Solihull Local Safeguarding Children Partnership

Annual Report 2019/20

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Foreword

As representatives of the three safeguarding partners – the local authority, chief officer for police and the local clinical commissioning group for the area – who make up the new Solihull Safeguarding Children Partnership, we commend to you our first annual report.

The Local Safeguarding Children Partnership (LSCP), having replaced the previous Local Safeguarding Children Board (LSCB), is now the statutory mechanism for making multi-agency arrangements to safeguard children and promote their welfare within the local area. As safeguarding partners we are required to name relevant agencies that we consider appropriate to work with us in exercising these functions, and those named agencies have a duty to co-operate. In Solihull we are extremely fortunate to have high levels of engagement from our named relevant agencies. We collectively extend our thanks to them for their support in implementing the continuous learning cycle on which this partnership is based, thus enabling us to work together to improve our multi-agency response to children, young people and their families in Solihull.

We would also like to take this opportunity to thank our Independent Scrutineer, David Peplow, for his support in assisting us to manage the transition from the previous LSCB to the new arrangements. As a new partnership, there is still much work to do to further embed our new model, and to respond to the findings of a Peer Review of the new arrangements undertaken in October 2019. We look forward to continuing to work alongside the Independent Scrutineer as we push this agenda forward into 2020/21 in unusually challenging circumstances.

Louise Rees
Director of Children's Services

Chief Superintendent Lee Wharmby
West Midlands Police

Diane Rhoden
Interim Deputy Director of Nursing and Quality
NHS Birmingham and Solihull Clinical Commissioning Group

1. Introduction

1.1 Purpose of the report

This is the first annual report to be produced by Solihull's Local Safeguarding Children Partnership. The partnership is required under Working Together 2018 to publish at least one report in each twelve month period. This report covers the period April 2019 to March 2020 and is intended to be shorter and more focussed than previous annual reports published by the previous Local Safeguarding Children Board.

In this report we aim to provide a transparent assessment of the effectiveness of the local safeguarding children arrangements during the reporting period. We aim to describe the challenges we have identified and their causes. We set out what we are doing about them and what we have learned from our reviews of practice across the partnership.

The report begins by analysing our progress in relation to the priorities and areas for development set for 2019-2020. We show how our activities have led to improvements, or where there have been challenges, and the rationale for making decisions to retain certain priorities in 2020-2021.

We provide an analysis of our quality assurance activities, to include a review of performance data and our findings from audit activity, and demonstrate how this supports a continuous cycle of learning and improvement. We set out how we have responded to the statutory requirements for undertaking Serious Case Reviews, Child Safeguarding Practice Reviews and Rapid Reviews following serious incidents during the reporting period and worked with Partners to ensure that learning is implemented. We show how Partners have provided assurance about the extent to which the Voice of the Child informs their practice and priority setting.

The report sets out challenge to the safeguarding partners about key aspects of multi-agency practice which need to improve, and concludes with an overall analysis of the effectiveness of multi-agency safeguarding activity in Solihull.

1.2 Solihull's Multi-Agency Safeguarding Arrangements

The Children and Social Work Act 2017 brought about significant change to local children's multi-agency safeguarding arrangements. This Act amended certain safeguarding provisions within the Children Act 2004 by removing the statutory requirement for areas to have Local Safeguarding Children Boards (LSCBs). This was replaced by the requirement for the safeguarding partners (which are the local authority, chief officer for police and the local clinical commissioning group for the area) to make arrangements to safeguard children and promote their welfare within their area. Additionally, the safeguarding partners were required to name relevant agencies that they consider appropriate to work with in exercising their functions,

and those named agencies have a duty to co-operate. These legislative changes introduced a great degree of flexibility as to how the three safeguarding partners achieve these responsibilities.

The Department for Education required that all areas must have agreed and published their new multi-agency child safeguarding arrangements by 29th June 2019 at the latest, and have adopted those arrangements as their way of working by 29th September 2019. Solihull was one of a small number of areas across England who worked with the Department for Education as an 'early adopter', and as such both published and adopted our new arrangements by 1st May 2019, ahead of the required date. In doing this we were able both to provide a possible model and guidance for other areas across the country, and to develop and strengthen our current local working arrangements.

The new Solihull Local Safeguarding Children Partnership arrangements can be viewed at https://www.safeguardingsolihull.org.uk/lscp/. The new model is intended to promote a more dynamic and flexible approach to continuous improvement within our children's safeguarding arrangements.

The LSCP group structure indicates what the delivery responsibilities are for each group and is located at Appendix 1.

The LSCP budget is made up of contributions by partner agencies supplemented by income generated through the charging policy for delivery of multi-agency training. The end of year budget position for 2019/20 is located at Appendix 2.

1.3 Peer Review of Solihull's Multi-Agency Safeguarding Arrangements

As part of the early adopter programme Solihull worked with the Local Government Association (LGA) to develop a new peer challenge process. It was recognised that the previous LGA offer was no longer relevant and Ofsted were no longer reviewing safeguarding arrangements alongside the inspection of Children's Services. In October 2019 the LGA piloted the new offer and completed a peer review of Solihull's new arrangements. The purpose of this peer challenge was to provide an early assessment of the new arrangements to identify further opportunities to strengthen these so that an effective model of multi-agency working could be embedded to safeguard children. The published report is available at: https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/LGA-Peer-Review-of-MASA-Arrangements-2019.pdf

The peer reviewers identified a number of strengths in the Solihull LSCP. In particular they noted that engagement from all partners and at all levels is good. Many examples of this collaboration were highlighted, either through strategic decisions or frontline practice, providing a very strong platform on which to develop formal safeguarding children arrangements.

Areas specifically identified for development included an urgent need to finalise a robust multi-agency performance framework which ensures the LSCP has a clear understanding of the key issues and strengths across the children's safeguarding system.

It was noted that there is a need for a stronger focus on how the LSCP evidences impact and outcomes and understands what difference has been made.

Peer reviewers considered there is a need to simplify the explanation of the structures, particularly the diagram of the model, to ensure it is understood by partners (at both strategic and operational levels)

It was noted that communication is key to making the new safeguarding partnership work and, following a review of governance, structures and processes, it was recommended that the LSCP invest time and resource to its communications to ensure there is an awareness and understanding of the role, priorities and impact of the Solihull Local Safeguarding Children Partnership.

A number of recommendations were made and these have formed the basis of an Action Plan which is being overseen by the safeguarding partners and is expected to be delivered in full during 2020/21.

1.4 Relationship with other partnership boards

Within Solihull there are a number of partnership boards that work in conjunction with one another with the purpose of ensuring people in Solihull are kept safe. The Health and Wellbeing Board (H&WBB) is accountable for identifying priority areas and ensuring that services work together. It also has a system assurance role in relation to safeguarding of vulnerable people. The Health and Wellbeing Board mandates Solihull Together to act as a mechanism to progress partnership working, and to deliver a range of multi-agency developments identified primarily through the Health and Wellbeing Board and STP Strategy.

The Safeguarding Adults Board (SSAB) and the Local Safeguarding Children Partnership (LSCP) are responsible for challenging partner agencies on their success in ensuring that children, young people and adults are kept safe. Their annual reports, like this one, are presented to the Health & Wellbeing Board. Safer Solihull (the Community Safety Partnership (CSP)) does not formally report to the H&WBB but there is some overlap of membership to aid communication.

Each Board has an officer whose role is to ensure that there is good communication and interdependency management between all the Boards, including the avoidance of duplicated activity and gaps in ownership. Boards have responsibility for certain key areas of work, however other boards may have an interest in these due to the priorities they set each year.

Topic areas	Board reporting into	Board with an interest
Joint commissioning arrangements between the council and CCG	Integrated Commissioning Board Integrated Commissioning Development Group	
Domestic abuse Including Forced Marriages, HBV and FGM	CSP (through the Domestic Abuse Priority Group)	SSAB LSCP
Missing People	LSCP – missing children No oversight for missing adults	
Radicalisation	CSP 3P's (Prepare, Prevent and Protect)	LSCP
Anti-Social Behaviour	CSP & Solihull Together	
Harm – road safety Killed or seriously injured – road traffic collisions	CSP	
Serious acquisitive crime Vehicle crime, burglary, robbery – personal	CSP	
Environmental unauthorised encampments	CSP	
Rough sleepers (does not include beggars)	H&WBB	SSAB
Substance misuse	CSP	H&WBB
Modern slavery and Trafficking	CSP	SSAB LSCP
Hate Crime	CSP	SSAB
Loneliness and Isolation	H&WBB	SSAB
Exploitation Including sexual and criminal	Exploitation Reduction Board (reports to Solihull Together)	SSAB LSCP CSP
Violent Crimes Gang violence, gun crime, knife crime, youth violence	CSP	
Cyber/Hidden crimes (sextortion, revenge porn, identity theft, fraud, phishing, malicious communication, online grooming)	CSP	SSAB LSCP
Rape and Sexual Violence	Violence Alliance group, led by WMP, with a responsibility to report into the CSP	LSCP H&WBB
Unaccompanied Asylum Seekers	LSCP	
Self-Neglect	To be agreed	SSAB

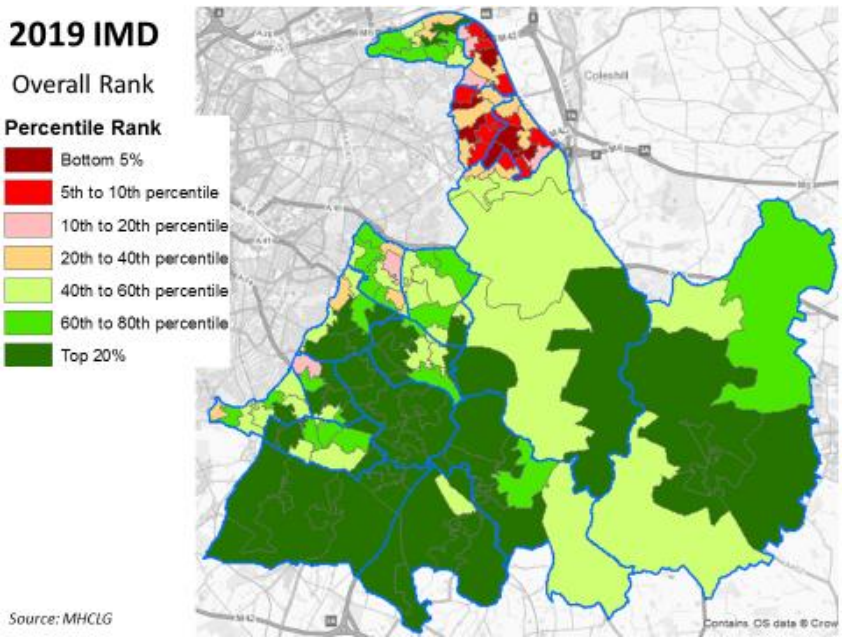
2. Local Context

The Solihull Metropolitan Borough Council area has 213,900 residents and is made up of the two constituencies of Meriden and Solihull, 17 council wards and 3 locality areas: north, east and west each supporting populations of 50-70,000.

