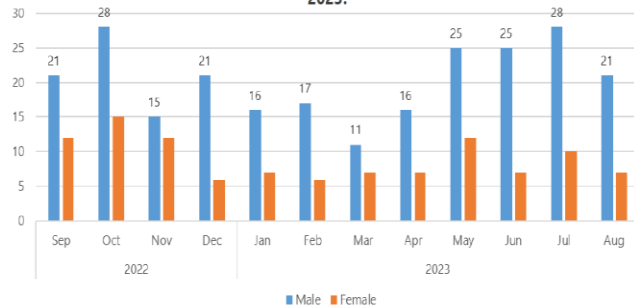
### Age breakdown

Age band	Female %	Male %
0-9	0%	1%
10-19	7%	13%
20-29	8%	19%
30-39	6%	16%
40-49	7%	11%
50-59	2%	7%
60-69	0.5%	3%
70+	1%	0.2%
<b>Total</b>	<b>31%</b>	<b>69%</b>

An age breakdown shows that mostly individuals who attended Accident & Emergency were between 20 and 29 years old (27%, n = 95).

This is also reflected within the police victim data.

### Accident & Emergency attendances for alleged assaults in Shropshire between 01 September 2022 and 31 August 2023.



Offences fluctuated throughout the year with no key identifiable trend.

October 2022 recorded most attendances (n = 43), followed by July 2023 (n = 38) and May 2023 (n = 37).

The most frequent method of violence was punch with a fist 39%, (n = 136). 7% (n = 24) of cases involved stabbing with a sharp object.

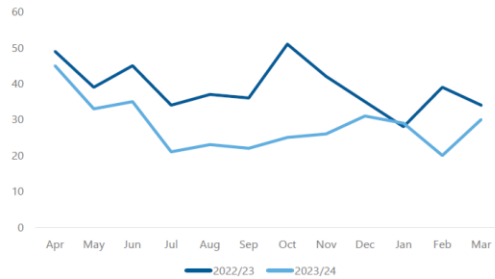
Just under half of admissions stated that alcohol or drugs were involved (48%, n = 168).

113 incidents took place on a road or pavement (32%). This was followed by living room (21%, n = 75).

## Hate Crime

## Hate Crime

Hate Crime offences 12-month trend, 2023/24 vs 2022/23



Between 01 September 2020 – 31 August 2023, **9%** of serious violence was hate related.

Source: Shropshire Serious Violence Needs Assessment 2023.

Ten wards with the highest volume of hate crime offences in 2023/24

Ward	Total	Percentage
Quarry and Coton Hill	33	10%
Bridgnorth East and Astley Abbotts	18	5%
Whitchurch North	15	4%
Battlefield	14	4%
Oswestry South	14	4%
Castlefields and Ditherington	14	4%
Bayston Hill, Column and Sutton	12	4%
Monkmoor	12	4%
Sundome	10	3%
Broseley	9	3%

- 340 hate crime offences were committed in 2023/24. This was a 28% (n=129) reduction compared to the previous year.
- All motivations for hate other than transgender had a reduction in volume compared to the same period the previous year. Transgender hate had a 10% (n=2) increase in offences when compared to the previous year.
- The greatest volume of hate crime offences were racially motivated (58%, n=196). 13% (n=25) of these offences were committed in Quarry and Coton Hill Ward, the highest amongst all wards.

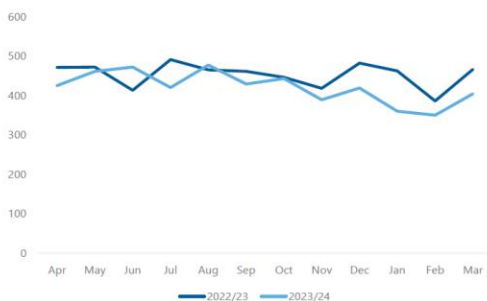
Hate strand breakdown and change, 2023/24 vs 2022/23

Offences	2023/24	2022/23	Numerical Change	% Change
Race	196	253	-57	-23%
Sexual Orientation	75	97	-22	-23%
Disability	33	49	-16	-33%
Transgender	22	20	2	10%
Faith	10	13	-3	-23%
Age	1	1	0	0%
Alternative Sub-culture	0	4	-4	-100%
<b>Grand Total</b>	<b>337</b>	<b>437</b>	<b>-100</b>	<b>-23%</b>

## Domestic Abuse in Shropshire

### Domestic Abuse (DA)

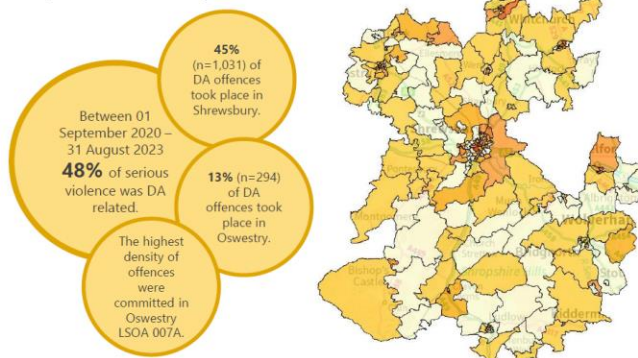
DA 12-month trend, 2023/24 vs. 2022/23



DA change, 2023/24 vs. 2022/23



Serious violence and DA – where is it happening?  
01 September 2020 – 31 August 2023



Serious violence and DA – where is it happening?  
01 September 2020 – 31 August 2023

Town	2020/2021	2021/2022	2022/2023	Change 2022/2023 vs. 2020/2021
Shrewsbury	326	356	349	7%
Oswestry	89	113	92	1%
Market Drayton	52	34	45	-13%
Whitchurch	48	42	57	19%
Bridgnorth	23	60	58	152%
Ludlow	40	31	33	-17.5%

Source: Shropshire Serious Violence Needs Assessment 2023.

## Serious violence and Domestic Abuse (DA)

01 September 2020 – 31 August 2023

DA related serious violence offences between 1 September 2020 and 31 August 2023

Offence Group	2020/2021	2021/2022	2022/2023	Change 2022/2023 vs. 2020/2021
Violence with injury	609	723	704	16%
Rape	47	71	48	2%
Other sexual offences	28	18	25	-11%
Robbery – personal	2	6	6	200%
Homicide	2	2	2	0%
Possession of weapons offences	0	2	10	300%
Violence without injury	0	0	0	0%
Burglary – residential	0	0	2	200%
Robbery – business	0	1	0	N/A
<b>Total</b>	<b>688</b>	<b>823</b>	<b>797</b>	<b>16%</b>

Source: Shropshire Serious Violence Needs Assessment 2023.

Ten wards with the highest volume of DA offences in 2023/24

Ward	Total	Percentage
Oswestry East	211	4%
Castlefields and Ditherington	190	4%
Wem	184	4%
Whitchurch North	179	4%
Quarry and Coton Hill	165	3%
Bayston Hill, Column and Sutton	149	3%
Harlescott	149	3%
Market Drayton West	146	3%
Church Stretton and Craven Arms	140	3%
Shifnal North	123	2%

Source: West Mercia Police crime dashboard, 2024

- 5,049 domestic related offences were recorded in 2023/24. This was a 7% (n=384) reduction compared the previous year.
- The greatest volume of offences were recorded as domestic abuse investigation (32%, n=1,604). Outside of this offence category, the greatest volume of domestic related offences were assault without injury (18%, n=897).
- Oswestry East Ward had the greatest volume of domestic related offences overall (4%, n=211) in 2023/24. The Serious Violence Needs Assessment 2023 showed Oswestry as having the second highest volume of serious violence offences involving DA (13%, n=294).
- Shrewsbury town had the highest overall volume of domestic-related serious violence amounting to 45% (n=1,031) of all domestic offences in Shropshire between 01 September 2020 – 31 August 2023.

## Domestic Abuse (DA)

Domestic Violence Protection Notices (DVPNs) escalated to Domestic Violence Protection Orders (DVPOs)

01 March 2023 to 29 February 2024

	DVPNs	DVPOs	% Escalated to DVPO
South Worcestershire	17	16	94%
North Worcestershire	47	40	85%
Herefordshire	39	33	85%
Shropshire	27	22	81%
Telford & Wrekin	73	51	70%
West Mercia	203	162	80%

Source: DA Deployment Performance Report Monthly Report-SPI/2024/037.

West Mercia Police Domestic Homicide Reviews January 2018 to August 2023 by calendar year

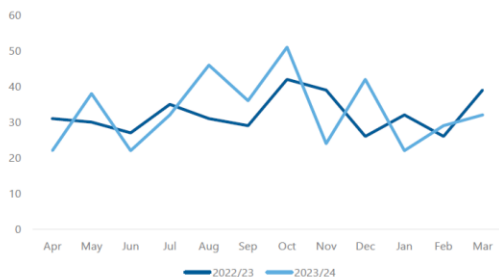
Domestic Homicides	2018	2019	2020	2021	2022	2023 (Jan - August)	Total
Shropshire and Telford	2		1	1	4	7	15
Herefordshire	2		1	1	2		6
North Worcestershire		1	1	4	1	1	8
South Worcestershire		2		3	3	1	9
<b>Total</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>9</b>	<b>10</b>	<b>9</b>	<b>38</b>

Source: Shropshire Serious Violence Needs Assessment 2023.

## Drug Offences in Shropshire

## Drugs Offences

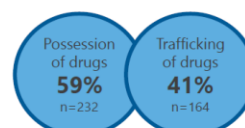
Drugs offences 12-month trend, 2023/24 vs 2022/23



- 396 drugs offences were committed in 2023/24. This was a 2% (n=9) increase compared to the previous year.
- The greatest volume of offences were trafficking of drugs (40%, n=160). This was a 6% (n=6) increase compared to the previous year.
- 15% (n=61) of drugs offences were committed in Quarry and Coton Hill Ward, with 6% (n=10) of trafficking of drugs offences occurring in this ward. This was the greatest volume of this offence type committed within a ward.

Ten wards with the highest volume of drugs offences in 2023/24

Ward	Total	Percentage
Quarry and Coton Hill	61	15%
Monkmoor	20	5%
Castlefields and Ditherington	18	5%
Bayston Hill, Column and Sutton	17	4%
Battlefield	14	4%
Shifnal South and Cosford	14	4%
Oswestry South	12	3%
Harlescott	12	3%
Whitchurch North	12	3%
Sundorne	11	3%



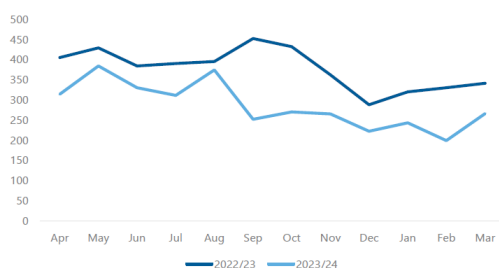
Drugs offence type breakdown and change, 2023/24 vs 2022/23

Offences	2023/24	2022/23	Numerical Change	% Change
Trafficking of drugs	160	151	9	6%
Possess of control drugs (cannabis)	141	151	-10	-7%
Possess of control drugs (ex cannabis)	90	78	12	15%
Trafficking in controlled drugs	4	6	-2	-33%
Other drug offences	1	1	0	0%
<b>Grand Total</b>	<b>396</b>	<b>387</b>	<b>9</b>	<b>2%</b>

## Anti-Social Behaviour in Shropshire

### Anti-Social Behaviour (ASB)

Anti-Social Behaviour incidents 12-month trend, 2023/24 vs 2022/23



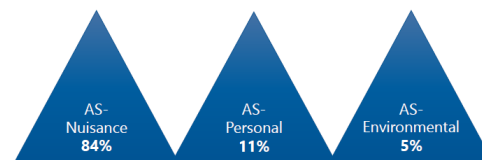
Ten wards with the highest volume of ASB incidents in 2023/24

Ward	Total	Percentage
Quarry and Coton Hill	439	13%
Bayston Hill, Column and Sutton	179	5%
Oswestry South	164	5%
Sundorne	132	4%
Harlescott	129	4%
Monkmoor	112	3%
Bridgnorth East and Astley Abbots	106	3%
Whitchurch North	106	3%
Battlefield	104	3%
Broseley	92	3%

- The highest volume of ASB was committed in Quarry and Coton Hill Ward (13%, n=439), with 14% (n=390) of AS-Nuisance offences committed in this ward.
- The greatest volume of all AS types were committed in Quarry and Coton Hill Ward in 2023/24 (AS-Environmental 13%, n=22; AS-Personal 7%, n=27).

Anti-Social Behaviour type breakdown

Offences	2023/24
AS-Nuisance	2,885
AS-Personal	369
AS-Environmental	176
<b>Grand Total</b>	<b>3,430</b>



## Prevent and Channel Panel

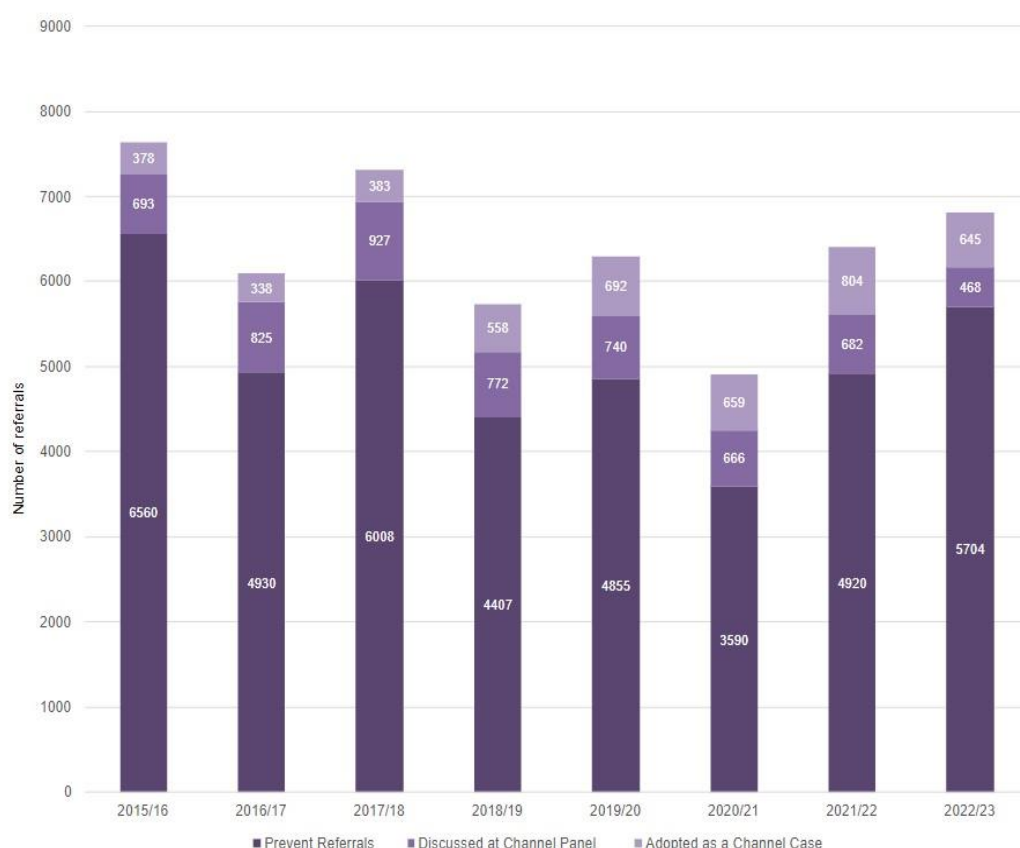
Prevent plays an important role in protecting the public from the threat of terrorism. Multiagency Channel meetings are an important part of

Prevent and the meeting is a vital tool for early intervention to prevent individuals of all ages being drawn into terrorist activity.