The wider partnership is made up of:

- 1 local authority
- 1 NHS Clinical Commissioning Group
- 3 NHS Foundation Trusts (and we also commission services from Coventry and Warwickshire NHS Partnership Trust)
- West Midlands Police/Solihull Neighbourhood Policing Unit
- Solihull Community Housing
- National Probation Service and Staffordshire/ West Midlands Community Rehabilitation Company
- UK Visa and Immigration
- West Midlands Fire Service
- Children and Families Court Advisory and Support Service (CAFCASS)
- 5 schools collaboratives involving 76 primary, secondary and special schools
- 6 Primary Care Networks made up of 24 GP practices
- Third Sector organisations

Solihull is a broadly affluent borough in both the regional and national context, characterised by above-average levels of income and home ownership. Levels and extent of deprivation are limited with only 22 of the borough's 134 Lower Super Output Areas (LSOAs) in the most 20% deprived areas in the country and just eight in the bottom 5%.



Lying at the heart of the West Midlands motorway network, with excellent public transport connections with the Birmingham city conurbation and linked to European and global markets by Birmingham International Airport, Solihull has significant geographic and infrastructure advantages. Economically, this supports a strong service sector economy with Solihull town centre and key regional strategic assets (the NEC complex, Land Rover and the Birmingham & Blythe Valley Business Parks) primarily responsible for drawing in around 85,000 workers to the borough on a daily basis.

Solihull as an authority is, however, challenged by a prosperity gap, with performance indicators in the Regeneration area, framed by the wards of Chelmsley Wood, Kingshurst & Fordbridge and Smiths Wood to north of Birmingham International Airport, significantly lagging the rest of the borough. Alongside below average income levels the regeneration area is notable for a relatively higher population density, less green space per head and a substantially greater proportion of socially rented housing (62% of the borough's total). The regeneration area contains the 20 most deprived LSOA neighbourhoods in Solihull, with 23 of the areas 29 LSOAs in the bottom 25% nationally. The impacts of this are felt across a broad range of outcomes including educational attainment, employment, crime and health.

Solihull is in the midst of dynamic and rapid socio-demographic change. The Black and Asian Minority Ethnic (BAME) population has more than doubled since the 2001 Census and now represents nearly 11% of the total population. On this basis the borough is less diverse than England as a whole (and significantly less so than neighbouring Birmingham), but with BAME groups representing a relatively higher proportion of young people in Solihull (over 17% of those aged 15 and under) this representation is set to increase.

The second significant demographic change is Solihull's ageing population. Between 1998 and 2018 the population aged 65 and over increased by 39% and from 16% to 21% of the total population. As a result, there are now 9,200 more residents aged 65 to 84 years and 3,400 more aged 85 years and over than 20 years ago. Population projections based on the 2016 population estimates indicate the relative ageing of the Solihull population will continue and by 2038 those aged 65 and over will account for one in four of the borough population, with those aged 85+ numbering nearly 12,000 (5% of total).

3. LSCP Effectiveness: an account of progress made against the priorities set for 2019/2020

The LSCP agrees priorities for development work during the year where it is evident that improvements are required in respect of the multi-agency response to children, young people and families. The agreed priority areas for 2019-2020 were rolled over from the LSCB's priorities for the previous year:

- Early Help
- Neglect
- Exploitation

3.1 LSCP Priority: Early Help

Working Together to Safeguard Children 2018 sets out a requirement to have an early help assessment process;

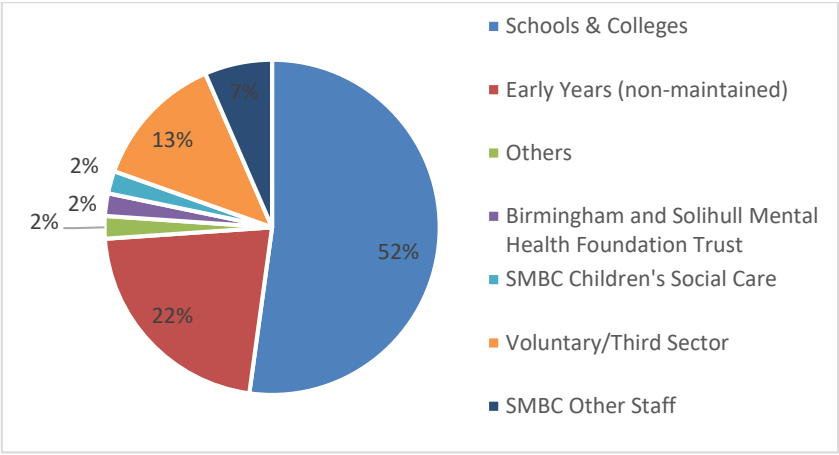
"Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989." (Page 13, Para 7)

3.1.1 Achievements

The LSCB annual report for 2018-19 noted that the introduction of Early Help tools would provide an opportunity in Solihull to strengthen the assessment of early help need for children and families, improve the recording and sharing of information, provide a common structure for early help conversations and meetings between practitioners from the same and different agencies and with children, young people and families, review progress against agreed targets and evidence outcomes. An early help assessment tool was agreed with a plan for the new safeguarding partnership in the coming year to support the embedding of the early help assessment tool into frontline practice.

To support the introduction and roll out of the early help assessment and review tool an early help multi-agency training module was developed to be delivered as part of the LSCP's modular training programme. The LSCP has been delivering Early Help (Module 1) training since November 2019. 46 practitioners were trained over 5 courses between November 2019 - February 2020.

The chart below demonstrates the breakdown by agency of those who have attended LSCP Early Help training:



Delegates complete a pre-course evaluation form and a 3 month post course evaluation which allows them to rate their knowledge, skills and confidence out of 10. Both practitioners and their managers reported that themselves or their member of staff felt more confident in practice, particularly in applying thresholds and providing practitioners with the confidence to signpost families to different support networks. Practitioners reported feeling confident enough to disseminate the knowledge gained from this course to their colleagues, thereby enabling them to support children and young people in their setting. This course has been particularly beneficial for one practitioner who noted in the evaluations that the course has provided them with the knowledge and confidence to support two families, one experiencing domestic abuse and one involving two children with special educational needs.

A range of communications methods were used to support raising of awareness of the early help assessment tool across the partnership including disseminating briefings and introducing the tool in multi-agency training. The LSCP has published guidance located at: https://www.safeguardingsolihull.org.uk/lscp/multi-agency-procedures-and-practice-guidance/early-help/. Early help is also referenced throughout the other multi-agency policies and procedures for dealing with particular circumstances where an early help offer would be beneficial.

From 1 April 2019 the remit of the Multi-Agency Safeguarding Hub (MASH) expanded in response to the growing demand for services to support children and families in Solihull.

In an effort to simplify routes into the service through a single front door, social workers and family support workers, under a single Team Manager and Assistant Manager, joined together to deliver a more joined-up response to families, whether at threshold Level 2 (stronger community), Level 3 (targeted intervention from a Family Support Worker) or Level 4 (statutory intervention from a Social Worker). In addition 2 new Family Support Teams were created. The remit of the new teams was designed to provide a response to families with Social Workers and Family Support

Workers working collaboratively and utilising their specific skill sets to devise a robust plan of intervention that is bespoke to the family's needs.

In the Ofsted report, published in January 2020 following the Inspection of children's social care services undertaken during November 2019, inspectors noted that Solihull had recently reorganised its early help provision, creating a family support service that undertakes assessments of need and provides families with help at an early point. Inspectors considered this area of provision a strength. They noted that *'family support and sensitive direct work with children are making a positive difference to their lives. If improvements in children's lives are not made, or if levels of risk increase, family support workers promptly escalate their concerns so that statutory intervention can commence.'*

During the year data presented to the LSCP demonstrated that increased rigorous screening of referrals at the front door had led to a reduction in the number of children being referred for a social work assessment. More children and families, who might have been assessed as requiring a statutory intervention in the past, were being offered the opportunity to engage with targeted support through a Family Support Assessment and Plan. During the first half of the year over two thirds of Family Support Assessments recommended a Family Support Plan, a quarter resulted in no further action and 5% were escalated for a Level 4 statutory intervention by social work services. The changes made to the service delivery model were enabling children and families to receive the right service at the right time. Ofsted inspectors had noted that in the majority of cases they had found decision making to be robust, which evidenced good application of thresholds in the MASH.

3.1.2 Early Help: what we need to improve

During the first half of the year it was noted that 17% of those children who had been the subject of a Family Support Plan were subsequently escalated for a Level 4 statutory intervention. This raises questions about the ongoing availability of alternative Level 2/3 early help provision to support families to maintain progress after the Plan has ended and indicates a need to continue to monitor outcomes for children who have received an early help response from the local authority's family support service.

A small number (8) of early help cases were audited by the LSCP in November 2019 as part of its quality assurance programme. The findings identified that the LSCP should give consideration to further promotion of the Early Help process, including action to support the embedding of the Early Help Assessment tools into frontline practice.

The LSCP is unable to evaluate the effectiveness of the early help delivered by all partner agencies in Solihull, however it can provide assurance about the application of thresholds by MASH and partner agencies at the front door and the effectiveness of the reorganised early help provision provided by the local authority's family

support service. On this basis a decision was taken to continue to monitor the effectiveness of early help as part of the LSCP's core business going forward, and to continue to support the embedding of the early help assessment tool and plan through the delivery of multi-agency training and other communications opportunities.

3.2 LSCP Priority: Neglect

In Solihull nearly half of all child protection plans are due to concerns about neglect which means that it remains the most significant issue in terms of risk to children and young people. This reflects the national picture. An effective and co-ordinated approach to addressing concerns of neglect at all levels of intervention will ensure that children and families receive the right services at the right time.

Solihull's Neglect Strategy was developed in September 2017 (under the previous Local Safeguarding Children Board arrangements) and identified the following objectives:

- To improve outcomes for children where there are concerns about neglect
- To promote the application of the Graded Care Profile tool (GCP2)
- To ensure professionals attend multi-agency training

The Graded Care Profile 2 (GCP2) is a tool designed to provide an objective measure of the care of children. It is primarily based on the qualitative measure of the commitment shown by parents or carers in meeting their children's 9 developmental needs. To use the GCP2 practitioners are required to carry out or work with partners to do 4-6 announced and unannounced visits to observe a family. This should be completed in a designated time of between 2-4 weeks. Solihull took the decision to endorse the GCP2 tool as the approach to be taken in direct work with families and the tool is referenced in the LSCP neglect procedures and also on the LSCP website:
https://solihulllscp.co.uk/practitioner-volunteers/neglect-strategy-20/graded-care-profile-2-97.php

3.2.1 Achievements

Nearly half of all child protection plans (49%) in 2019/20 were opened under the category of neglect. Further monitoring of this measure will provide an indicator of the prevalence of neglect for those children and young people at risk of significant harm.

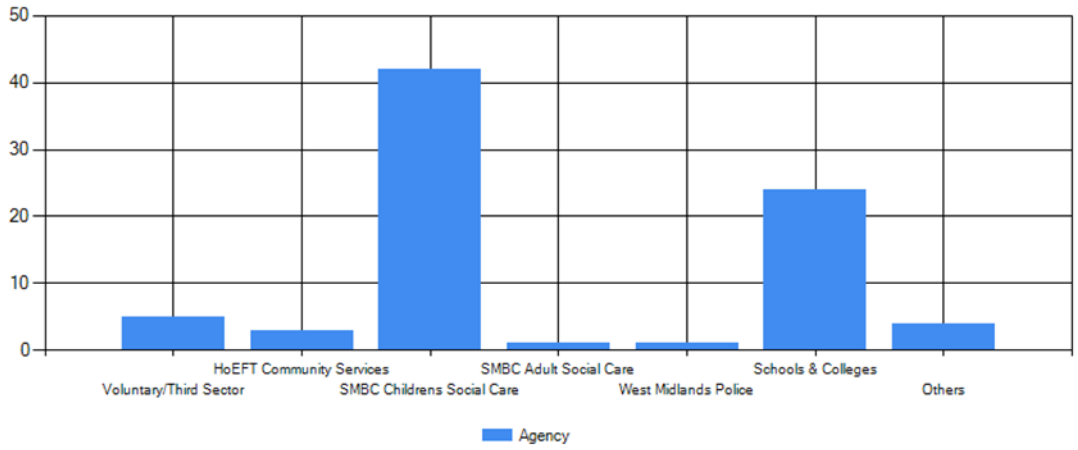
The percentage of child protection plans which last for 18 months remains low and has been relatively stable over the last year. In neglect cases it is important to ensure that interventions are focussed and effective, avoiding drift and delay. Continued monitoring of this measure will enable the LSCP to assure itself about timeliness of decision making.

Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
5%	7%	6%	7%	9%	5%	6%

During the year it was noted that repeat child protection plans (within 2 years) for neglect have been steadily reducing since Q2 2018/19. This is important because it indicates that, for those children where neglect is sufficiently serious to warrant a child protection plan, statutory interventions at Level 4 to address neglectful parenting are increasingly effective at reducing risk.

Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
13%	11%	8%	6%	4%	3%	3%

The LSCP is a licensed trainer for the Graded Care Profile 2 and training module 6C addresses the use of GCP2 specifically. Since the Neglect Strategy was published in September 2017, 114 practitioners have been trained in the use of GCP2. Post course evaluation evidences that practitioners rate the training extremely highly for increasing their knowledge, skills and confidence in using the tool in direct work with families. The graph below shows the breakdown of those trained by agency:



Solihull Children's Social Work Services took specific steps to help embed the use of GCP2 within their service. A decision was taken to ensure that from 1 October 2019 chairs of initial child protection conferences held for children at risk of neglect were to ensure that an action is set for the GCP2 tool to be used in direct work with the family.

The LSCP delivers a series of neglect modules. The table below shows the number of practitioners who have attended training on each module since September 2017 and during 2019/20. It is important to note that some courses are run more frequently than others:

Course Name	Number of courses	Sep 17-March 20	19/20
Module 6: Neglect – Impact on Child Development	4	158	52
Module 6b: Neglect -Domestic Abuse	2	57	19
Module 6c: Neglect -GCP2	3	114	41
Module 6d: Neglect - Substance Misuse	1	35	13
Module 6e: Neglect – 'Who is he?'	2	27	27

Delegates complete a pre-course evaluation form and a 3 month post course evaluation which allows them to rate their knowledge, skills and confidence out of 10. The below figures demonstrate the average scores out of 10 of all delegates both before they attended the course and after the course for 19/20:

	Module 6		Module 6b		Module 6c		Module 6d		Module 6e	
	Before	After	Before	After	Before	After	Before	After	Before	After
Knowledge	5	7.5	4.8	7.2	3.8	8.5	4.4	8.3	5.8	7.2
Skills	5	7	4.6	7.5	3.6	7.6	4.4	8.5	5.7	7.1
Confidence	5.1	7.5	4.5	7.2	3.5	8.1	4.2	8.3	5.6	7.1

The LSCP promotes the neglect training modules through its newsletters and on its website. The low take up of some neglect modules raises questions about the extent to which partner agencies are promoting neglect training for their staff.

3.2.2 Neglect: what we need to improve

During the year the LSCP collected data on the use of the GCP2 by those practitioners who had been trained. Data for the first half of the year indicated that use of the GCP2 tool is still relatively low compared to the number of practitioners trained:

	Quarter 1 2019/20	Quarter 2 2019/20	Quarter 3 2019/20	Quarter 4 2019/20
Total number of people trained	168	168	177	193
Number of practitioners who report they have used the tool this quarter	7	5	5	2
Number of families the tool has been used with this quarter	7	7	7	2

Number of children the tool has been used with this quarter	24	20	20	4

It is not yet possible to provide assurance that GCP2 has been embedded into practice across the partnership. 193 practitioners have been trained in total, 114 of them since the Neglect Strategy was agreed in September 2017; predominantly from children's social care and schools/colleges. Whilst the training is very effective in terms of increasing the knowledge, skills and confidence of attendees, it is clear that not all those who are trained go on to use the GCP2 routinely in their work with families. This raises questions about whether training is targeted at the most appropriate practitioners, and about whether partner agencies are supporting the use of the tool in frontline practice.

The above is further evidenced from the detailed audit of a small number of neglect cases undertaken during the year as part of the LSCP's quality assurance programme. It identified that further activity is required to support embedding of the GCP2 into frontline practice; it was found this is not yet routinely being used in direct work with families. It was also noted that the demands placed on families, particularly in neglect cases, by the number of agencies engaged with them can be overwhelming. This included reference to the large number of actions which can be made at child protection conferences and the need for these to be prioritised and link directly to the danger statement. This last point also links to a recommendation by Ofsted which asks Solihull's children's social work services to develop more clarity around child protection plans so that parents and carers can more readily understand what is expected of them and why.

It is evident that going forward the LSCP will need to take a more strategic approach to raising awareness of and promoting the tool. The safeguarding partners have taken the decision to retain neglect as a strategic priority for 2020/21 with a view to completing a review of the Neglect Strategy 2017 to include consideration of:

- A more strategic approach to embedding GCP2 across the workforce
- Activity to raise awareness of and promote the Neglect Toolkit 2019
- Development of a neglect scorecard to support evaluation of the impact of Strategy
- Delivery of a co-ordinated communications plan to re-launch the refreshed Strategy and tools

3.3 LSCP Priority: Exploitation

The Local Government Association (LGA), who completed a Peer Diagnostic Review of the child sexual exploitation arrangements in Solihull in 2017, recommended the need to broaden learning to other areas of exploitation.

The Solihull Safeguarding Adults Board (SSAB) commissioned a Safeguarding Adult Review (SAR) in 2019 into the death of a young person who was a victim of sexual

exploitation and trafficking. It recommended the establishment of a joint strategic group to take forward the wider exploitation agenda and to ensure that there was a focus on transition arrangements for young adults. The Exploitation Reduction Board was established sitting within the Solihull Together structure, being ultimately accountable to the Health and Wellbeing Board, but also reporting to the SSAB, LSCP and Safer Solihull. It is supported by the Exploitation Reduction Delivery Group with responsibility for delivering the priorities set by the Board. It replaced the Child Sexual Exploitation Steering Group which sat under the previous LSCB arrangements.

3.3.1 Achievements

The 2018/2019 LSCB multi-agency audit process identified the need to agree a definition for wider exploitation and to develop policy, procedures and screening tools to inform this work and enhance the understanding of contextual safeguarding. Work at a West Midlands regional level was completed to develop an all age definition for wider exploitation and accompanying screening tool developed.

The West Midlands regional definition of exploitation is:

An individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person or adult and exploits them:

a) through violence or the threat of violence, and/or
b) for financial or other advantage of the perpetrator or facilitator and/or
c) in exchange for something the victim needs or wants.

The victim may have been exploited even if the activity appears consensual due to his /her specific situation. Exploitation does not always involve physical contact, it can also occur through the use of technology, e.g. as the result of a grooming process which takes place during conversations in chat rooms, or through the use of social media.