Nationally, in the year ending 31 March 2023, there were 6,817 referrals to Prevent. This is an increase of 6.4% compared to the year ending March 2022 (6,406). There were 645 referrals adopted as a Channel cases in the year ending March 2023. This is 159 fewer cases compared with the previous year (804).

The table below compares the activity between regions in England in Wales.

**Figure 3: Proportion of Prevent referrals adopted as a Channel case, years ending 31 March 2016 to 2023**



The ACT Early campaign seeks to raise awareness of the signs of radicalisation and where to go if you need support about someone you know. You can visit the Act Early website for more information and support (<https://actearly.uk/>).

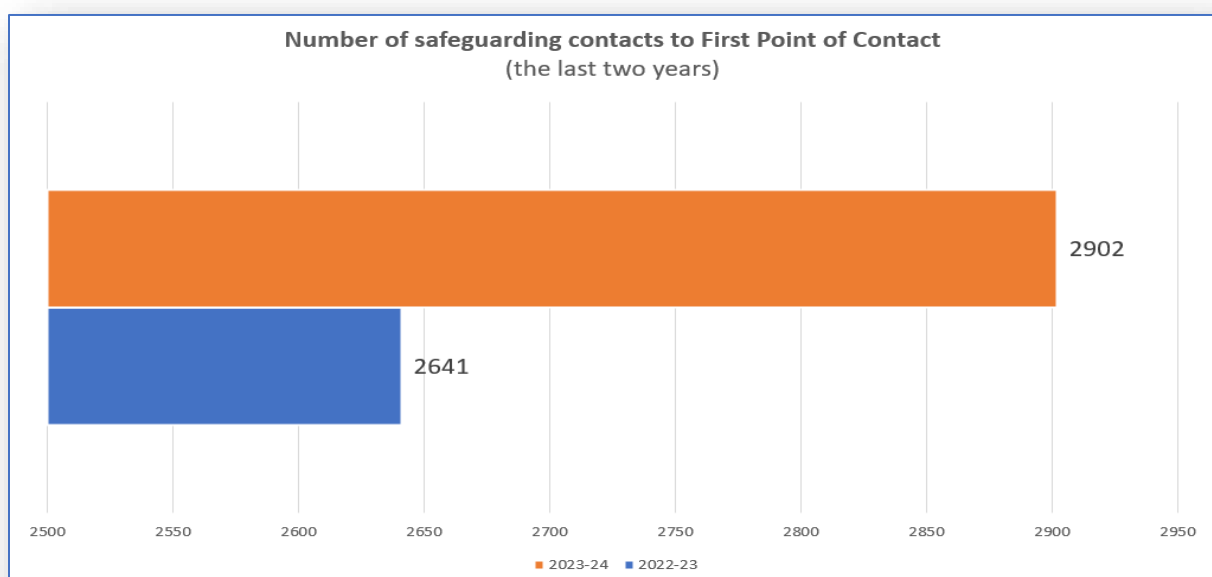


Islamist ideology remains the most serious terrorist risk to the national security of the United Kingdom. The ideology held by Islamist extremists, and the crimes committed by Islamist terrorists, are completely distinct from Islam and are overwhelmingly rejected by Muslims around the world. It is also important to note that having an Islamist ideology is not the same as following the faith of Islam.

The majority of people discussed in Channel in Shropshire have an extreme right-wing ideology. Most people are discharged from Channel when there is no identified terrorist threat.

## Adult Safeguarding

Using our local data, we can see there has been a **10% increase** in the number of safeguarding contacts to Shropshire Council's First Point of Contact Team.

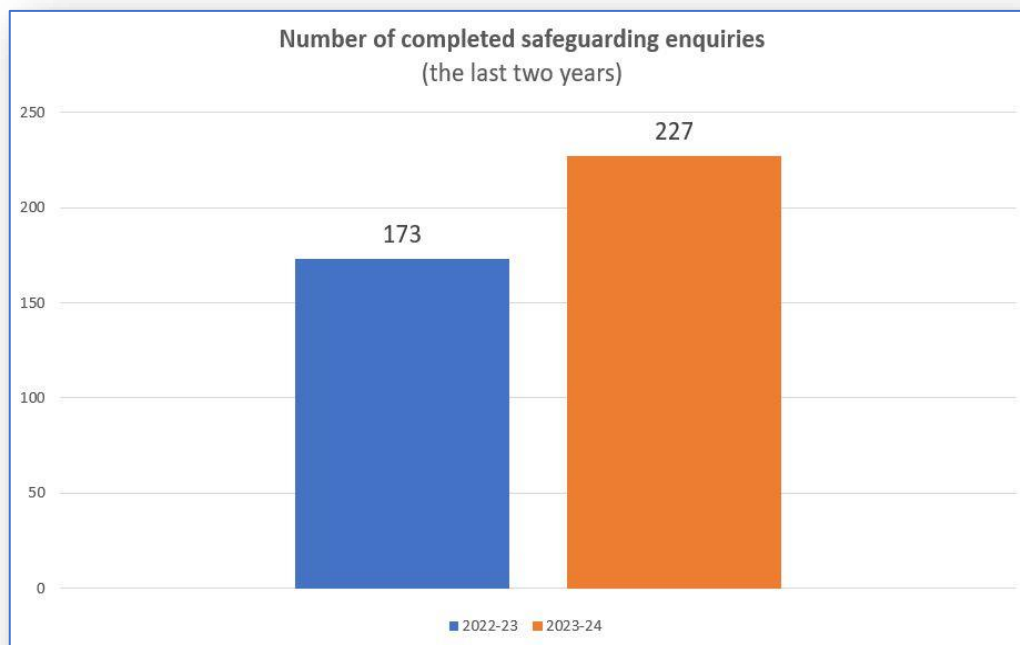


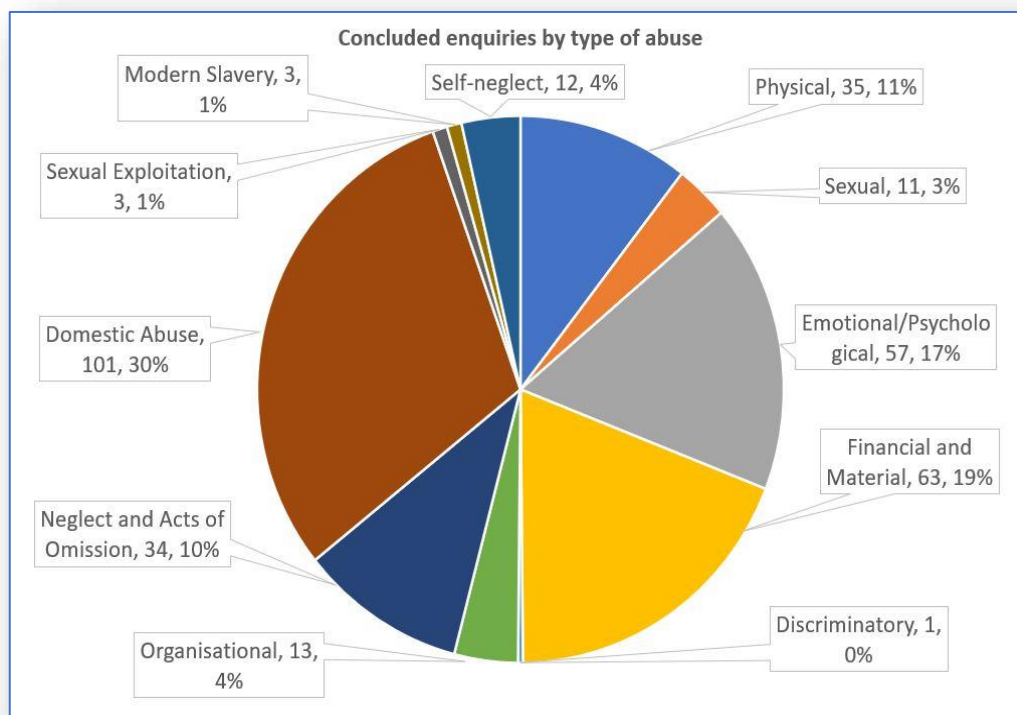
Despite an increase in the number of safeguarding contacts this year as opposed to last, the conversion rate to safeguarding concerns has **reduced by 12.2%**. This indicates that work is done at First Point of Contact to make sure that contacts are dealt with accurately and

proportionately, to ensure that people receive the appropriate help from the service best placed to help them.

The above contacts turned into 684 safeguarding concerns. Safeguarding concerns are then assessed by the Adult Safeguarding Team and 227 safeguarding enquiries were completed. This is a **31% increase** for concluded enquiries on the previous year.

The chart overleaf shows the types of adult abuse where the enquiries have been completed.



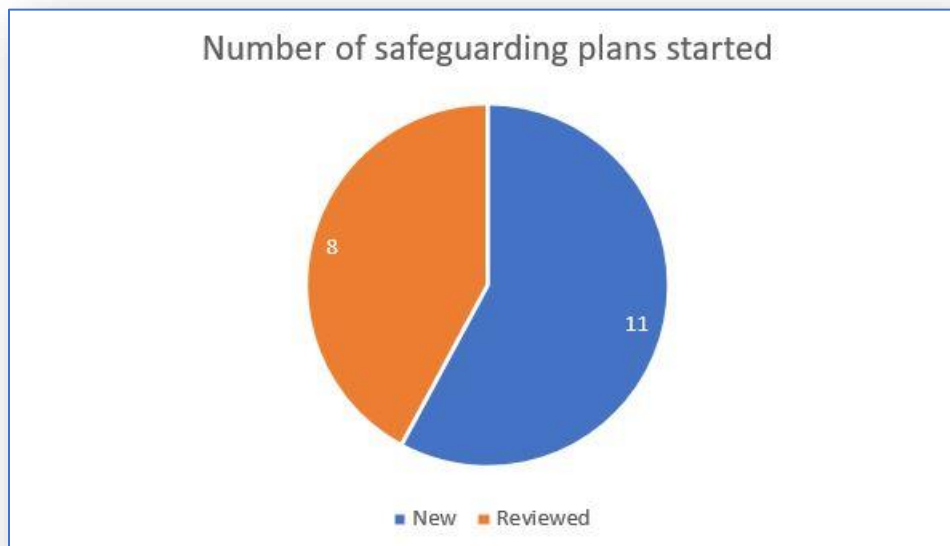


**N.B.** The higher number of types of abuse (in the chart above) than concluded enquiries shows that more than one type of abuse was happening to someone.

171 concluded enquiries related to abuse in people's own homes; 21 concluded enquiries related to abuse that happened in residential homes.

Safeguarding plans are set up if it has not been possible to make the adult safe during the safeguarding enquiry process. They are ended when the abuse or risk of abuse has ended or been reduced because of the enquiry process. Some of these plans will have started in the previous financial year.

A total of 19 safeguarding plans were started in this year; 11 were new and 8 were on-going plans where people remained unsafe.



What this tells us is, most people in the safeguarding process are helped to stay safe. The evidence for this comes from the very small number of people who end up on safeguarding plans.

216 (93%) people (or their representative) were asked what outcomes they wanted to be achieved by the enquiry. This indicates a strong emphasis on Making Safeguarding Personal which includes seeking the person's (or their representative's) views. 200 people (96%) were identified as having those outcomes achieved.

## Children in Education

Encouraging and enabling access to Early Years education provision remains a key priority to support positive social interaction, encourage communication and language skills, and wider developmental milestones at such a crucial age. We also recognise that accessing education provision is a protective factor for children and young people of any age, but particularly those with the greatest vulnerabilities.

Our high levels of Free Early Years education for 2-year-olds has been sustained at around 83% throughout the year, which is above the national average.

We have also sustained high levels of education for 3 and 4 year olds at around 96%, again above the national average. As we look towards the expansion of Early Years provision to younger ages of children in the next financial year, we look forward to enabling even more children to experience high quality early years education.

Over 98% of our providers registered on the Early Years Register are graded 'good' or 'outstanding' by Ofsted.

Work continues as a multi-agency partnership to support children and young people who are struggling to access education for various reasons, including anxiety, wider emotional, mental or physical health needs or special educational needs or disabilities.

95% of all primary schools had 0 exclusions during the Autumn and Spring term of 2023/24.

Through focussed work with school leaders and multi-agency partners, we have recently started to see an overall stabilising and decrease of permanent exclusion numbers during the Autumn and Spring term 2023/24 across the county. This also includes a reduction in exclusions for children and young people at SEND Support. We remain fully committed to reducing the suspension and exclusion rates at all phases, particularly secondary.

Work is also underway to support children and young people to successfully reintegrate back into mainstream education following permanent exclusion. The Fair Access Protocol was updated during the Autumn term 2023 to bring all secondary leaders together from January 2024, so that all secondary Headteachers were involved in the decision-making process for placing children and young people via this protocol. We encourage a greater focus on early intervention and prevention to

avoid exclusion. This work is still underway but is showing positive signs as school leaders are directly involved in developing different approaches with partners.

Whilst we continue to see higher numbers of families choosing to Electively Home Educate their child or young person, Shropshire remains broadly in line with the comparative rates for this nationally and is lower than statistical neighbours. Robust monitoring and tracking arrangements are in place to ensure statutory duties are delivered to ensure children and young people who are educated at home receive suitable education, which includes supporting and challenging families to re-access school based education provision where appropriate.

We have strengthened our approach to monitoring children and young people whose education provision is less than full time. New reporting arrangements include the expectation that all education providers confirm their use of reduced timetables, including confirming where they have no children or young people placed on a reduced timetable.

We also continue to operate strong arrangements to monitor and intervene for Children Missing Education to ensure their safety and enable them to swiftly access education provision. Our rates in Shropshire are lower than national averages and in line with statistical neighbours.

We have also seen an improvement in the percentage of 16 and 17 year old (year 12 and 13) young people Not in Education or Training (NEET). During 2023/24 we have seen these indicators reduce to their lowest levels for many years, with our numbers much better than national figures and statistical neighbours.