Solihull recognises that exploitation is deliberate maltreatment and manipulation irrespective of the victim's age, gender, ethnicity, background or ability and sexuality and occurs in many forms, including:

- modern slavery
- human trafficking
- sexual exploitation
- criminal exploitation

During the year work has progressed on the development of an all-age Exploitation Strategy underpinned by a comprehensive work plan which includes the following work streams:

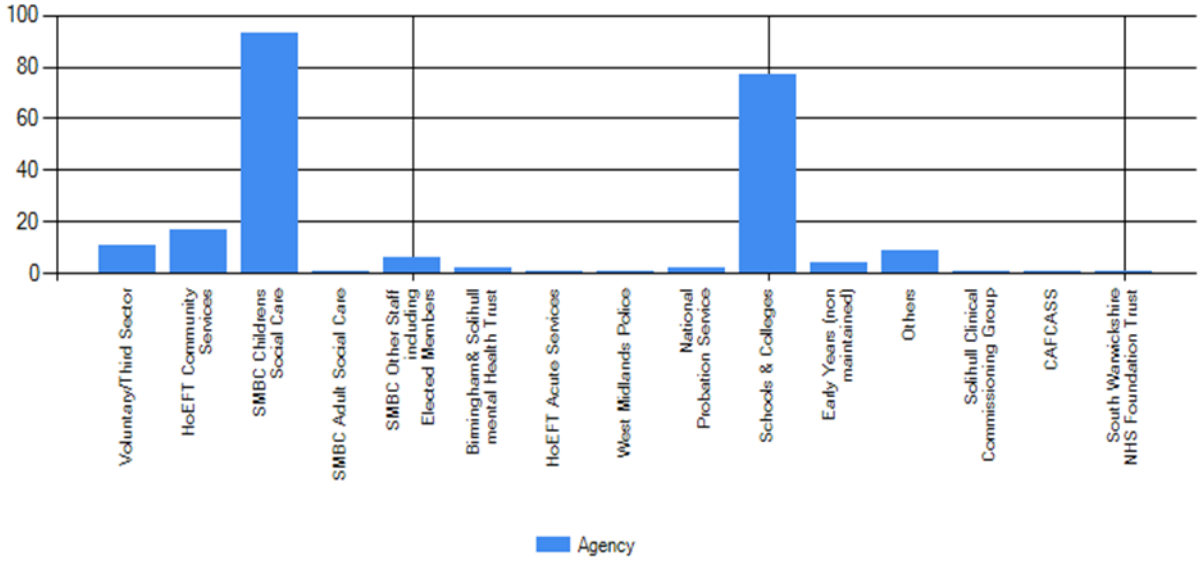
- Procedures and Pathways (adults and children)
- Tools for screening and risk assessment
- Training framework
- Dataset/problem profile
- Establishment of the Solihull Exploitation Panel (ShEP)
- Increase awareness of NRM referral process and FIB notifications

- Mapping of support services

The role of the LSCP is to work with the SSAB and other partnership boards to support the implementation of the Exploitation Strategy across the partnership. Evaluation of impact of the Strategy will be monitored through a range of performance measures, both quantitative and qualitative. The LSCP can provide assurance that there is much activity being undertaken at both strategic and operational levels, and that new processes are being implemented to address risk management issues for children, young people and adults identified as being at risk of exploitation.

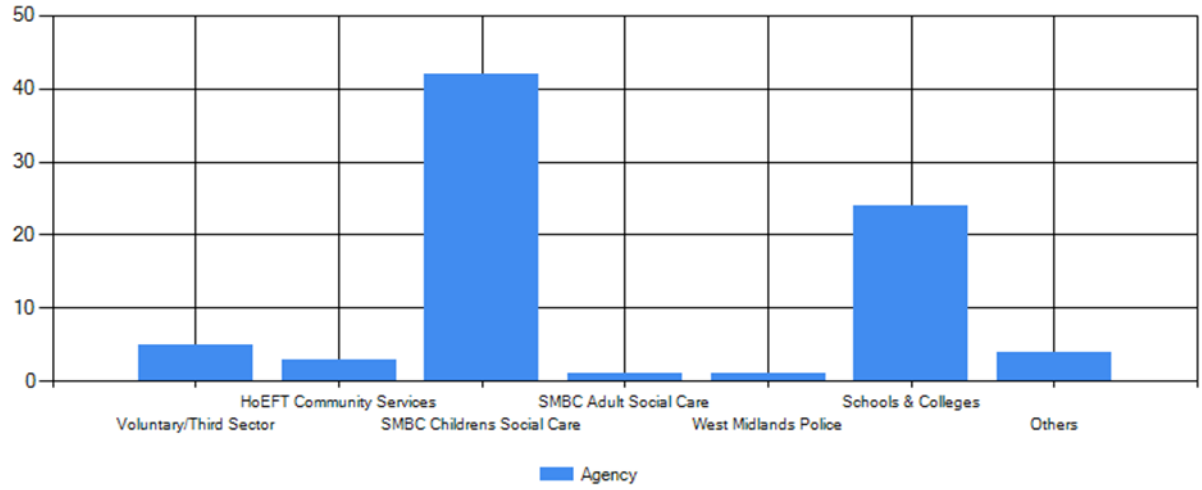
The LSCP currently delivers two training courses on exploitation; modules 5a (child exploitation awareness) and 5b (exploitation: skills for those working with those being groomed or exploited). These courses began in 2016 focusing on child sexual exploitation but were adapted to address wider exploitation in September 2019. 252 practitioners have attended module 5a with 30 of those attending the newer wider exploitation version of this training. 92 practitioners have attended Module 5b with 18 of those being trained on wider exploitation. Both Modules currently run on average 3 times each per year. An Exploitation Capability Framework is being developed under the Exploitation Reduction Board's work plan which will help agencies to assess the training, learning and development needs of staff in different roles.

A breakdown of attendance by agency at module 5a:



A common theme amongst Module 5a evaluation forms was a better understanding of the signs of exploitation. One practitioner noted that it gave them better perspective and taught them to be less naïve to potential risks of exploitation. In addition, the training has helped one practitioner to identify two young people who are at risk of exploitation and the training has taught the practitioner how best to support them. Practitioners said they felt knowledgeable enough to pass information on to other members of staff as a result of the training.

A breakdown of attendance by agency at module 5b:



Feedback forms for Module 5b revealed that this module is useful in expanding an individual's knowledge around exploitation. Feedback suggests that attendees gained an increased confidence in the subject matter after attending this course and were more able to identify risk factors for exploitation. Delegates reported feeling more comfortable about approaching the subject with young people and their families after completing the module. In particular, one practitioner reported that the course helped them to recognise the signs of exploitation sooner in a young person and as a result felt more confident in referring this to MASH.

A detailed audit of exploitation cases undertaken as part of the LSCP's quality assurance programme highlighted a need to raise awareness and improve the language used and recorded in relation to exploitation work. The issue of victim blaming language was also identified by the National Working Group (NWG) who spoke at a conference following the Safeguarding Adult Review. The 'Language Matters' guidance was produced in collaboration with the SSAB and is located at: https://westmidlands.procedures.org.uk/assets/clients/6/Language%20%20Matters%20Doc%20v2(1)%20(1).pdf. Partner agencies were asked to develop implementation plans to ensure that the guidance became embedded into frontline practice through a range of existing training and communication methods. 'Language Matters' is referenced in multi-agency training and will form part of the exploitation toolkit for practitioners.

The case audit undertaken by the LSCP in 2018/19 identified the need to recognise the impact of the child's background on their susceptibility to exploitation, and seeing that through the child's eyes. The use of an ACEs (Adverse Childhood Experience) model was proposed to assess that vulnerability and to build a better understanding of that child's experiences. The LSCP subsequently considered the extent to which the 'Adverse Childhood Experiences' model should be introduced in Solihull and took the view that it would not require full implementation of the DoH Implementation Pack across the partnership, however it did recognise value in raising awareness of

ACEs across the workforce in direct work with families and the LSCP Thresholds Guidance was subsequently updated to include references to ACEs.

3.3.2 Exploitation: what we need to improve

In 2019 the case audit group underwent a deep dive exercise which looked at six cases in detail, three of which were exploitation cases. In addition to this, the group were involved in a learning event at which areas of improvement were identified. In relation to exploitation specifically the audit identified that:

- There is a need to consider exploitation cases from a contextual safeguarding perspective and to develop practitioner understanding for this to be effective.
- Practitioners lack confidence in addressing criminal exploitation where there are risks to a young person's safety.
- There is evidence of some agencies demonstrating good challenge in relation to wider exploitation safeguarding concerns.
- There are concerns around the continued use of victim blaming language in some exploitation cases.
- Not all agencies are represented in the Multi-Agency Safeguarding Hub (MASH)
- Not all agencies are familiar with some operational processes which have been set up in response to exploitation

It is anticipated that some of these issues will be addressed through a co-ordinated launch of the Exploitation Strategy during 2020/21 supported by clear pathways, guidance, training and tools to support practice.

Whilst acknowledging the remodelling work being undertaken at both strategic and operational levels, Ofsted inspectors noted that services are still disjointed making it difficult to provide an effective multi-agency response to exploitation. It is acknowledged that further work is required to agree detailed procedures, pathways and tools. A co-ordinated launch across the partnership, with associated communications, will ensure that partner agencies are fully briefed once these have been finalised. It is not yet possible for the LSCP to provide assurance about the robustness of multi-agency response to children at risk of exploitation, although it is acknowledged that there is a high level of engagement with this agenda across the partnership and much work is in progress.

There is not yet a dataset agreed which is a priority to inform victim/offender/location profiling for Solihull.

The LSCP needs to be assured about the effectiveness of multi-agency response to children and young people at risk of exploitation and also has an important role to play in supporting the implementation of the Exploitation Strategy across the partnership. The safeguarding partners have therefore agreed to retain exploitation as a strategic priority for 2020/21.

4. Performance Analysis

The LSCP's evaluation of the safeguarding children response across the partnership is made up the following elements:

- Data
- Audits
- Inspection findings
- Assurance reports
- Service User and Practitioner feedback

4.1 Data

The LSCP has monitored high level key performance indictors during the reporting period which, in the main, has related to activity in the MASH and within the child protection system. A summary of the trends from this data is summarised in Appendix 3 and references have been made within the previous section of this report when evaluating the LSCP's three strategic priorities. The Peer Review made a recommendation about the need for a more comprehensive LSCP dashboard which would provide more information about the multi-agency response to safeguarding in Solihull. This will enable reporting from a wider perspective in next year's annual report.

The child's journey through the system in 2019/20

4.2 Audits

4.2.1 S11 Audit

The Children Act 2004 places on a statutory footing the obligation for named agencies and individuals to co-operate to safeguard children and promote their welfare. The Section 11 Audit process enables the LSCP to assure itself that agencies placed under a duty to co-operate by this legislation are fulfilling their responsibilities to safeguard children and promote their welfare. In Solihull the S11 Audit is undertaken every three years and will next be completed in 2021/22.

The overall picture of the last Section 11 Audit undertaken in 2018/19 was positive. The vast majority of agencies were meeting their safeguarding requirements detailed in Working Together to Safeguard Children 2018. Broadly speaking the LSCP can provide assurance that its partners are fulfilling their responsibilities to safeguard children and promote their welfare.

The S11 standards in the Audit are agreed regionally with the option to add local standards where aspects of practice are identified as being under-developed. As would be anticipated the picture had been less positive for the local Solihull standards.

During 2019/20 the LSCP requested an updates on agency S11 Audit action plans in order to monitor progress being made across the partnership. 8 of the agency returns had included standards where the agency had self-reported a standard as 'Inadequate' (I) or 'Requires Improvement' (RI). Of the 11 instances where agencies had evaluated a standard as 'Inadequate', 3 had moved to 'Good/Outstanding', 6 had moved to 'Requires Improvement', and 2 had remained the same ('Inadequate'). Of the 2 remaining as 'Inadequate', one related to standard 8.6 where the agency had noted inconsistency amongst staff awareness of NRM mechanism and confirmed plans were being developed to guide staff in understanding their role in this. The other related to standard 7.5 (the organisation evaluates outcomes from the perspective of the child or young person) where the agency did not have any direct responsibility for supervision of children and young people. Of the 50 instances where agencies had self-evaluated a standard as 'Requires Improvement', 31 had moved to 'Good/Outstanding', 17 remain as 'Requires Improvement' and 2 were noted as not relevant to that agency or relevance queried. The change in ratings demonstrates an improving trend across the partnership in respect of their statutory safeguarding duties.

The S11 Audit had identified that only 50% of agencies had referred families to the Troubled Families programme in Solihull. During the year the LSCP received an update on the Troubled Families work and encouraged partner agencies to identify families who could be referred to the programme, recognising that the Troubled Families agenda links to both its early help and neglect priorities.

The LSCP also took the decision to promote the NRM and FIB processes in its multi-agency training content and undertook an audit of NRM referrals submitted by partner agencies who are First Responders to better understand levels of awareness across the partnership. This suggested a relatively low level of awareness and subsequently partner agencies were asked to promote across their organisations both the NRM referral process and the FIB form for intelligence sharing at multi-agency meetings.

4.2.2 Multi-agency Case Audit

The multi-agency audit process has taken place annually since 2015, and is carried out by the LSCP as part of a rolling programme of quality assurance activity. The themes of this audit are directly linked to the LSCP key priorities, namely; early help, neglect and exploitation. In addition to the audits of 24 cases undertaken by individual agencies there was a 'deep dive' exercise undertaken where 6 of those cases were considered in detail, thus enhancing the findings and conclusions.

On the basis of findings from the case file audit the LSCP is able to provide assurance that:

- Progress has been made following the areas of improvement highlighted in previous audits, particularly in relation to exploitation
- There is a good knowledge of thresholds across organisations and their application

- There is evidence of frontline staff going above and beyond to work with children which also enables them to speak confidently about the child's lived experiences and ensures the child is the focus.

Recommendations from the case audit included:

- A review of representation of partners at MASH (also identified by Ofsted)
- Promotion of the exploitation screening tool, the need for clarification about operational processes in place to respond to exploitation concerns (also identified by Ofsted), and the need to implement the 'Language Matters' guidance across the partnership
- Further embedding of Graded Care Profile 2 and early help assessment tools
- Training on what constitutes a good quality referral into MASH (also identified by Ofsted)
- More challenge around hearing the voice of the child where agencies are stating the child is non-verbal

In response, the LSCP has incorporated work streams into its work plan for 2020/21 in relation to the embedding of tools to support practitioners in responding to neglect and exploitation. It will be developing guidance in respect of making a good quality referral and understanding the lived experience of all children, including those who are unable to communicate verbally, and continues to seek assurance about the representation of partner agencies in the MASH.

S157/175 audit

4.3 Inspections

4.3.1 Ofsted Inspection of Children's Social Care Services

This inspection was undertaken in November 2019 and the report can be found at: https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/Ofsted-Inspection-Report-2019-CSWS.pdf

Overall, Children's Social Care Services in Solihull were found to require improvement, with services for looked after children and care leavers, and adoption services judged to be good. It was found that the strengthened front door multi-agency response and a reconfigured early help response were making a positive difference at an early stage for many families. Children who are at immediate risk were being responded to quickly, and, in most cases, received timely, effective interventions. For some children, plans were not being progressed quickly enough and, in a few cases, there was drift and delay.

In terms of partnership working the inspectors particularly noted that child protection strategy meetings are subject to delays, mainly due to a lack of police availability,

and that not enough is done to ensure that children who go missing are interviewed on their return which, in turn, means that not enough information is available to contribute to protecting children.

The LSCP has been sighted on the Children's Services Improvement Plan and will continue to receive updates through 2020/21 on progress being made against the Plan.

4.3.2 Care Quality Commission inspection of the Birmingham Women's and Children's NHS Foundation Trust

The CQC inspection was undertaken during April and May 2019 and the report can be found at: https://api.cqc.org.uk/public/v1/reports/6e64e0ee-57a8-46cc-8575-7c2aa4561daa?20200309120709

The overall rating for the Trust was good, with elements of outstanding practice identified within Birmingham Children's Hospital. Birmingham Children's Hospital is a specialist paediatric centre, caring for children and young people up to the age of 16. The hospital has a national liver and small bowel transplant centre and is a global centre of excellence for complex heart conditions, the treatment of burns, cancer and liver and kidney disease. The hospital is a nationally designated specialist centre for epilepsy surgery and is also a paediatric major trauma centre for the West Midlands. Solihull children may find themselves in receipt of services from the Birmingham Children's Hospital.

4.4 Assurance

4.4.1 Management of Allegations against adults who work with children

Statutory guidance requires the Local Authority Designated Officer (LADO) dealing with allegations against adults that work with children to report annually basis about work undertaken. This report provides an overview of the work undertaken with reference to relevant available data in relation to managing allegations against adults who work with children. The report also informs the LSCP of the wider activity undertaken within the role.

The number of referrals in 2019/20 was down on the previous two years indicative of a downward trend in Solihull.

Total number of allegations referred to the LADO 2019/20			
Year	2017/18	2018/19	**2019/20**
Number of allegations	94	79	**47**

Although there is no indicative timescale for completing enquiries set out in the statutory guidance it is suggested that it is reasonable to expect that 90% of cases should be completed within three months. This timescale target is also confirmed in Keeping Children Safe in Education 2019.

Of those cases concluded during the year 2019/20, the number that were resolved within the relevant timeframes (and comparison with previous years)									
Time period in months	**Actual number**			**Percentage of the total completed**			**Rolling Percentage of total completed**		
	17/18	18/19	**19/20**	17/18	18/19	**19/20**	17/18	18/19	**19/20**
Within 1 month	32	33	**15**	30%	36%	**30%**	30%	36%	**30%**
Within 3 months	58	44	**26**	55%	49%	**52%**	85%	85%	**82%**
Within 12 months	13	12	**7**	12%	13%	**14%**	97%	98%	**96%**
More than 12 months	3	2	**2**	3%	2%	**4%**	100%	100%	**100%**
Total concluded	106	91	**50**						

The table below shows the findings for the cases referred through to the LADO during the year:

Findings for cases referred in 2019/20			
Outcome	2017/18	2018/19	**2019/20**
No further action after initial consideration	1	3	**8**
Substantiated	Not collated	37	**19**
False	Not collated	0	**0**
Being Unfounded	12	5	**3**
Being Unsubstantiated	15	18	**20**
Being Malicious	1	2	**0**

19/50 referrals this year were substantiated (40%) compared with 39/75 in 2018/19 (52%).

During 2019/20 three multi agency training sessions were delivered on the 'managing allegations' process attended by 47 practitioners. These training sessions have been well attended and the evaluations were very positive. Following the courses many delegates reported that it had made them more confident in knowing what to do should an allegation be made. Delegates reported a greater awareness of procedures, with one delegate in particular reporting that the course had encouraged their agency to introduce a system for dealing with allegations, something they did not have previously.

The LSCP can provide assurance that there is appropriate awareness and understanding of the 'managing allegations' process in the borough. Although there have been fewer cases which have met the threshold for referral into the LADO process this year, there is clear evidence of agencies contacting the LADO to talk issues through appropriately, evidence of matters being progressed in a timely way, and evidence of the process supporting learning within settings. Ofsted noted in its inspection report (November 2019): "the designated officer service is effective in its response to allegations against adults. Solihull designated officer(s) work well with key partners and neighbouring local authorities, resulting in effective information sharing and overall swift decision making".

4.4.2 Education

The Section 157/175 (Education Act 2002) audit process seeks assurance about the safeguarding compliance of education safeguarding provision in Solihull and is undertaken annually. There are 91 education providers in Solihull including local authority maintained schools academies, independent schools and Post 16 provision with 100% compliance in completing the audit, which is extremely positive.

Revised statutory guidance Keeping Children Safe in Education (KCSIE) (2019) was implemented with effect from September 2019. Key documentation, such as safeguarding policies, were updated in line with the new guidance ready for the Autumn 2019 term. During the year, the LSCP received assurance from the local authority education safeguarding lead about how well Solihull education providers perform against the statutory requirements of KCSIE 2018 which provided a very picture.