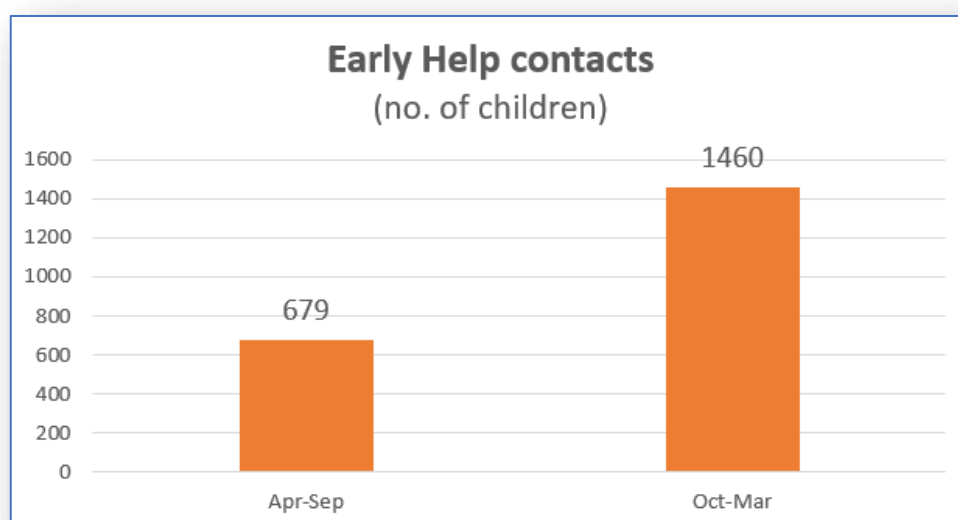
We would also like to recognise the hard work, dedication and commitment to keep children safe and improve their outcomes demonstrated by education settings and schools across Shropshire.

We all remain committed to further enhancing our focus on early intervention and prevention activity to increase stability for every child or young person accessing education, particularly those with the greatest vulnerabilities, as we recognise the protective factor education provides.

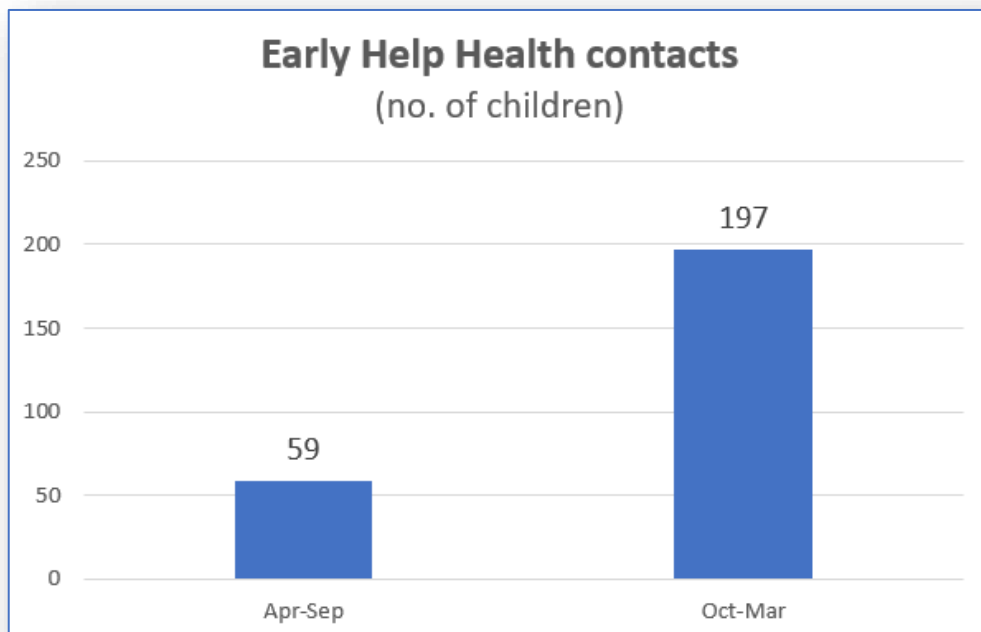
## Early Help

Due to the changes to the Early Help front door, it isn't possible to make direct comparisons with what was happening in 22/23. What remains the same is that we would prefer to see an increase in contacts to Early Help and a decrease to Children's Social Care, which would demonstrate involvement with children and families before crisis point is reached. We are pleased to report this has been achieved this year.

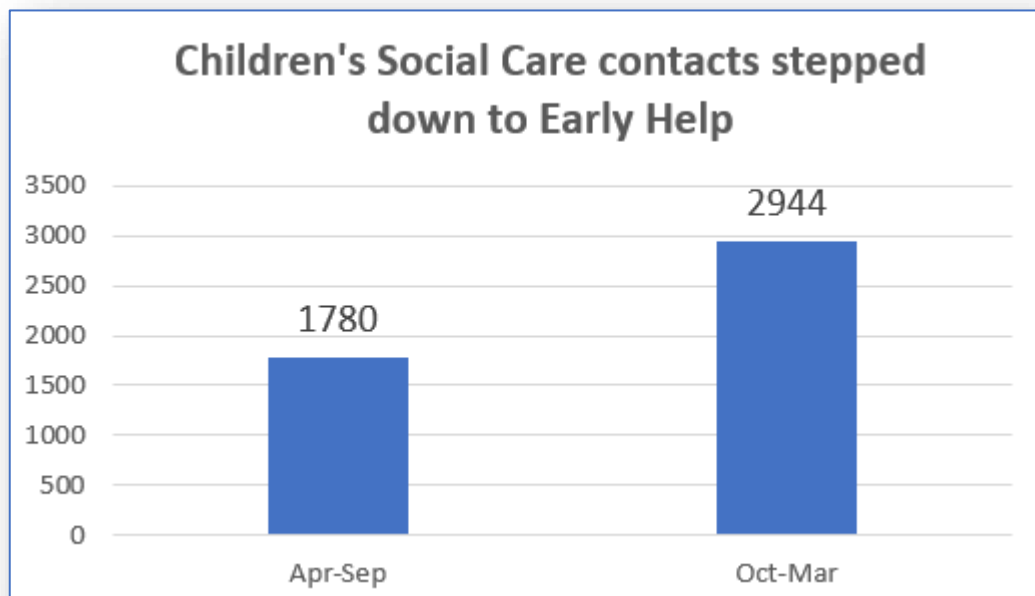
The most **significant change was in the second half of the year** following the launch of the new Early Help front door in August 2023.



In addition to the overall increase in Early Help contacts, contacts from Health providers in the second half of the year were **higher than the previous six months by over 230%**. As well as the launch of the Early Help Front door, we think this is also due to the Children's Safeguarding Summits which started in May 2023.



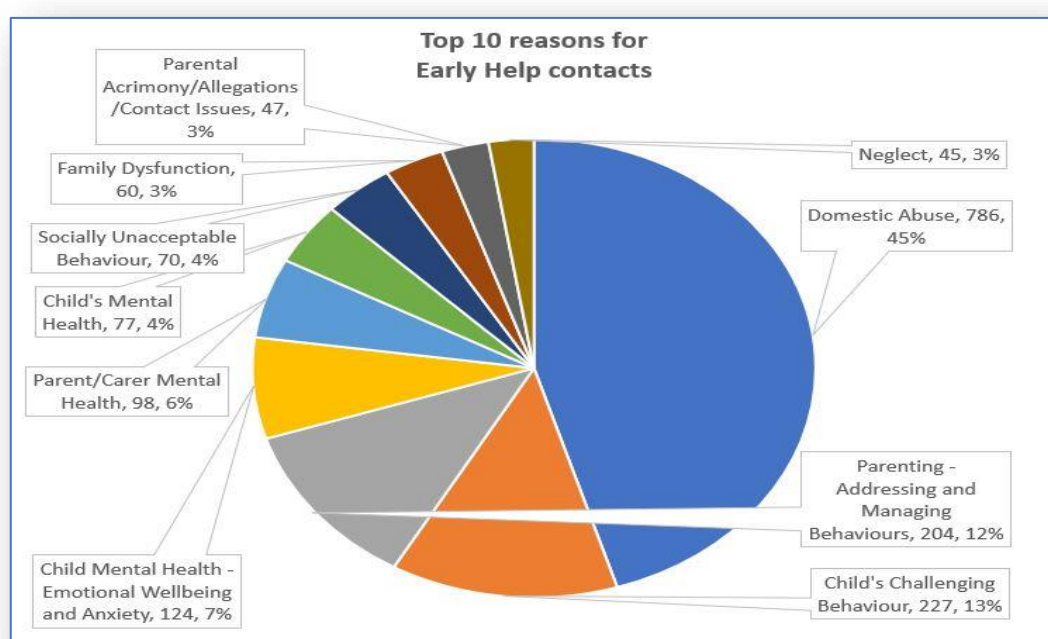
Alongside the increase in contacts to the Early Help service, the Children's Social Care front door has seen a parallel change in contacts that have been stepped down.



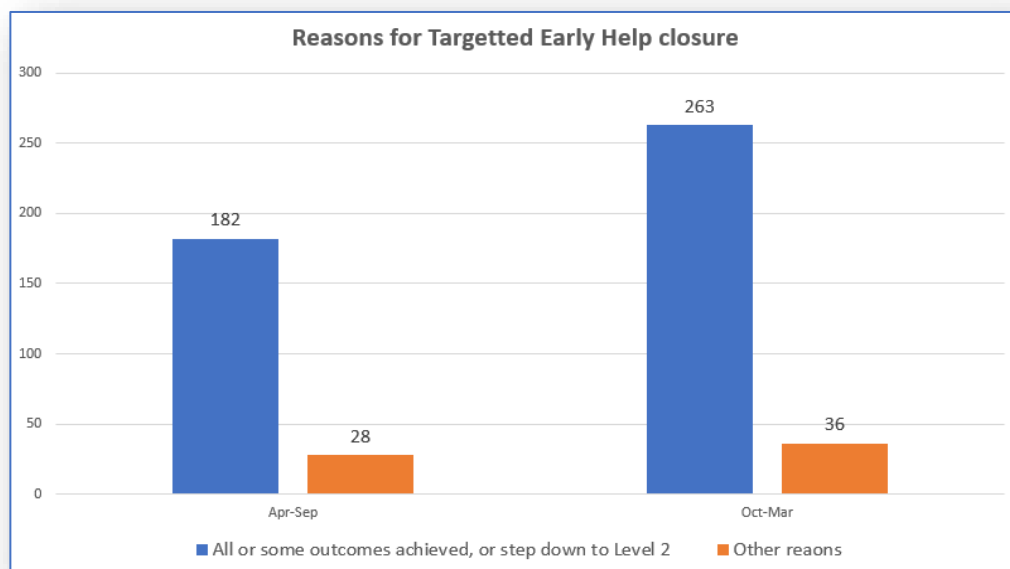


The increase in Early Help contacts have led to a decrease in Children's Social Care contacts having an outcome of 'No Further Action', meaning that while a child may not reach the threshold for Social Care intervention, the child/carers are still able to receive support at a level appropriate to their needs.

The top 10 reasons for Early Help contacts shown below account for 80% of the total contacts received in the year 2023-24.



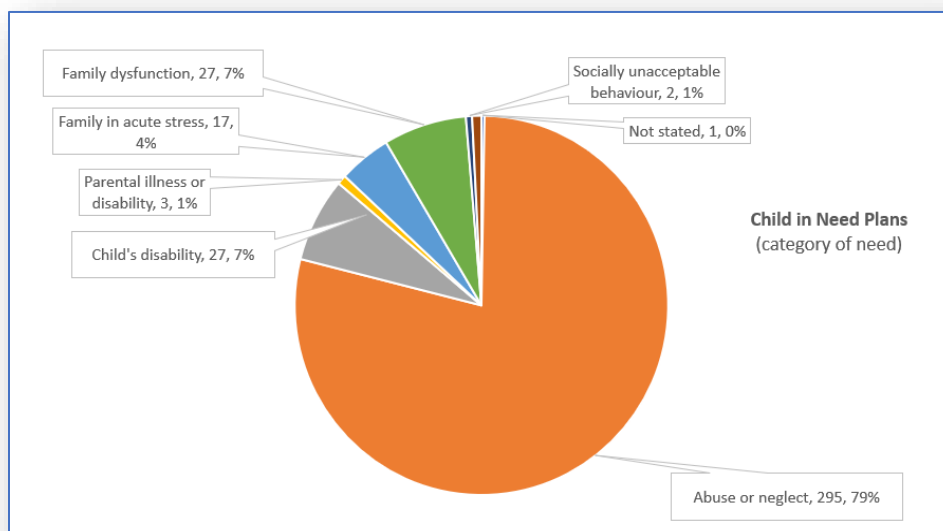
The reasons for Early Help closure is a new measure for the year 2023-24. Following the launch of the Early Help front door, the increase in positive Targeted Early Help episodes can be seen across the two halves of the year, as shown below. This is good news for children and their families as their outcomes have been met.



## Children in Need

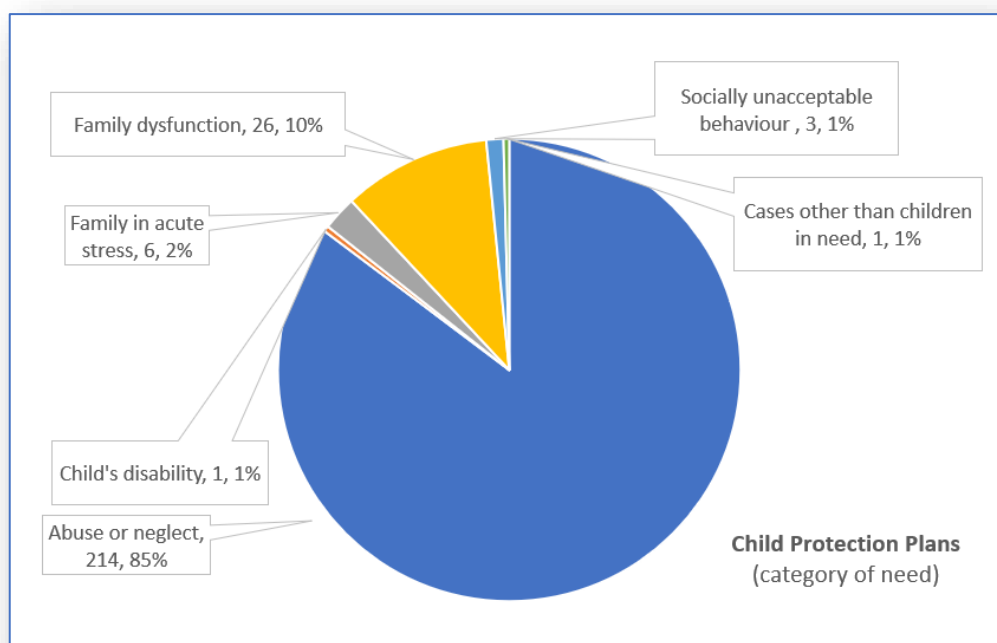
There were 11,585 contacts made to Compass this year. This is a **10% decrease** on what was reported in last year's report.