An education sub-group with representation from across the range of education providers, including post 16 and independent schools, meets on a regular basis to ensure that information is disseminated both to and from the LSCP on safeguarding in education issues. The representation from secondary schools in particular has strengthened this year.

4.4.3 Multi-agency Safeguarding Training

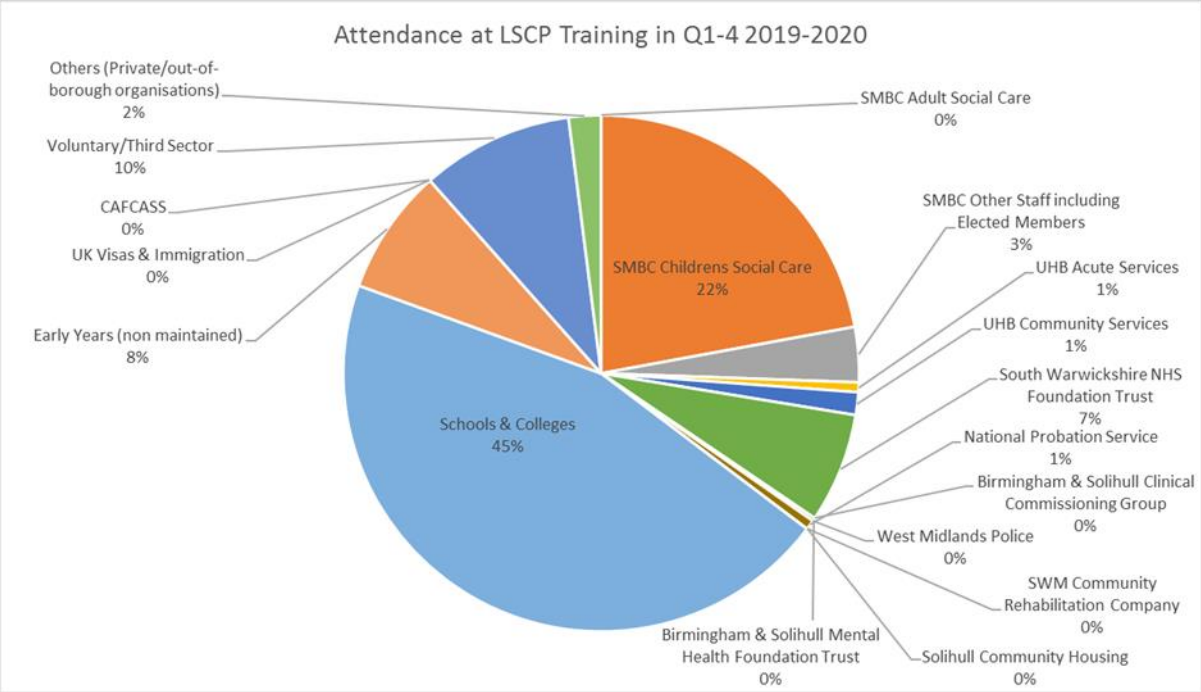
Working Together 2018 states; "Multi-agency training will be important in supporting this collective understanding of local need. Practitioners working in both universal services and specialist services have a responsibility to identify the symptoms and

triggers of abuse and neglect, to share that information and provide children with the help they need. To be effective, practitioners need to continue to develop their knowledge and skills in this area and be aware of the new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation. To enable this, the three safeguarding partners should consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission." (p12-13)

The range of training modules are reviewed and developed based on the latest learning from local and national serious case reviews, child safeguarding practice reviews, domestic homicide reviews, theory, research and case audit findings.

The LSCP multi-agency safeguarding workforce development strategy stipulates that as a general guide all those who regularly make child protection referrals, are regularly expected to attend child protection conferences and core groups, and/or those who manage or supervise practitioners who do, should receive a minimum of 3- 6 hours of multi-agency training; ideally at least 1 training module per year. This is not a fixed rule but should be intelligently used as guide to help practitioners engage in multi-agency training.

During 2019/20 Solihull LSCP trained a total of 493 practitioners from a wide range of organisations. The diagram below demonstrates the breakdown of attendance by agency. This is consistent with the previous year where schools and colleges make up the majority of delegates attending multi-agency training, followed by children's social care.



The LSCP's evaluation of multi-agency training delivered during 2019/20 demonstrates the tangible increase in participants' knowledge, skills and confidence

as a result of attending the training, and also provides qualitative examples of how the training has been put into practice in the work place.

2019-20 ended in unprecedented circumstances, with courses being cancelled from March 2020 as a result of restrictions imposed due to the Coronavirus pandemic. The impact on the delivery of face to face training during 2020/21 is as yet unknown. Whilst it is hoped that face to face training will be able to resume, it is possible that training modules may have to be re-designed to enable delivery on virtual platforms, or a blended approach adopted which combines the two styles of delivery. The impact on those partner agencies who currently rely on the LSCP multi-agency training programme, such as schools and colleges, will be significant.

The LSCP multi-agency safeguarding workforce development strategy is due for review and it will be particularly important during 2020/21 to establish the needs of partner agencies going forward in order to complete a meaningful training needs analysis to inform the refreshed strategy.

4.5 Service User and Practitioner Feedback

This year it was not possible to obtain direct feedback from family members as part of the case audit process, which represents a gap in terms of evaluating the performance of safeguarding services involved with those families. Some lessons have been learned, however, about the barriers to achieving this and in 2020/21 it is anticipated that service user feedback will provide a valuable dimension to the audit findings.

4.6 Performance Summary

Overall performance continues to indicate timely decision making as children move through the system. Ofsted noted that decision making within the MASH with partners is generally robust and the new arrangements in place for responding to new referrals in children's services means that families are more likely to receive the right service at the right time, which leads to less families requiring a statutory intervention. Arrangements for delivering early help from the Family Support Teams in children's services was identified as a strength in the inspection. Referral rates in Solihull remain higher than the national average and statistical neighbours, somewhat unexpected in a relatively affluent borough, but rates are reducing. The high volume of repeat referrals seen this year is thought to be a systems issue and will be monitored closely during 2020/21 to ensure that this is the case. Child Protection Plans are broadly in line with the picture nationally and neglect remains the most significant risk issue in Solihull. The length of CP Plans and the percentage of repeat CP Plans are both showing a downward trend which is positive.

There are areas of practice identified by Ofsted which need to improve and the LSCP is assured that the local authority has plans in place to address these and will continue to receive updates on progress during the coming year. Services provided for looked after children, care leavers and adoption in Solihull are good.

The multi-agency case audit process provides a qualitative view of the child protection processes from the perspective of the multi-agency professionals working within the system. The 2019/2020 audit identified that the majority of practitioners involved had an understanding of thresholds across organisations and their application, and where practitioners were involved with children directly there was evidence of frontline staff going above and beyond to work with children which also enables them to speak confidently about the child's lived experiences and ensures the child is the focus. Progress has been made following the areas of improvement highlighted in previous audits, particularly in relation to exploitation.

Areas for improvement identified in the case audit include the need for more use to be made of the early help and neglect tools to support assessments and decision making. The quality of referrals is still variable across the partnership and more needs to be done to promote frontline practitioners' understanding of the lived experience of babies and non-verbal children in particular.

In general partner organisations are meeting their statutory safeguarding duties and, of those who are need to make improvements following the last S11 audit, most have done so during the course of this year. This improving picture provides a high level of assurance as to the seriousness with which partners approach the safeguarding children agenda even where this is not their core business. Education providers in Solihull have all complied with the safeguarding audit this year and assurance has been provided that the sector is meeting requirements as set out in the revised statutory guidance. There is a high level of awareness across the partnership of the process for responding to allegations against staff and volunteers, and good use of consultations with the LADO, with the vast majority of referrals being brought to a conclusion within the recommended time scale.

Safeguarding training is made available to partner agencies by the LSCP. Whilst organisations are at liberty to make their own arrangements for training staff, borne out by a reduction in demand, some continue to rely heavily on the provision of multi-agency training. Evaluations from multi-agency training continue to be very positive and provide evidence of the positive impact safeguarding training can have on frontline practice in Solihull.

5. Serious Case Reviews (SCRs) and Child Safeguarding Practice Reviews (CSPRs)

LSCPs have a statutory duty under Working Together to Safeguard Children 2018 to undertake local child safeguarding practice review in cases where there is potential learning for partner agencies in respect of a child who has suffered a serious injury or death as a result of child abuse or neglect. This process replaced the serious case review process which was a statutory function of the previous local safeguarding children boards (LSCBs) under the old multi-agency safeguarding

arrangements. Any partner agency is able to make a referral for a CSPR if it considers that there is learning for two or more partner agencies and the criteria for a CSPR is met as set out in the statutory guidance. The purpose of a child safeguarding practice review is to understand the impact of the actions of different organisations and agencies on the child's life, and on the lives of his or her family, and whether or not different approaches or actions may have resulted in a different outcome. In this way we can make good judgments about what might need to change at a local or national level. The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the national Child Safeguarding Practice Review Panel (the Panel) and at local level with the safeguarding partners.

The new statutory guidance also introduced the rapid review process to be instigated following a notifiable serious incident. The rapid review, which has to be completed within 15 working days of the national Panel being notified of the incident, is the decision making process which makes a recommendation to the safeguarding partners about whether the case should be referred to the national Panel for a national CSPR, whether there should be a local CSPR commissioned or whether an alternative learning activity should be undertaken in that specific case.

In Solihull the new safeguarding children partnership came into force on 1 May 2019. The Serious Case Review (SC17), initiated during 2018/19, was concluded and the report published on 20 April 2020. In accordance with the transition arrangements set out in Working Together 2018 no further SCRs were commissioned during the year. The report for SC (17) is located at:
https://www.safeguardingsolihull.org.uk/lscp/wp-content/uploads/sites/3/2021/09/SC17-report.pdf

The learning from this case was limited specifically to conversations held between partner agencies and the mother of an unborn baby prior to her death. A referral pathway between Solihull Children's Social Care Services and Solihull Integrated Addiction Services (SIAS) was developed as a result of the learning from this case and is located within the inter-agency child protection procedures at:
http://westmidlands.procedures.org.uk/assets/clients/6/Solihull%20Integrated%20Addiction%20Services%20(SIAS)%20and%20Solihull%20Children%E2%80%99s%20Social%20Care%20Information%20Sharing%20Pathway%20(2020).docx

Birmingham LSCP undertook a serious case review in 2017/18 on a case following the death of a child who was living in Solihull in temporary accommodation at the time of their death. This report was published in December 2019 and is located at:
http://www.lscpbirmingham.org.uk/images/BSCP/Professionals/Serious_Case_Reviews/BSCB_2017-18_01/BSCB_2017-18-01_Final_Report.pdf

The learning from this case led to the development of a case transfer protocol between Birmingham Children's Trust and Solihull Children's Social Care Services which is located within the inter-agency child protection procedures at:

https://westmidlands.procedures.org.uk/local-content/1UzN/miscellaneous-additional-local-information/?b=Solihull

The LSCP worked with Solihull Safeguarding Adults Board and Solihull Workforce Development, who commissioned Geese Theatre to design a drama to help demonstrate the learning form the “Rachel” SAR. Two events were delivered in 2019 attended by over 160 multi-agency professionals.

The learning from the two serious case reviews referred to was specific to a small number of agencies. At the time of writing the LSCP is in the process of developing communications briefings which summarise the learning from these reviews, and others undertaken nationally, to encourage practitioners to consider a range of issues which include addressing disguised compliance and having conversations with parents about evidencing what they say about their drug or alcohol use.

During 2019/20 Solihull LSCP received one referral for a child safeguarding practice review from West Midlands Police in respect of a case where it was believed there might be multi-agency learning. In February 2020 the safeguarding partners agreed that a scoping exercise to enable decision making would be completed, however it was not possible for this to be completed prior to the Coronavirus restrictions coming into force in March 2020. Given the new and challenging demands placed on partner agencies by the pandemic, it was agreed to defer the decision making on this referral until partner agencies had the capacity to undertake the necessary scoping work, thereby pushing this case into 2020/21.

In February 2020 the safeguarding partners agreed to a proposal to implement a standing panel for the purposes of making recommendations to the safeguarding partners in respect of CSPR referrals, completing rapid reviews following serious incidents, and monitoring action plans from reviews. This panel will be chaired by the Deputy Director of Nursing and Quality for the Birmingham and Solihull Clinical Commissioning Group. This panel will be implemented during 2020/21 and will report directly to the Executive group of the LSCP. Standing membership will support the development of confidence in application of the criteria and decision making in respect of child safeguarding practice reviews. It will also provide a forum for the robust monitoring of action plans from CSPRs and rapid reviews.

6. Understanding the Voice of the Child

The LSCP plays different roles in relation to understanding what children and young people have to say. These are summarised in the diagram below:

The LSCP seeks assurance on how well the voice of the child influences strategic service development and operational practice across the partnership; it does not directly deliver services to children and young people itself, but is concerned with how effectively partner agencies engage with children and young people to understand their lived experience to inform assessments, decision making and outcomes. In addition, the LSCP will identify opportunities for consultation with children or young people about a specific aspect of developmental work to ensure that it delivers outputs which are relevant to them and informed by their views, for example to ensure that tools to be used by practitioners are appropriate. Thirdly, the LSCP has a role to play in improving frontline practice around the voice of the child and will do so through its multi-agency safeguarding training, through inter-agency policies and procedures, and through its communications.

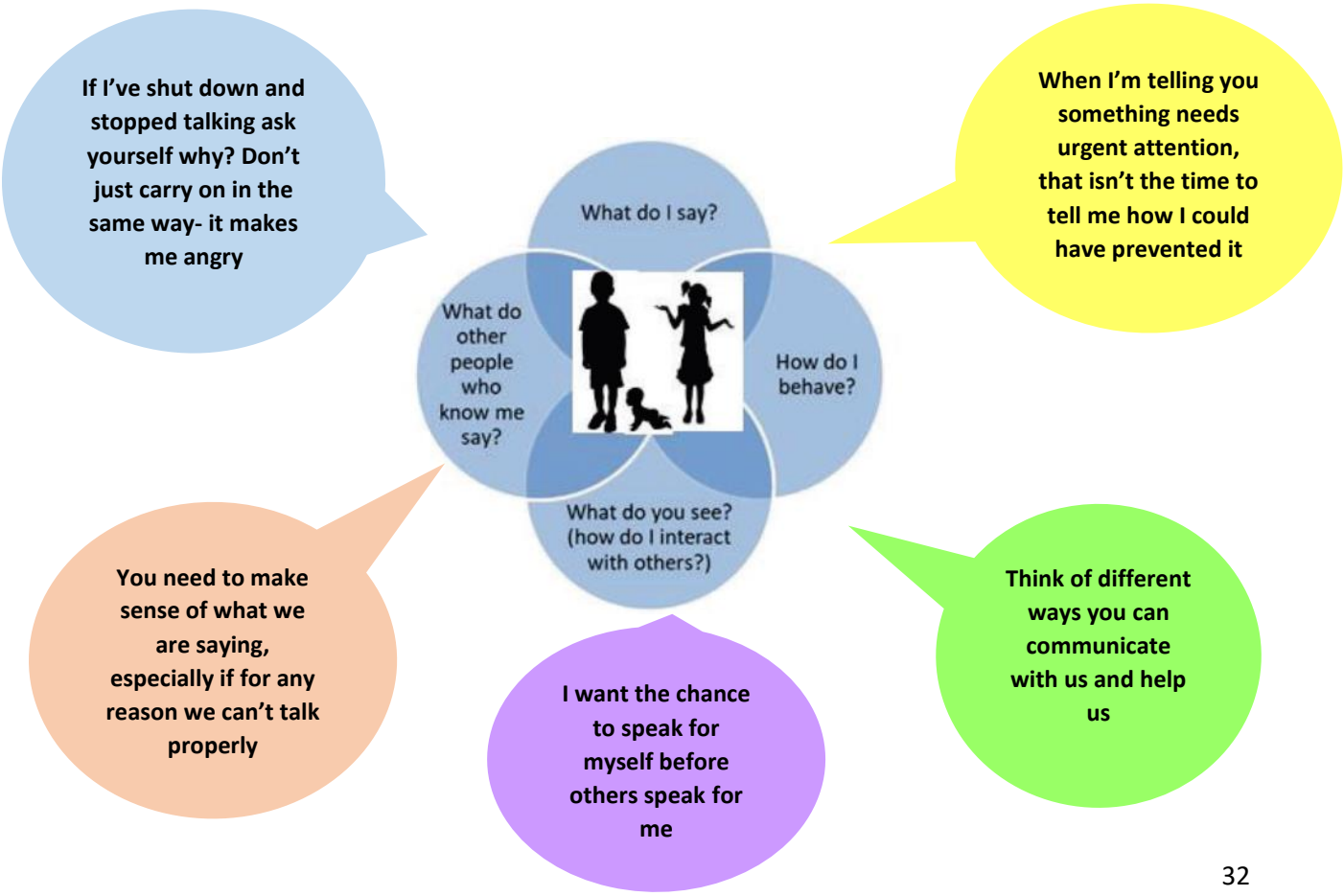
One means of seeking assurance from partner agencies is through the S11 Audit which asks how well staff listen to the voices of children and young people in their frontline work, whether routine feedback on services is sought and whether they use this to improve or develop their services. Most self-evaluations were positive, however some partner agencies did identify the need to improve, whilst others struggled to apply this standard to their specific service. Partner agencies who scored themselves as 'requires improvement' were asked during the year to provide the LSCP with assurance that this will be an area of specific focus going forward. Examples of practice changes which have been made to support this standard include: the development of safeguarding supervision tools to capture this information, using audit tools which capture evidence of the voice of the child/lived experience of the young people they work with, and encouraging children and young people to provide feedback on services received which is then collated to evidence possible areas of service improvement. When the next S11 Audit is undertaken in 2021/22 the LSCP will be looking for assurance that there is a continuing improving picture.

A further evaluation of the extent to which partner agencies are taking into consideration the voice of children in their direct work is made during the annual multi-agency case audit process. In the 2019/20 auditors were asked if it is evident that the voice of the child has been captured, for example finding out what life is like for the child and capturing their wishes and feelings. From the cases audited it was found that practice is variable in terms of listening to and giving consideration to the

views of children and young people. In the most effective cases, the voice of the child was evident and their lived experience had been explored well by practitioners, particularly in relation to mental health needs and learning difficulties, with appropriate support being provided as a result. Despite this, there were some issues around the lack of curiosity in relation to parents and their ability to care for their child. Another specific issue arose from a lack of evidence in case files about what life is like for non-verbal children, with comments made by practitioners that these children are unable to say anything about their thoughts and feelings, leaving a significant gap in information on which to make assessments and decisions.

At the time of writing a briefing is being finalised by the LSCP which reminds practitioners of the need to consider how to assess the lived experience of all the children they work with, including those who are babies or non-verbal. Included in the briefing are a number of statements from young people which provide examples of how practitioners can most effectively engage with them.

During 2020/21 opportunities will be identified for young people go be consulted on exploitation and neglect tools.