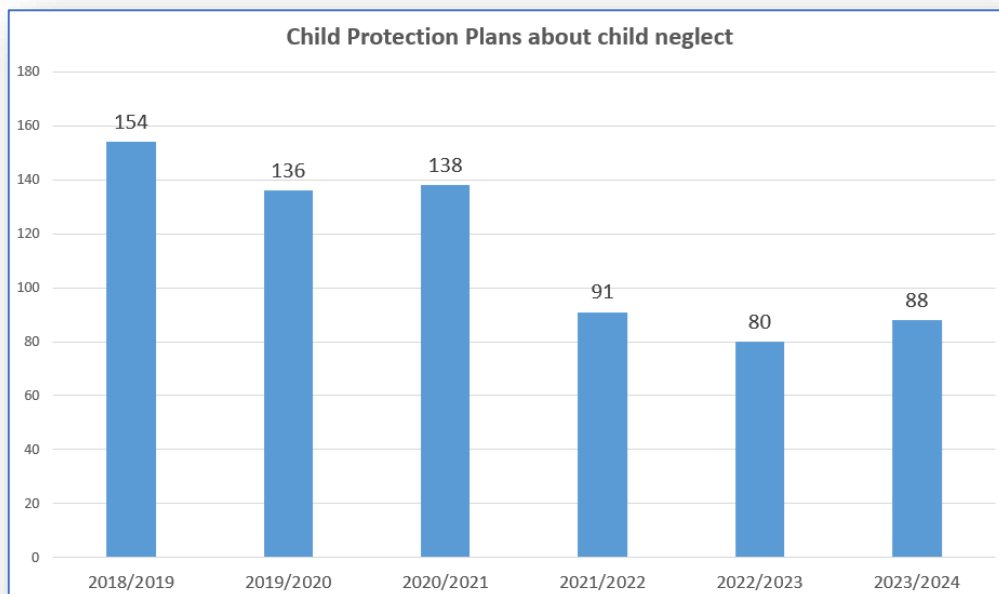
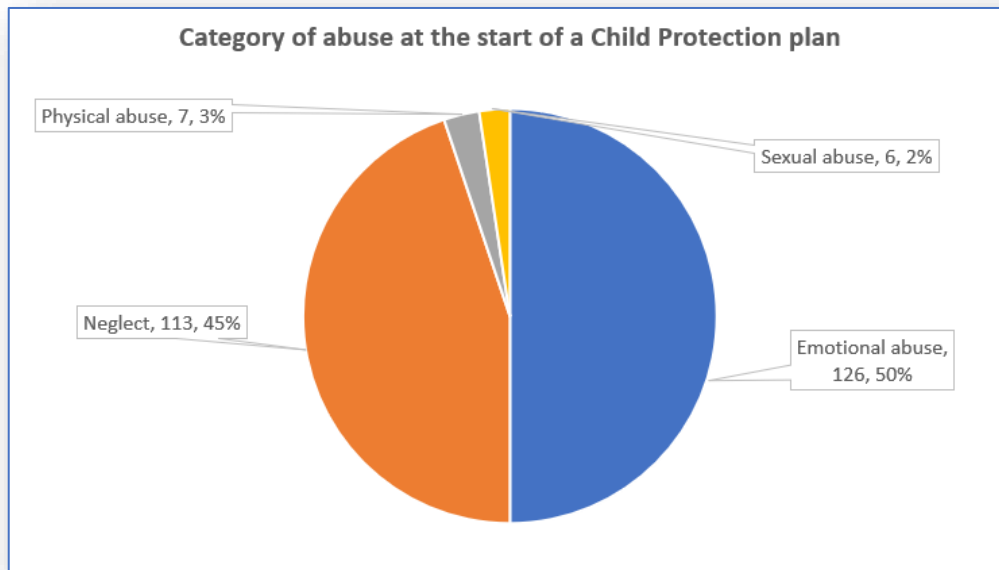
The number of children on a Child in Need Plan has **decreased by 12%** compared to the previous year. The main reason for children being on this type of plan is because a child has experienced abuse or neglect.



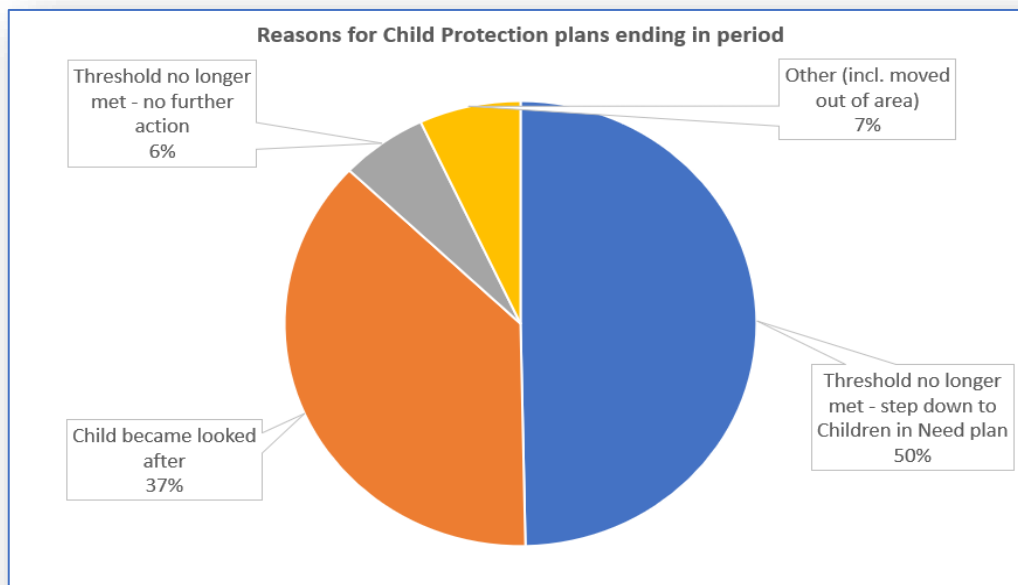
## Child Protection

The numbers of children needing a Child Protection Plan has **decreased by 24%** on the previous year. As with Child in Need Plans, the main reason for being put on a Child Protection Plan is because a child has experienced abuse or neglect, as shown in the first chart below.





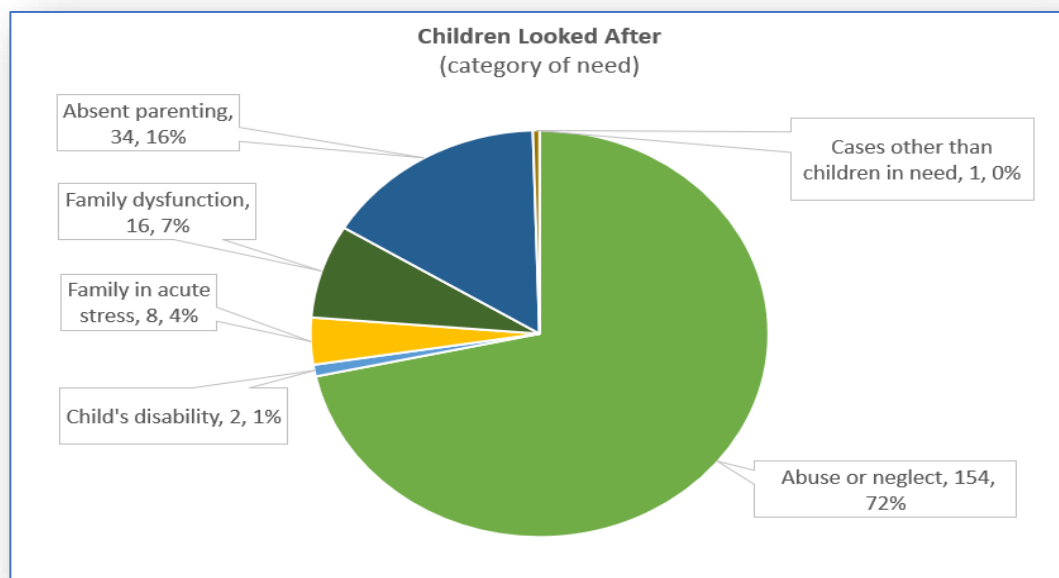
The reasons Child Protection Plans came to an end are identified in the chart below.



There were 255 Child Protection conferences (data obtained from Liquid Logic Children's Social Care system) held last year.

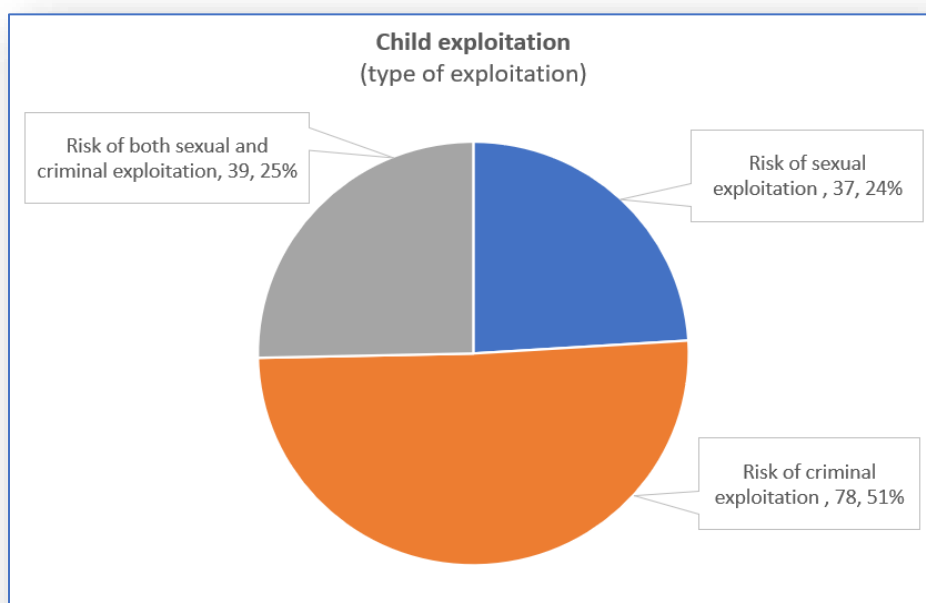
## Looked After Children

215 children became looked after during 2023/24. This is an **increase of 4%** on the year before. The reasons children become looked after is explained in the chart below, but as with Child in Need and Child Protection Plans, the main reason for a child becoming looked after is because they have experienced abuse or neglect.



## Child Exploitation

In total, there were 154 referrals relating to child exploitation during the year. This is a **reduction of 40%** compared to the previous year.

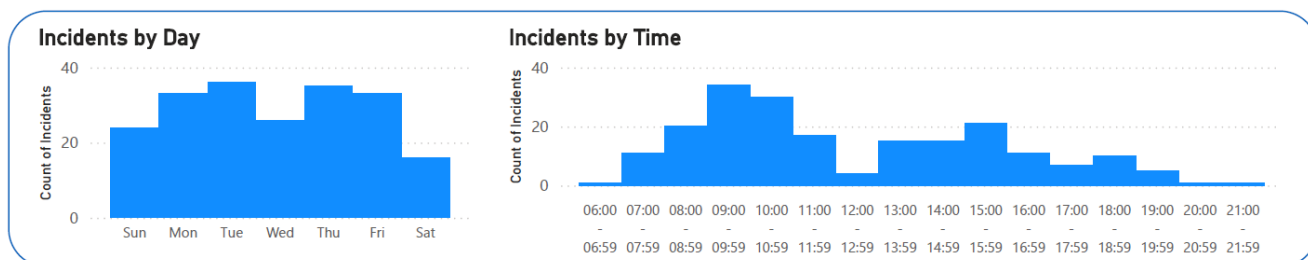
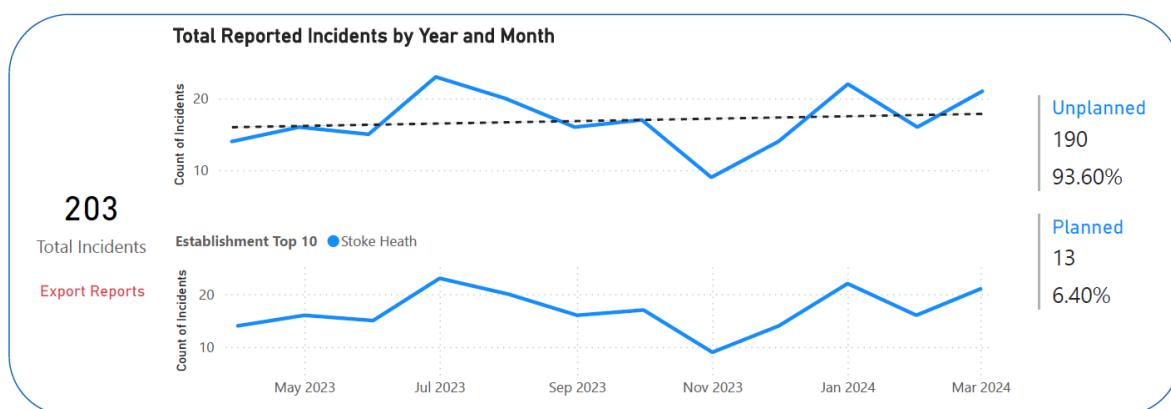


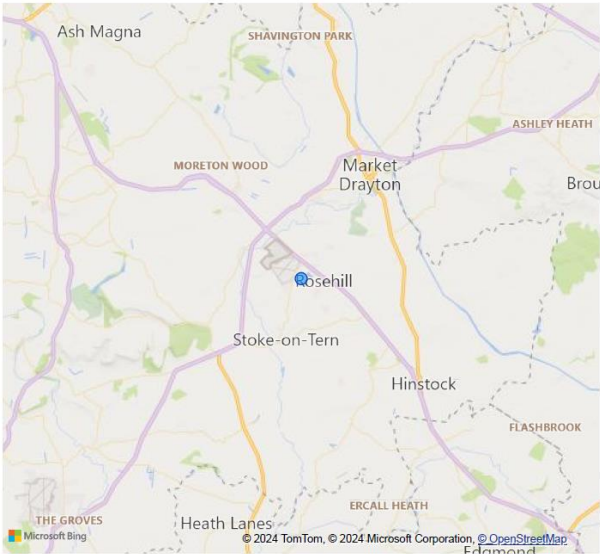
Whilst the gender split is very similar to what we reported last year, there was a **7% decrease in young males** and a **7% increase for young females**, affected by exploitation.

- 51% of referrals were males
- 48% of referrals were females

## Stoke Heath Prison

Stoke Heath is a men's prison and young offender institution in Shropshire. Working Together 2023 requires our partnership to report how many times restraint was used in their young offender institution.



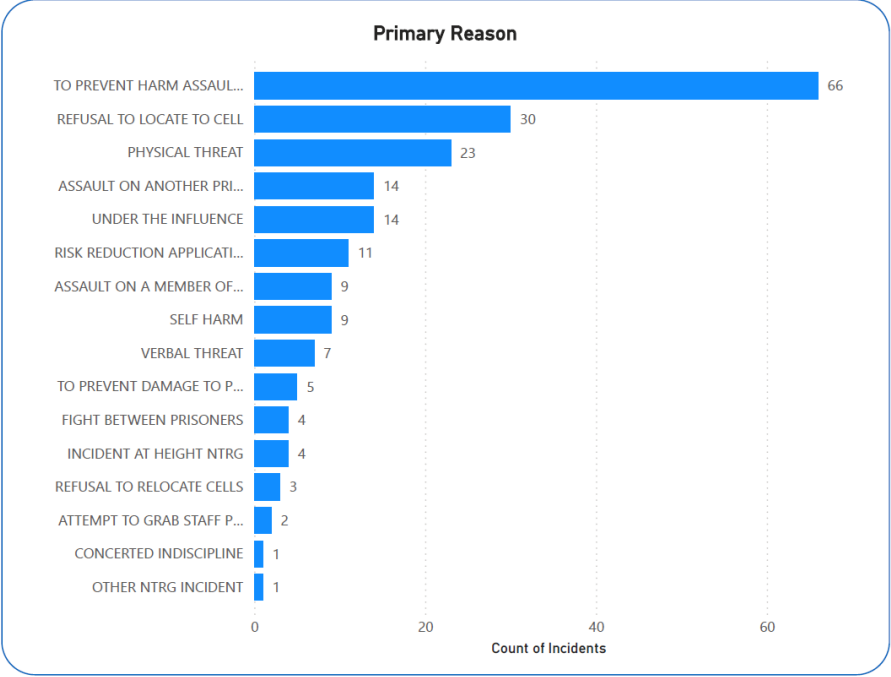


**Establishments Ranked by Incidents per 1,000 Population**

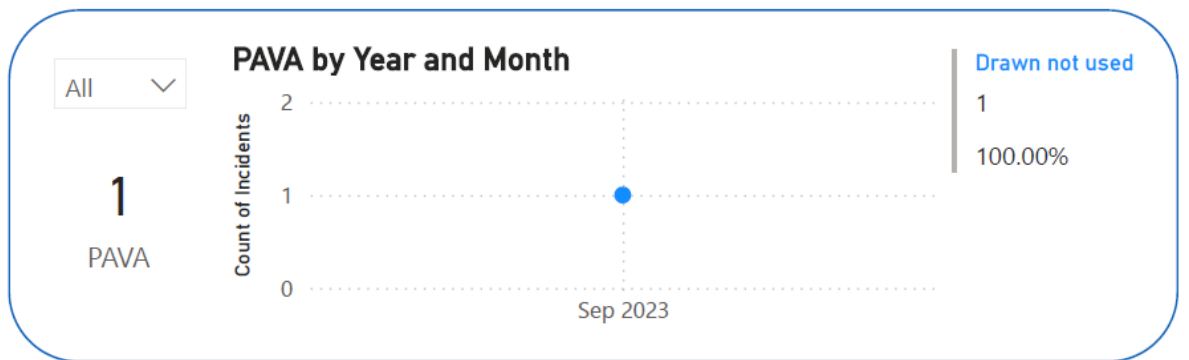
Establishment	No. of Incidents	Incidents per 1,000 prisoners
Stoke Heath	203	264

Note: Incidents per 1,000 prisoners correct at establishment level only

- 95.6% Positive Communication Utilised
- 19.2% Personal Protection Utilised
- 43.8% Guiding/Escorting Hold Applied
- 63.5% Restraint Applied
- 73.4% Handcuffs Applied
- 8.4% Pain Inducing Technique Appli...
- 100.0% Bodyworn Video Camera

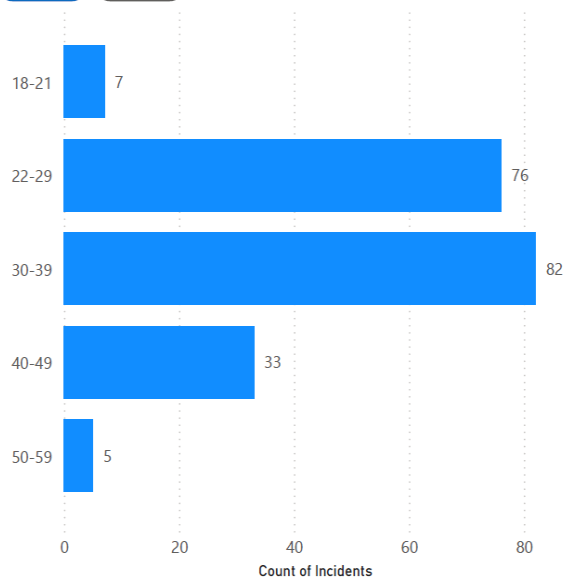




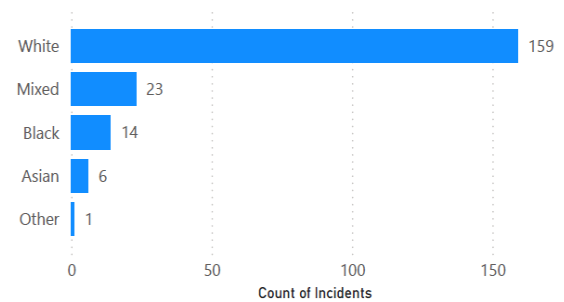


**Incidents by Age**

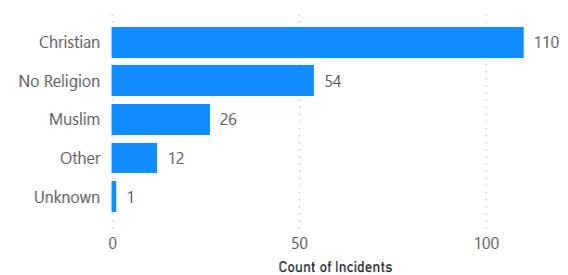
Grouping 1 Grouping 2



**Incidents by Ethnicity**



**Incidents by Religion**

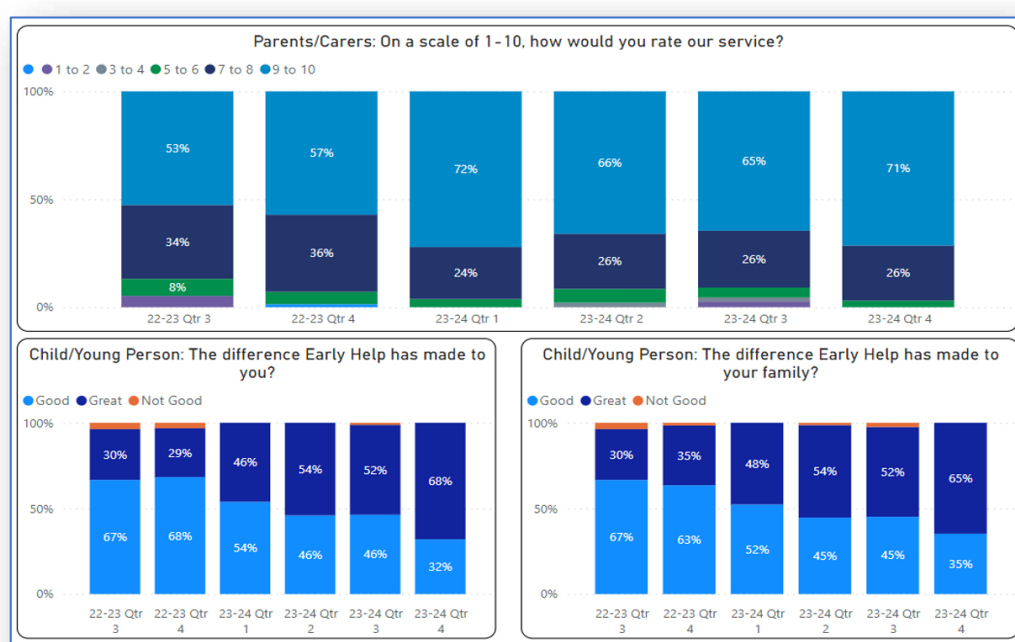


Impact on Adults and Children and their Families in Practice

Having listened to feedback from people in the community about a published case review, we have changed the format of and analysis of statutory case reviews, to ensure that we more fully capture the voice of the community when doing the reviews. An example has been asking agencies to share the views they received from the community and using this to better understand what the individual was experiencing.

Work is underway to support the Early Help provision for children and their families to explore how health partners can contribute to this. This helps children and their families get the support they require and identify risks and challenges at an earlier stage.

Feedback from children, young people and their families shows an increase in positive feedback during the transformation programme. The table below compares the results over the last two years.

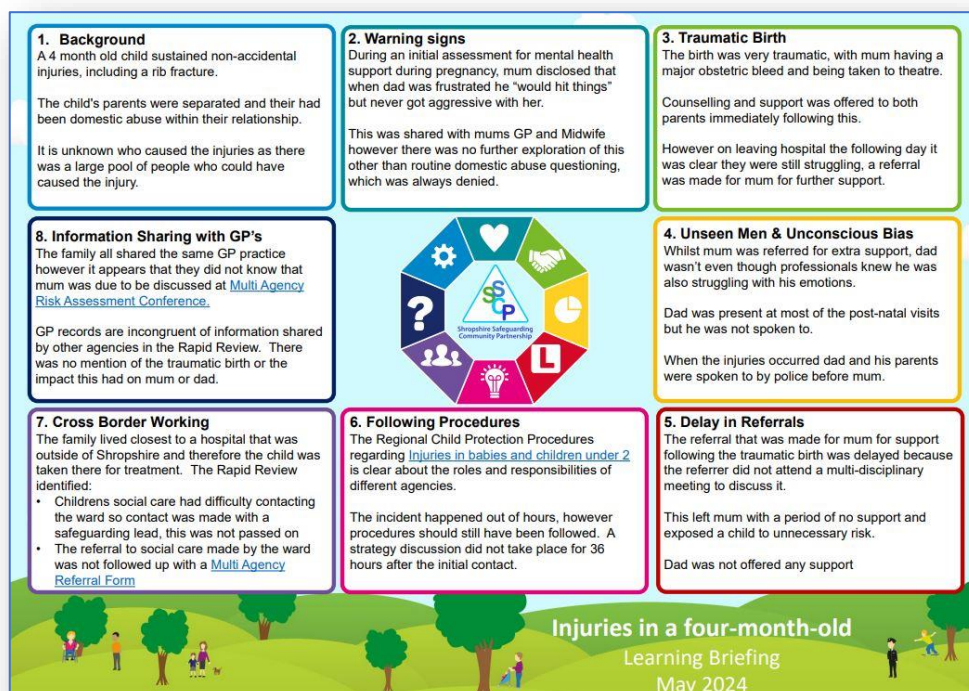


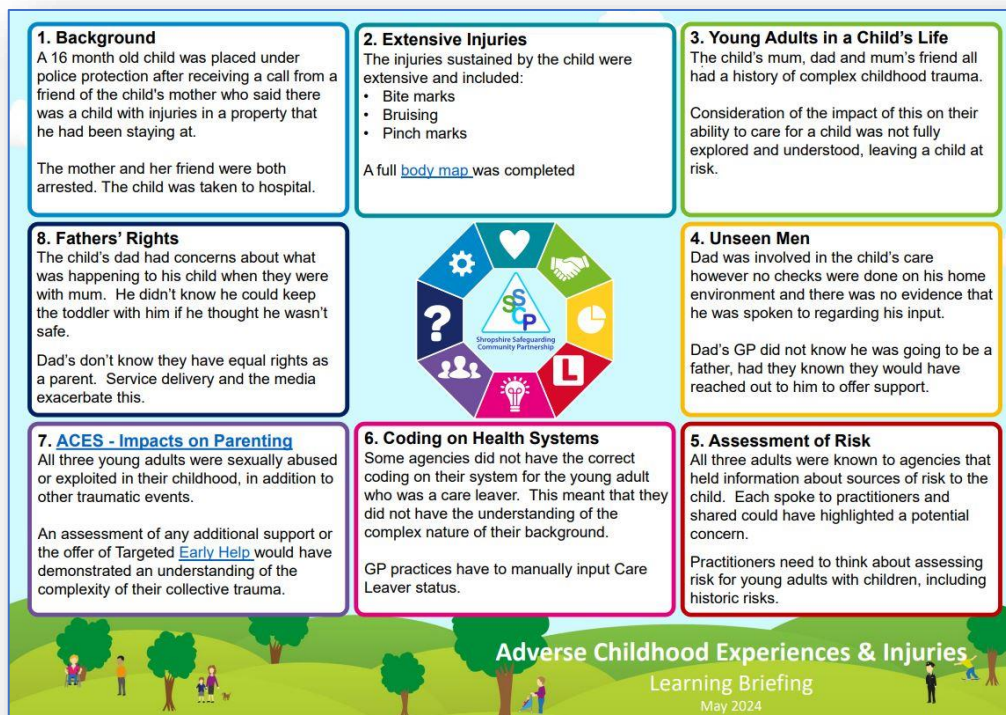
## Serious Incident Notifications for Children and Analysis of Learning

We received 8 notifications which led to 9 Rapid Reviews being undertaken. 5 progressed to full Local Child Safeguarding Practice Reviews and we are waiting for National Panel's view on one more, as we are recommending a national review.

For the three that did not become full reviews, 2 learning briefings have been produced (below). Each child experienced different types of abuse including:

- Physical abuse
- Neglect
- Sexual abuse





## Statutory Case Reviews

There are four types of review that must take place. They are:

- Rapid Reviews/Child Safeguarding Practice Reviews<sup>2</sup>
- Safeguarding Adult Reviews<sup>3</sup>
- Domestic Homicide Reviews<sup>4</sup>
- Anti-Social Behavior Case Reviews

## Local Child Safeguarding Practice Reviews

### Children M & N

<sup>2</sup> A multiagency 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

<sup>3</sup> 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

<sup>4</sup> 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

This review is about two siblings, one of whom died. Due to the on-going criminal investigation at the time, it was not appropriate to comment further on the review. The review was completed in 2022/23 and has not been published as waiting for a press release. The learning will be published in next year's report.

### **Jasmine**

A referral was received at the end of the financial year 2022 for a 16-year-old child who is looked after and at risk of exploitation.

The review remains ongoing, and the learning will be published in next year's report.

### **Child U**

A referral was received in August 2022, for a four-week-old baby with a head injury, which was suspected to be non-accidental. The statutory partners felt that all learning had been identified during the rapid review, however after discussion with the Child Safeguarding Review Panel, it was agreed that a Local Child Safeguarding Review should be undertaken.

The learning will be published in next year's report.

### **Ivy**

Ivy is a 4-month-old baby who was taken by her mother to see the doctor in April 2023. Her mother was seeking advice about a lump on Ivy's back. The doctor noticed a lump on the left side of her rib cage and noted that her mother smelt of alcohol. The doctor called an ambulance to take Ivy and her mother to Princess Royal Hospital. An x-ray was taken, and it was confirmed that Ivy had a fracture to the seventh rib on her left side and a fracture to her left clavicle. Ivy was a premature baby who was born by caesarean section due to slow growth, weighing only 1kg.

The learning will be published in next year's report.

## **Darren**

In October 2023, Darren's mother collected him from his father's home (they live separately) and noticed some bruising under his chin and bruising on both of his legs. His mother contacted 111 and Shropshire Emergency Social Work team, who advised her to take Darren to a hospital to be reviewed. The consultant paediatrician noted multiple injuries. Given his age and mobility, the doctor thought these injuries were likely to be inflicted, rather than accidental.

The learning will be published in next year's report.

## **The Powell children**

In January 2024, Children's Social Care referred these children for a Rapid Review after receiving information from West Mercia Police. The children's father/stepfather was arrested under the Obscene Publications Communications Act 2003.

The Police found the family home in a poor state; overcrowded, dirty and cluttered. None of the older children are in further education, work or training. The two younger children are electively home educated, however there was no evidence of any educational materials or structure.

There are concerns that all the children have been exposed to significant emotional harm and neglect and some (if not all) of the children have been exposed to or suffered physical and sexual harm, over a prolonged period. Several of the children have also expressed mental health difficulties.

The learning will be published in next year's report.

## **A Shropshire School**

Children's Social Care were contacted by the Designated Safeguarding Lead at the school who shared information regarding peer bullying and abuse.

The learning will be published in next year's report.

## **Alison**

Alison is a 12-year-old Child Looked After, subject to a Full Care Order, who is placed with family members as Connected Carers. Alison went to the local shop at around 4pm and didn't return home.

Her carers searched the local area and posted on social media that Alison was missing. She was reported missing 10pm. West Mercia Police undertook enquiries and located Alison's mobile phone at an address in Walsall.

Alison was located at this address the following morning, in the company of a 19-year-old male, and an 11-year-old child who was a friend of Alison's. The 19-year-old was arrested and taken into Police custody.

The learning will be published in next year's report.

## **Peter**

On the 11<sup>th</sup> of March, the Police made a referral for a Rapid Review, after a visit to his home following reports of shouting and screaming coming from the house. Police witnessed Peter's mother letting him out of a wardrobe; he had visible injuries. Peter was asked how he got the injuries, and he said he had fallen off his bike.



The learning will be published in next year's report.

## Safeguarding Adult Reviews

### Arthur

Arthur's referral was received in August 2022. He was deaf and found deceased at home. There were significant concerns around self-neglect, alcohol misuse and his mental capacity to manage his own needs.

The learning will be published in next year's report.

### Sophie

A referral for Sophie came in January 2023, having been found deceased at home. She was 35 and had a history of mental health and alcohol misuse issues.

The learning will be published in next year's report.

### Patrick

Patrick was a 69-year-old man, who had three hospital admissions since January 2023. He attended the Royal Shrewsbury Hospital Emergency Department on 9<sup>th</sup> June, having been found sitting in his armchair for 3 days, drinking alcohol. He was soiled, unkempt and was alcohol dependant.

His care company and neighbours had raised concerns about him, with both his doctor and the council. Patrick had refused input from both over the years they were supporting him.

He was admitted to a medical bed the same day and stayed in the hospital until his death on 12<sup>th</sup> June 2023, only 3 days later.



The learning will be published in next year's report.

## **Lucy**

Lucy sustained a significant injury following a motorbike crash in 1984 leaving her tetraplegic. She was cared for by her parents until her father's death in 2008 and then by her mother until she was admitted to hospital on 7<sup>th</sup> June 2023.

When community nurses visited, they found Lucy to be in very poor physical health. Lucy was admitted to Princess Royal Hospital on 12<sup>th</sup> June 2023 and died at the hospital.

The learning will be published in next year's report.

## **Joint Safeguarding Adult and Child Safeguarding Practice Reviews**

### **Family Pugh**

This referral was received in December 2022, following the death of the children's mother. Concerns were raised about significant self-neglect of the mother and the impact of this on her two children who were caring for her.

The learning will be published in next year's report.

### **Family Jones**

In the middle of May 2023, West Mercia Police were contacted by a member of the public reporting a young boy running in the street naked. Police attended and located the child. He was identified as Mrs Jones's 11-year-old son.

He was taken back to his home address. On arrival, officers discovered his mother had been taken seriously ill and she later died. Officers recorded that the property was in an abysmal state. The learning will be published in next year's report.

## **Domestic Homicide Reviews**

### **Ms A**

Ms A was a 65-year-old woman who was unlawfully killed by her 38-year-old daughter. This review has been completed and the report is currently with the Home Office for quality assurance.

The learning will be published in next year's report.

### **Mr C**

Mr C was an 80-year-old man who was killed by his 31-year-old grandson, following an argument about money. Mr C was pushed by his grandson and fell, banging his head. This is currently with the Home Office for quality assurance.

The learning will be published in next year's report.

### **Laura**

This referral was received in September 2022, following her taking her own life. She was 40 years old and there was a history of domestic abuse in multiple relationships and concerns about substance misuse.

The learning will be published in next year's report.

### **Ms E**

A referral was received in July 2022 for a deceased 48-year-old female who took her own life, following a domestic incident with her ex-partner. It was subsequently found, there was no evidence of domestic abuse in her most recent relationship and so a Safeguarding Adult Review was recommended. However, the Home Office requested that a Domestic Homicide Review be undertaken.

The learning from this joint Safeguarding Adult Review and Domestic Homicide Review will be published in next year's report.

## **Elizabeth**

Elizabeth's husband attended the care home, where his wife lived, to take her out for the day; this was a regular occurrence. On this occasion however, they failed to return to the care home at the agreed time of 6pm.

The care homeowner contacted police as she was concerned for the couples' safety. She and her family attended the couple's family home and found Elizabeth and her husband deceased.

The learning will be published in next year's report.

## **Kathryn**

West Mercia Police were contacted by her mother stating she had attended her address and found Kathryn deceased. There were no suspicious circumstances. The referral for a Domestic Homicide Review was made because records on West Mercia Police systems suggested possible issues of domestic abuse.

The learning will be published in next year's report.

## **Rachel**

In the middle of October 2023, West Midlands Ambulance Service contacted West Mercia Police to inform them that Rachel, a 26-year-old female, was in cardiac arrest having hung herself. There were no suspicious circumstances.

Rachel had a history of mental health issues and suicide attempts. Her mental health may have been affected by her living conditions and her lack of contact with her son. There was also a history of reports that suggest she was a victim of domestic abuse.

The learning will be published in next year's report.

## **Emma**

Emma and her partner were known to have been in a relationship for approximately 10 years. They both had issues with drug and alcohol misuse. They had a daughter together, who was removed from their care at birth.

Shropshire Safeguarding Community Partnership's Business Unit received a referral for a Domestic Homicide review from The Ark<sup>5</sup>. A further referral was received from another local police force where Emma's body had been found in a river. Emma's partner is currently on Police bail until a cause of death can be established.

The learning will be published in next year's report.

## **Sally**

Sally was a 53-year-old woman with multiple health conditions who lived at home with her long-term partner, who was also her full-time carer. On the 18<sup>th</sup> December 2023, West Midlands Ambulance Service contacted the police after attending their property. They had been contacted by her

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<sup>5</sup> The Shrewsbury Ark is an independent charity dedicated to helping homeless and vulnerable people in our community to turn their lives around.

partner that morning. When they arrived, they found Sally in a very poorly condition. Her partner told paramedics that she had fallen out of bed two days before, and he had called an ambulance that day.

Sally died in hospital later that day.

The learning will be published in next year's report.

## **Ian**

West Midlands Ambulance Service attended Ian's address and found he was in cardiac arrest, after having fallen to the floor following attempting to take his own life. The call to the ambulance service was made by a friend of Ian. Ian's daughter received a message from him saying 'goodbye I love you'; this is what prompted his friend to attend the address to check on Ian's welfare. Ian died that evening.

There were reports that Ian was a victim of domestic abuse.

The learning will be published in next year's report.

## **Rory**

Rory (aged 78) lived in north Shropshire with his wife and son. The police attended the property having received a call from a family friend who had found Rory on the floor with a swollen face.

Rory was taken to the Royal Shrewsbury Hospital as he was experiencing pain in his neck, had a head injury and injuries to his face. Rory told police officers he had slipped, and this is when his injuries were caused.

Police then found Rory's son, who had attempted to take his own life. He died later that day.

The learning will be published in next year's report.

## Anti-Social Behaviour Case Reviews<sup>6</sup>

There were 8 requests to conduct Anti-Social Behaviour Case Reviews during this year, the same as the previous year. 3 requests did not progress to review; 4 had action plans developed in response to the concerns raised and 1 person did not want to follow up the referral.

All referrers were raising concerns about the behaviour of their neighbours.

What was evident in all the reviews undertaken, was the detrimental impact that Anti-Social Behaviour can have on the individuals that live with it. Victims reported loss of sleep, high levels of anxiety, feeling nervous to be at home alone and wanting to move from their home.

## Themes from our Statutory Case Reviews and other forms of scrutiny including multi-agency case file audits

Themes in Shropshire include:

- Lack of professional curiosity
- Lack of information sharing between agencies
- Practitioners not using guidance produced by the partnership
- Agencies/teams not calling multi-disciplinary meetings
- Lack of assessments for carers
- Lack of child and adult safeguarding concerns being raised by a number of agencies

## National Safeguarding Case Reviews

[Safeguarding children with disabilities and complex health needs in residential settings](#)

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<sup>6</sup> This is a multiagency process set up to respond to concerns about how agencies have responded to reported Anti-Social Behaviour

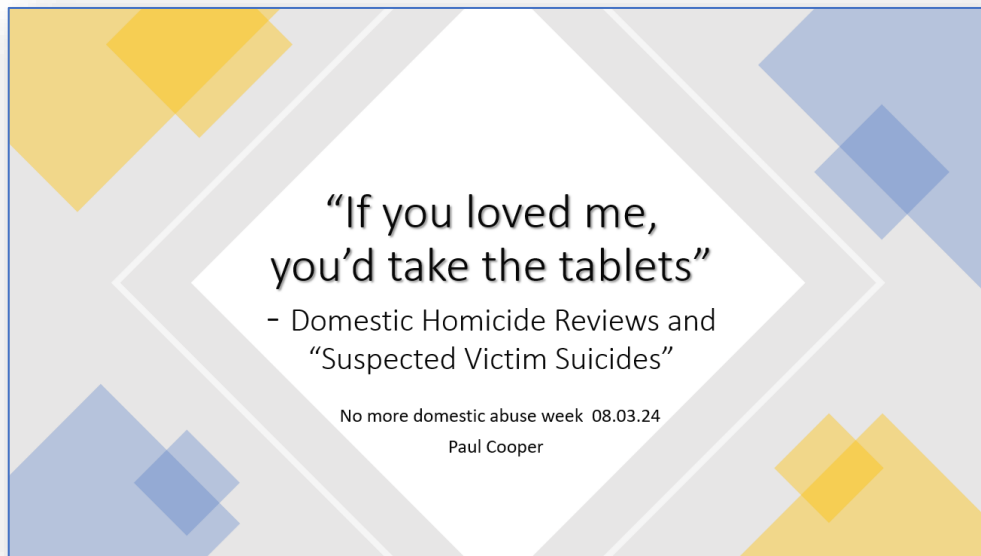
The report was circulated to partners.

Vulnerability Knowledge and Practice Programme Domestic Homicides and Suspected Victim Suicides 2020-2023

Given the significant increase in the numbers of Domestic Homicide Reviews undertaken in Shropshire, it was necessary to ensure a full understanding across the workforce in social care, health and the criminal justice system.

As a result of this research:

- The chair of the Adult Statutory Case Review Group has raised awareness of the research with Multi-Agency Risk Assessment Conference chairs.
- Midland Partnership University NHS Foundation Trust organised a 'No More Domestic Abuse Week' which sought to improve their response to domestic abuse and build knowledge and confidence amongst their staff. They have also appointed a specialist mental health lead for the Trust, in recognition of the prevalence of domestic abuse as a driver of poor mental health. There was also a presentation by the chair of the Adult Statutory Case Review Group about the research.



- Produced a learning briefing.

**1. Domestic Homicide Reviews – why they are important**

When a person aged 16+ dies owing to violence, abuse or neglect by a partner, ex-partner or family or household member, the Police make a referral for consideration of a review.

This allows agencies to work together to learn lessons and make plans to improve support in the future. You can read the latest research [here](#).

**2. Domestic abuse and suicide**

The research has shown that between 2020-2022, 114 people died of suspected suicide in the backdrop of domestic abuse. That is 5 people a month. 85% of those who died were women and 15% men. In year 3, there was a 7% decrease (17 people less) in the recorded number of deaths compared with year 2.

The statutory guidance states that when someone has died of suspected suicide in these circumstances, then a referral for a Domestic Homicide Review should also be made.

**3. Risk factors associated with suicide and domestic abuse**

The research has looked at these deaths and identified the risks most associated with suicide when people experience domestic abuse. These are:

- (1) The perpetrator is already known to the Police for domestic abuse
- (2) Coercive and controlling behaviours are used
- (3) The perpetrator has problems with alcohol
- (4) Non-fatal strangulation has been used
- (5) The perpetrator misuses drugs
- (6) The perpetrator has mental health problems, including depression/anxiety
- (7) Relationships ending increases risk
- (9) The perpetrator has previously been suicidal
- (10) The perpetrator has also experienced domestic abuse

**4. Coercive and controlling behaviour**

This is a way of harming, punishing or frightening someone to make them give in and be dominated. It is an offence under S76 of the Serious Crime Act.

It can be done through assaults or more subtle methods such as threats, humiliation or intimidation which harder to recognise. It includes:

- checking phones/spending/bank accounts
- controlling access to friends and family
- preventing access to see a GP or other professionals
- threatening to expose or harm the victim or their family/children or themselves
- denying access to an interpreter.

It can have a devastating impact and people sometimes only realise the impact when looking back. A survivor explained to the researcher she was told “if you love me you’d take the tablets” encouraging her to kill herself.

**5. Help and Support**

When you become aware that someone is experiencing domestic abuse, consider all of the risk factors. Have a conversation with the person in a safe space.

Consider the services that are available and when you might need to refer the person to a Multi-Agency Risk Assessment Conference.

Use the dedicated Domestic Abuse Pathway which explains how to respond to domestic abuse in [Shropshire](#) and [Telford & Wrekin](#).

**6. Things to think about**

Experiencing domestic abuse and asking for help can be incredibly hard. Not speaking up may seem like a logical way to prevent harm to themselves or others, so patience and understanding is essential. Be professionally curious, be persistent but person centred.

Use flags on your organisations system to ensure risks are understood and explain what support is available. Always consider the risk of suicide as well as further violence.

**7. Other Risks**

This briefing focuses on the risks associated with victim suicide in the presence of domestic abuse, but it is important to remember during the second year of the research project, there were 202 homicides caused by (ex) partners and 103 adults were killed by family members.

47% of family homicide victims are female and 53% male. Partner homicide victims are 70% female. It is important to apply this information when working with those groups.

**Domestic Homicide Reviews and  
Suspected Victim Suicides**

Learning briefing  
March 2024

Shropshire Safeguarding  
Community Partnership



## 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 a number of ways including through:

- Our data collection process
- Conducting statutory case reviews to give people the opportunity to share information about their family member and their experience which led to the review
- Undertaking multi-agency file audits
- Policy development
- A lived experience consultee has been recruited to be part of the domestic abuse team within Shropshire Council. They are part of several partnership groups to share their lived experiences and to help develop pathways which will actively help families
- Co-production of resources
- Our health trusts have identified a number of ways that they seek to ensure they hear the voices of the people who use their services.

These include:

- Working with Healthwatch Shropshire when they undertake Enter and View visits, which includes seeking the views of those who use the service.
- Listening and responding to the Patient Advice and Liaison Service when they have been contacted by people who use the service.
- The Independent Mental Health Advocate service listen to the feedback provided by patients and share this with the Trust and the Council, who use this to help identify patient concerns.
- Health Trusts give information to people about 'Making Safeguarding Personal' to ensure practice focuses upon the outcomes people want to achieve. This is reinforced by the Council's adult safeguarding team, who report on actions they

have taken to ensure enquiry work is person-centred and focuses upon on how the person wants to be kept safe.

- The Together Reducing and Ending Exploitation in Shropshire team (TREES) work tirelessly to ensure the voice of the child and young person is listened to and heard. They do this in several ways including:
  - Ensuring that case notes are captured accurately
  - Promoting their strengths and voice in meetings, no matter what their level of engagement
  - Pushing back on professionals to ensure child exploitation risk assessments have the voice of the child and their views within it
  - Enhanced training in conducting Return Home Interviews to better capture the child and young person's reality and truth
  - The child and young person in their safety plans, detailing what they want to achieve and what is achievable
  - Listening and taking on onboard criticism to learn from how we can do better
  - Ensuring we are seeing children and young people within a timely manner, listening to what, where and when suits them
  - Communicating in the child and young person's preferred method for example by phone, text, WhatsApp, pictures etc.
  - Avoiding jargon and abbreviations to make sure they have the same understanding as us
  - This is an example of our work ..... We have put in place the approach of not blaming the child or young person for their 'lack of engagement'. This young person identified that he struggled seeing multiple professionals, wanted to have his freedom, wanted to work towards having a better future but also wanted to have control of this. The team made sure they made minimal referrals, and professional involvement was at his pace. There was flexibility where possible, with professionals identified who could do multiple aspects of the work. The team were mindful that 'today might just not work today' and did not give up on him. The impact of this was an improvement in trust with professionals, a consistency in approach, an improvement in attending physical and sexual health appointments, and a reduction in substance misuse and harm reduction.

- The Together Reducing and Ending Exploitation in Shropshire team along with partners have organised several community awareness events across the county including Market Drayton, Ellesmere and Whitchurch.

## Our approach to learning and development

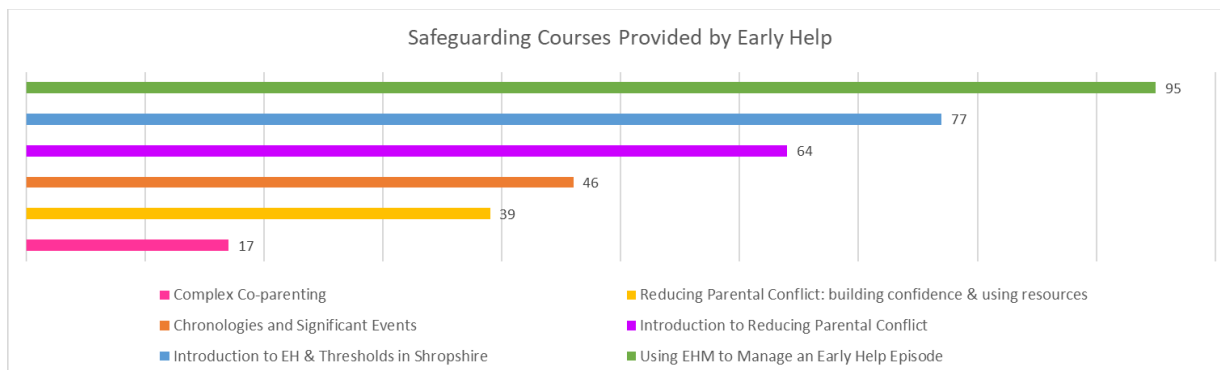
Shropshire Safeguarding Community Partnership Business Unit do not directly deliver a training programme. Multi-agency training courses continued to be delivered by some members of the training pool within Joint Training, Partners in Care and Shropshire Council Strengthening Families Team. A blended approach to multi-agency training delivery was used, including online learning webinars, and in-person classroom delivery to meet the needs of attendees.

Training delivered is informed by the findings of local and national reviews; emerging themes, trends and guidance, and workforce needs, that are identified through multi-agency case file audits.

Training Pool members continued to be supported by the Learning and Development Co-ordinator. This enabled consistent and up to date safeguarding training to be delivered effectively to multi-disciplinary staff.

Shropshire Safeguarding Community Partnership Learning and Development Co-ordinator delivered online learning briefings to embed learning from local statutory safeguarding case reviews, where learners' engagement was maintained using online platforms which operate in real-time to support learning and collaboration.

### **Early Help through Strengthening Families (Shropshire Council)**



Total number of attendees **338**

Total number of training sessions **40**

### What difference has this made? Participants told Strengthening Families:

*'I have been able to access and contribute information for a family who have an Early Help plan raised for an oldest sibling at primary school the younger sibling attends our preschool.'*

Early Years Setting

*'I sat with a family and completed a whole family assessment with parents and children from start to finish.'*

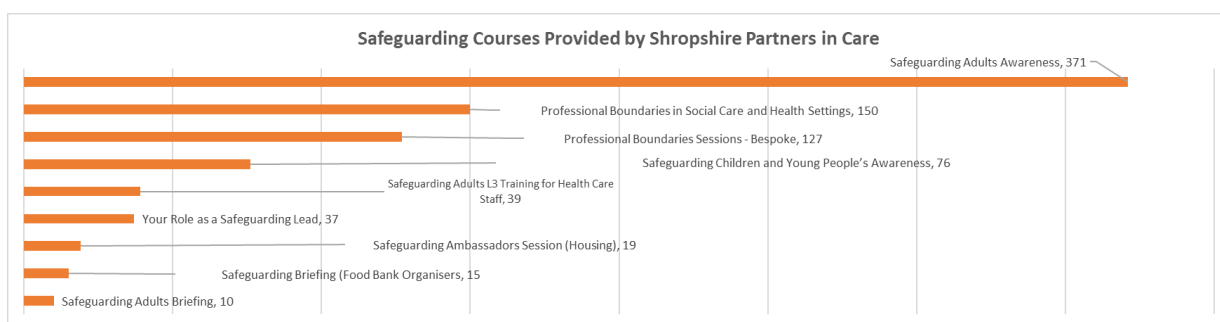
Primary School

*'I have been working with the family and the father was quite structured in his ways and he couldn't see how this was impacting the rest of the family we spoke about his upbringing and now he can see why he is the way he is and has adapted some different approaches to his parenting.'*

Early Help Practitioner

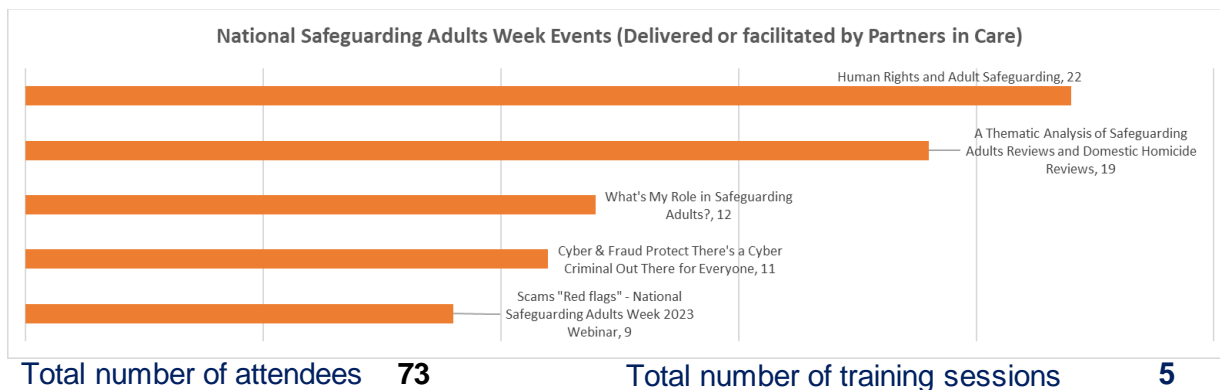
## Shropshire Partners in Care

Partners in Care have also delivered training for the Joint Training Team in Shropshire Council.



Total number of attendees **844**

Total number of training sessions **57**



In addition, **Safeguarding Adults Forum**  
75 practitioners attended 4 sessions.

**Mental Capacity Webinars**  
65 practitioners attended 4 sessions.

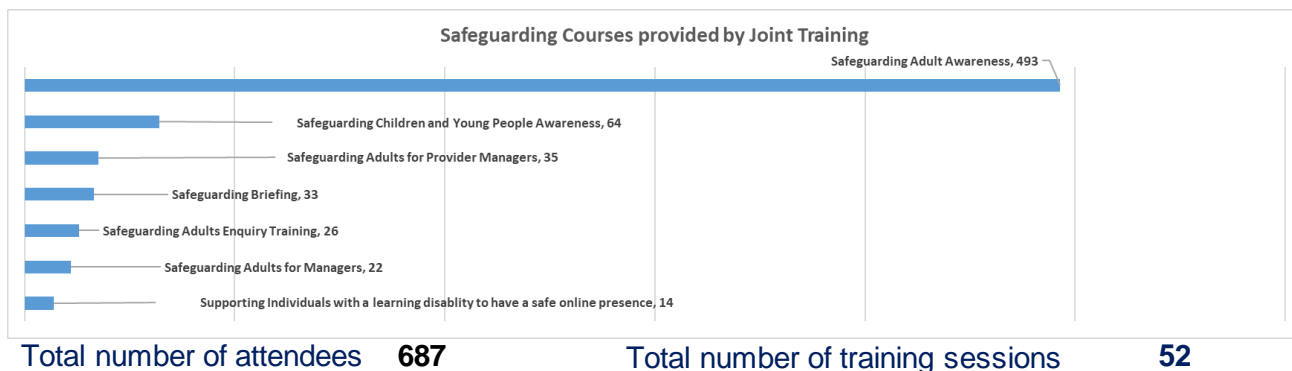
**What difference has this made? Participants told Shropshire Partners in Care:**

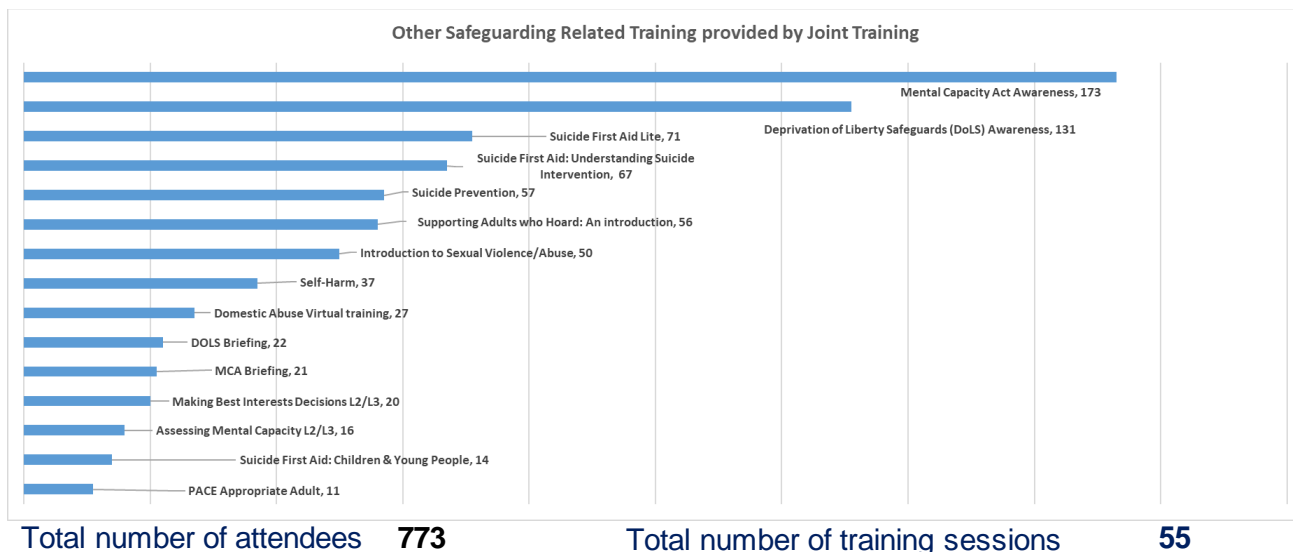
*'To always involve those we support in what we do I should not assume they don't have capacity.'*

*'To always use my professional curiosity - picking up on things that are unsaid.'*

*'Provides a greater understanding of what is seen as a safeguarding concern so we can ensure they are recorded and reported.'*

**Joint Training (Shropshire Council)**





### What difference has this made? Participants told Joint Training:

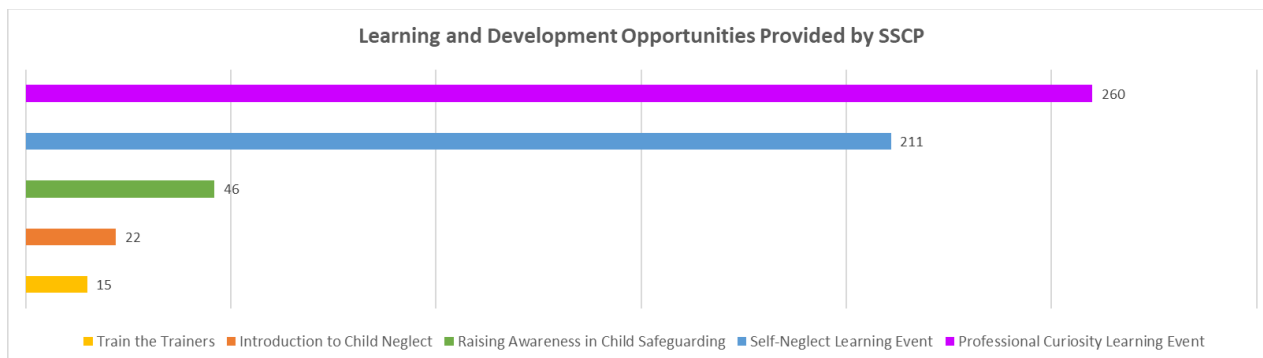
*'The training will make me not worry about speaking up about things that I feel are not correct, to enable others to be protected and helped.'*

*'Ensure to maintain 'professional curiosity' when clients bring up subject matter/ issues that could signal safeguarding concerns.'*

*'The training will help me to support individuals to access the resources shared, it underpins my practice and has given me insights to manage what is a very difficult process when balancing people's rights Vs staying safe and/or not becoming a perpetrator themselves.'*

### Shropshire Safeguarding Community Partnership Business Unit

Staff from across our safeguarding system attended various learning events and training during this financial year. Unfortunately, the booking system that was being used for learning events introduced a charge, which meant that it could no longer be used. At the point of publishing, other options are being explored, to ensure future learning events can be provided at no cost to the attendees.



Total number of attendees **83**  
Total number of attendees **471**

Total number of training sessions **7**  
Total number of learning events **2**

### What difference has this made? Participants told the Business Unit:

*'The most important thing I'm taking away is not to wait. If something doesn't sit right, get all professionals together ASAP. Share information and get plans in place.'*

*'This learning event was very interesting and eye opening, I will be able to take all that I have learnt into daily work.'*

*'It has made me reflect on how I have helped/assessed service user in the past and it will broaden my observation skills in the future.'*

### Shropshire Safeguarding Community Partnership's 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.

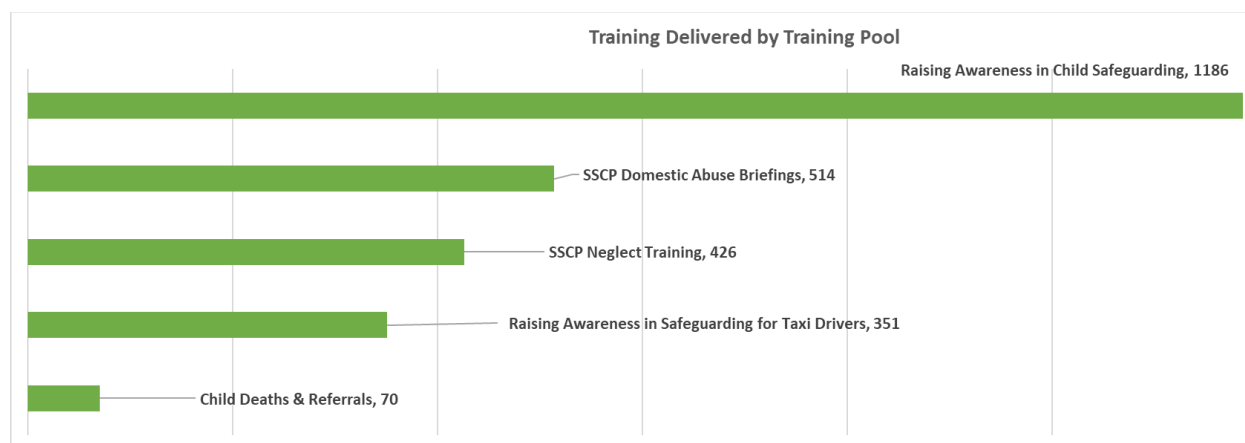
Trainers are invited to 1 hour Training Pool updates each month. There are consistently between 20 and 30 attendees, who share information and collaborate to ensure consistency of safeguarding messages.

The Training Pool provide training not only within their own agencies but to multi-agency participants using the Raising Awareness in Safeguarding and Protecting Children package of resources, 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.

Examples of the agencies that make up Training Pool include: Shropshire Council Fostering Service; Connexus housing; Education Improvement Service; Education settings (Early Years; Primary; Secondary; Academy; Maintained; Independent;

Special schools; and Further Education Colleges); Enhance; Family Information Service; Independent Care Providers; Joint Training; Learning and Skills; Public Protection; Shire Services; Shrewsbury and Telford Hospitals NHS Trust; Shrewsbury Town Council; Shropshire Community Health Trust; Shropshire Council (Targeted and Early Help Children's Services); Shropshire Partners in Care (SPIC) Shropshire Youth Association; Strengthening families through Early Help team and Shropshire, Telford and Wrekin Integrated Care Board.



### What difference has this made?

Attendees consistently feedback that they appreciate the knowledge of trainers, and the interactive methods used to engage them with the content and the resources that they have access to.

## Changes to published arrangements

There are no changes to our published arrangements at this point, but we will be amending them to reflect the requirements in Working Together 2023. We will report more fully on this in our next report.

## Implementation of National Reforms

### Working Together 2023



Our preparation for understanding what would be required from the new version of Working Together, began in August 2023, when a presentation of the draft guidance was on our agenda. We continued to discuss this at our meetings and agreed that partners would share their responses to the consultation with each other.

In January 2024, a workshop was held with Delegated Safeguarding Partners to explore the implications of the newly published guidance. A number of decisions were made at that workshop including:

- A meeting of the Lead Safeguarding Partners would be held to make further decisions about how the guidance would be implemented in Shropshire.
- A specific workshop would be held to discuss chapter 3 of the guidance, which would focus on how agencies would work differently together, to meet the requirements of the new guidance.

In March 2024, we agreed that it would be beneficial to recommend to Lead Safeguarding Partners that we join with Telford & Wrekin at this level, as the two local authority areas share a police force and Integrated Care Board.

## Serious Violence Duty

Shropshire has proactively worked with the Police and Crime Commissioner and colleagues across the police force area of West Mercia, to develop a joined up strategic approach. The following funding decisions have been made:

- To appoint a partnership manager and administrator to work across West Mercia

- To appoint a performance analyst work across West Mercia specifically focusing on serious violence
- To share the remainder of the funding between the 5 community safety partnerships to spend on their priority areas.

Shropshire's money was spent on setting up a service (Trac Psychological<sup>7</sup>) that aims to support Dads and other male role models to enhance their own psycho-social skills so that they can support young males on the cusp of aggressive and violent offending.

The programme is 12 sessions long and delivered virtually on a one-to-one or small group basis. It is arranged so that core skills are taught and practiced early in the programme. The first eight sessions are about identifying, labelling, moderating, managing and accepting emotions. The remaining 4 sessions are about putting these skills into practice with the client's real-life challenges.

## Mental Capacity Act Code of Practice

There is a national plan for enhanced guidance on executive capacity to be included in the new draft Code of Practice. However, as this has now been delayed, we undertook our own review of the Shropshire Mental Capacity Act policy and have made specific changes and held a training event for general practitioners. One of our Safeguarding Adult Reviews identified the need to ensure all partners understood the concept of executive capacity. This is described as a mismatch between what someone says they will do, against their actual ability to put their words into action, often owing to frontal lobe damage which effects their capacity. It was therefore important to undertake this work before the new Code of Practice was published.

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<sup>7</sup> [Trac Psychological](#)

## The effectiveness of these arrangements in practice

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

The partnership continues to learn and share best practice. The Fire Service recognises its role, not just in community engagement and risk reduction but in being a critical friend to other partners in this Partnership. We have and will continue to ask the difficult questions and will always offer the community full candour and transparency. We are committed to the fundamentals of the proposed “Hillsborough Law<sup>8</sup>” and we will continue to ensure that we share our learning to ensure the community is always put first. As a Strategic Governing Group member, we will encourage all other members to do likewise. Working together in a spirit of transparency and learning, this Partnership will continue to develop both safeguarding and community safety for the benefit of the people of Shropshire.

Tanya Miles, Executive Director of People, Shropshire Council

We know that working together in effective partnerships and collaboration is critical to achieving the best outcomes for our children, families and adults with care and support needs here in Shropshire. The effectiveness of the arrangements continues to be monitored through the oversight groups, up to Strategic Governing Group. As a Partnership, we demonstrated our collective commitment as a system to working together to improve outcomes for our residents in Shropshire, reflecting our shared values that safeguarding is everybody's business and that intervention and support at the earliest opportunity delivers the best outcomes.

In addition, the children's safeguarding summit was reviewed for impact and effectiveness making future recommendations to be taken forward through the Children's Safeguarding and Protection Practice Oversight Group. We delivered on the commitments made through the summit and are continuing to track the benefits for our children and families to improve our collective understanding of the issues, intelligence and

evidence surrounding our 0–4-year olds. We have enhanced our collective understanding of our system services and transformation programmes, and the role integration plays within the safeguarding context. We also recognised areas where we need to continue to develop further and commit to embedding those within existing programmes and safeguarding governance routes, to ensure the progress of the summit is sustained and embedded.

Through our partnership working, we have continued to strengthen and build our joint approach to safeguarding and community safety; to challenge where needed and focus on learning and improving performance and outcomes.

We continue to constructively challenge ourselves to review, refine and find solutions to areas where we need to improve. We do still have more work to do to share learning and embed this in our practice and raise awareness in our communities, but we will continue with passion and determination in our Partnership to deliver improved outcomes for our population.

Vanessa Whatley, Interim Chief Nursing Officer, NHS Shropshire Telford and Wrekin Integrated Care Board

The Integrated Care Board in Shropshire, Telford and Wrekin continue to support the partnership as a statutory partner through leadership in the system, convening colleagues and contribution to the actions following the learning from investigations. We are proud of the contribution of health and care staff to keep adults, children and young people safe and secure in Shropshire and look forward to continuing the positive partnership in the year ahead.

Stu Bill, Superintendent, West Mercia Police

Every day I see evidence of police officers, staff, partner agencies and members of the public doing exceptional work to improve the lives of children, young people and adults in Shropshire. Reflecting on the last 12 months, it reminds me how much we care and why we do what we

do. Through collaboration, the partnership has dealt with some horrific incidents but has done so with a determination to make the lives of those involved better. No single agency has the answer, but I have observed how collectively we have overcome challenges and delivered.

It is important however to continuously reflect and try to improve. There remain too many incidents of harm involving adults with care and support needs, children and young people. Domestic abuse is a significant challenge and continues to cause generational harm to our communities. I recognise the efforts of all to try to close these gaps, but we must not waiver in this mission and continue to seek new and innovative ways to be preventative rather than reactive.

I am proud to have been involved in the Partnership for the last 12 months. We still have significant challenges to overcome, however the determination I have seen makes me believe collectively we are up for this challenge.

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

I must firstly express my gratitude to all probation staff and partners who turn up for work to protect the public, prevent harm and keep people safe. Safeguarding and public protection work is challenging but rewarding. Throughout the year despite considerable financial constraints, it has been evident that SSCP arrangements have been proactive in developing strong relationships with partners to ensure appropriately integrated services were being developed at the same time taking a proactive approach to several complex and challenging issues. Despite the limited resources the board worked tirelessly on ensuring people especially women, children and vulnerable adults were kept safe.

There is a great amount of work continually being progressed amongst all agencies, but I must highlight our impressive steps to embed information sharing amongst agencies.

Information sharing arrangements with the police and local authority in relation to domestic abuse and safeguarding children from harm is working very well across Shropshire. This has meant Probation risk assessments and management plans were of good quality ensuring effective steps to protect victims and the public. Domestic abuse and safeguarding information were sufficiently analysed to inform the quality of assessment, planning and management of people on probation or on release from custody. Good intelligent sharing at the pre -sentence report stage also meant the quality of our reports were effective in protecting victims especially women and children.

With increased numbers in Multi- Agency public protection Arrangements (MAPPA) it is pleasing to note MAPPA meetings are well attended by agencies, however further work is required to ensure this is effectively woven into SSCP arrangements at a strategic level.

We have high standards to maintain but working in collaboration with our partners we have the skills and mind set to meet the challenges.

## What we want to achieve in 2024-25

### Tackling Drug and Alcohol Misuse Group

We will continue to work on:

- Breaking drugs supply chains through reduced drug use, reduced drug related crime and reduced drug supply.
- Delivering an improved treatment and recovery system through increased engagement in treatment, improved recovery outcomes and reduced drugs related deaths and harm.
- Achieving a generational shift in demand for drugs through preventative and early help offers.

## Local Domestic Abuse Partnership Board

We will:

- Write a domestic abuse strategy
- Re-look at our Domestic Abuse Local Partnership Board membership to make it more effective

## Tackling Exploitation Group

We will:

- Develop a multi-agency profile that:
  - Identifies what types of exploitation are happening
  - Who is harmed by exploitation
  - Who is posing a risk of exploitation
  - Where in Shropshire exploitation is happening
  - Benchmarks Shropshire against other authorities
- Conduct a multi-agency case file audit on adults experiencing exploitation
- Arrange a series of focus groups with adults (including those with care and support needs) who have been involved in Exploitation to find out what works for them.

## **Adult Safeguarding and Protection Practice Oversight Group**

We will:

- Expect at least 75% of Multi-Agency Case File Audits where self-neglect is factor, to show clear evidence of the application of the Working with Self-Neglect Guidance
- Have a strategic use of Multi-Agency Case File Audits process to address areas of adult abuse which require scrutiny and improvement.

## **Children's Safeguarding and Protection Practice Oversight Group**

We will:

- Review our Escalation Policy and Threshold document
- Develop the role of multi-agency Lead Practitioner, as per Working Together '23
- Embed the Voice of the Child
- Build on the Launch of Early Help to develop multi-agency working further

## **Community Safety Practice Oversight Group**

We will:

- Develop and share hate crime resources for schools



- Embed multi-agency ASB management across the county
- Deliver local activities to tackle Serious Violence

### **Children's Statutory Case Review Oversight Group**

We will:

- Manage all Children Safeguarding Practice Reviews
- Embed identified learning across the safeguarding system
- Implement all relevant recommendations from the Independent Case Review report

### **Adult's Statutory Case Review Oversight Group**

We will:

- Manage all Safeguarding Adult Reviews and Domestic Homicide Reviews
- Embed identified learning across the safeguarding system
- Implement all relevant recommendations from the Independent Case Review report

## **Closing Scrutiny statement**

Finally, I would like to place on record my thanks to all who work to safeguard children and adults and protect communities across Shropshire.

Working Together to Safeguard Children 2023 requires scrutiny to provide safeguarding partners and relevant agencies with independent, rigorous, effective support and challenge at both a strategic and operational level.

During the reporting year whilst being the Independent Chair of the partnership it has also afforded the opportunity for me to undertake the following scrutiny activity.

I have supported the development of the delivery plan to ensure the partnership is effectively constituted to meet the requirements of Working Together 2023.

I supported the partnership to hold a development event and to agree its strategic priorities based on learning from data and analysis, including varying needs assessments. The tri-partite arrangements with Safeguarding Children, Community Safety and Safeguarding Adult leads to the identification of commonality, thereby providing opportunities for improved efficiency, this work is being continued by the partnership business manager.

I challenged the partnership to revise the content of the multi-agency dataset which whilst laudable had become too complex to be unachievable. The partnership is now actively engaged in exploring with police and health partners how they can better contribute to data and analysis.

I prepared a number of reports, including drawing on comparator information, for consideration of the lead and designated safeguarding partners on what level of resourcing is required to ensure the partnership is effective. This remains a live issue.

Ivan Powell  
Independent Chair and Scrutineer