7. The Challenge to Partners for 2020/21

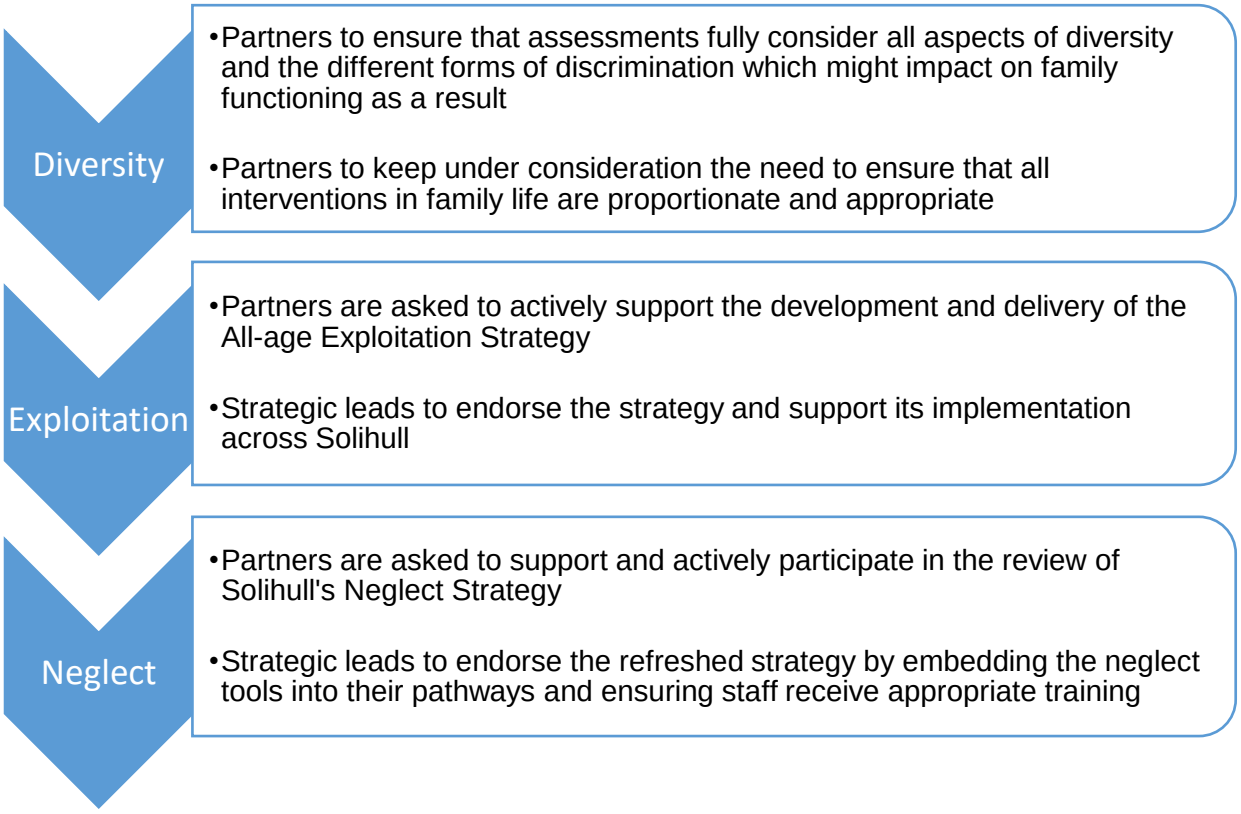
It is acknowledged that there is a high level of engagement from partner agencies with the safeguarding children agenda in Solihull. Going forward we have a busy action plan to implement on the back of the Peer Review and new LSCP arrangements to continue to embed.

By March 2020, however, we found ourselves moving into unknown territory in respect of the Coronavirus pandemic and the implications for the LSCP were at that time uncertain. It was almost inevitable that partnership working would look somewhat different, at least for a while, and it was unclear at that stage whether partner agencies would be able to continue to prioritise their LSCP commitments and activity in quite the same way. Our assumption in March 2020 was that this might very well depend on each partner agency's core business; more operational demands due to the direct impact of Coronavirus, or less as a result of the Coronavirus restrictions being put in place.

In addition, just at the end of the reporting period we saw the large scale protests in support of the Black Lives Matter (BLM) movement following the death of George Floyd. These protests served to remind us of the institutional and structural racism which exists and the impact of this on the daily lives of black people everywhere. The LSCP has a role in ensuring that frontline practitioners consider fully the impact of covert, as well as overt, forms of racism in their direct work with children and families.

In spite of the uncertain environment within which we are currently operating, the LSCP will go into 2020/21 with a strong focus on the need to deliver against its strategic priorities in order to continue to improve outcomes for children and young people in Solihull. In addition to a 'new look' way of partnership working, where partners are asked to adapt and identify different ways of maintaining high levels of engagement with the LSCP's activities going forward, practitioners are also identifying new and emerging threats to the safety and welfare of children and young people during the pandemic.

In addition, the LSCP extends the following challenge goes out to its partners:



8. Conclusion

This annual evaluation of the multi-agency safeguarding response in Solihull provides assurance that all of the foundations are in place to ensure that children and young people who require targeted support at threshold Level 3 and statutory interventions at threshold Level 4 are being identified and are accessing the right services in a timely way. In general, safeguarding statutory duties are being fulfilled across the partnership and practitioners know how to respond when they have welfare concerns about a child, or concerns about the behaviour or conduct of an adult working with children.

It is not possible to provide assurance about early help provision for children and families at threshold Level 2 as there is no mechanism currently in place for establishing whether an Early Help Assessment or plan has been in place prior to

the referral into the MASH, however the early help response at threshold Level 3 is seen as a strength in Solihull. The LSCP continues to have a role in raising awareness of the tools for practitioners to use in responding to support needs and will continue to promote them through multi-agency training and its communications. Whilst early help will not be an area of specific focus for the LSCP in 2020/21, it will continue to be monitored through scrutiny of its performance information and the case audit process.

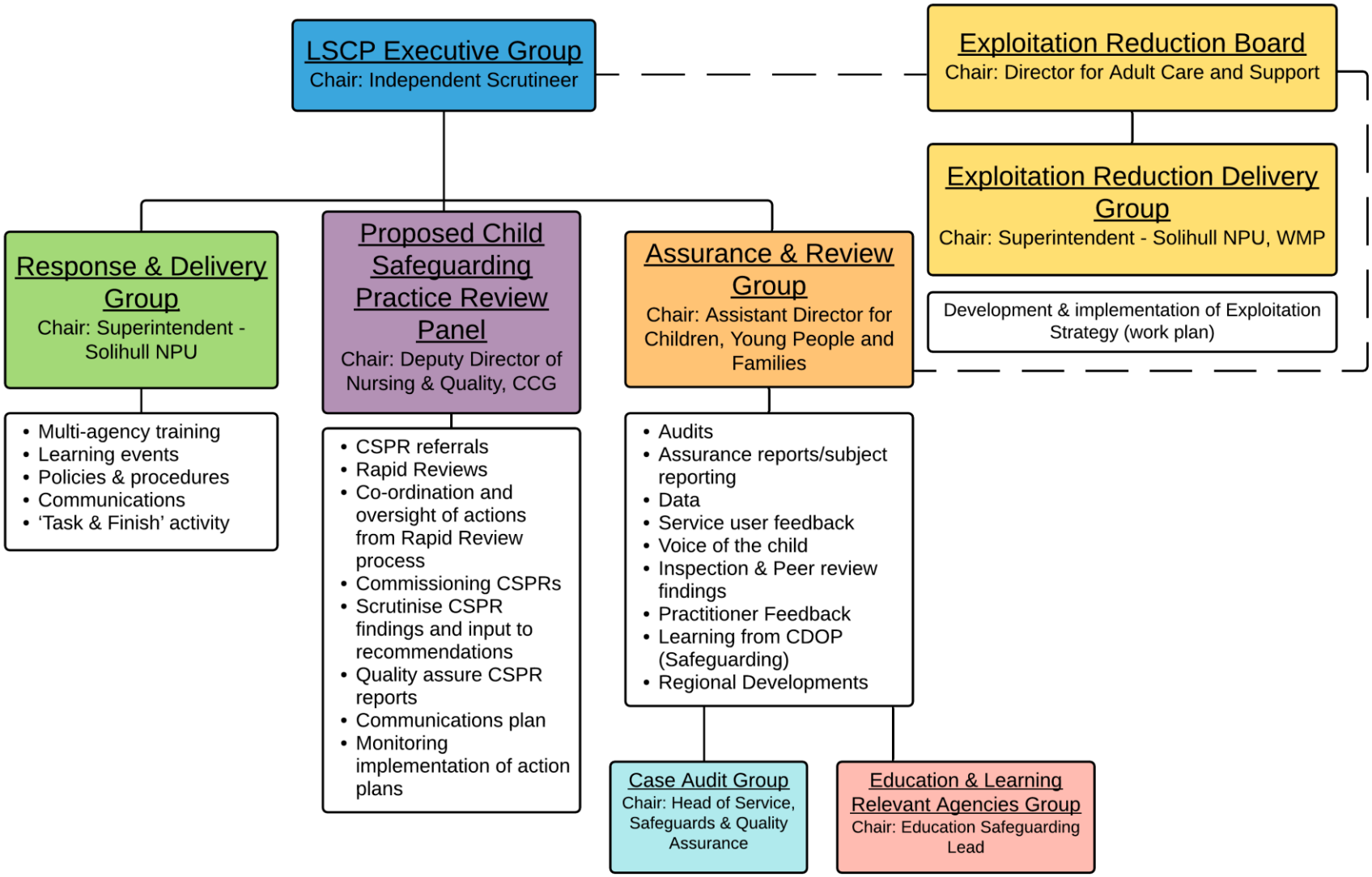
Given that neglect remains the greatest risk for children and young people in Solihull, as it is nationally, it will remain a strategic priority going into 2020/21. The Coronavirus pandemic, and the associated economic implications, may well result in greater levels of poverty leading, in turn, to an increase in neglect being identified. A co-ordinated strategic response across the partnership will come on the back of a refreshed Neglect Strategy for Solihull in the coming year.

Exploitation will remain a high priority for the LSCP in 2020/21. It will actively support the development of an all-age strategy for Solihull, under-pinned by a robust delivery plan, to ensure that the systems and processes are in place and working effectively to respond to adults and children who are at risk of or experiencing exploitation in its various forms, and to identify and prosecute offenders. There is much work still to be done to achieve this but engagement across the partnership remains high and there is a strong strategic commitment to delivering this in Solihull during the coming year.

The next few months may well present unprecedented challenges related to the Coronavirus pandemic for some of our partner agencies. As safeguarding partners we are committed to maintaining a focus on our priorities going forward, whilst remaining responsive to any new and emerging issues which impact on the welfare or safety of children and young people in Solihull during these unprecedented times.

Appendix 1

Solihull LSCP Group Structure



Appendix 2

Solihull Safeguarding Children Partnership

Budget Position 2019/20

	Budget 19/20	**Actual Spend 19/20**
	£	**£**
Pay and Overheads	193,831	176,423
Training	2,000	169
Car allowances	1,500	1,735
Telephones	500	392
IT Equipment and Related	9,700	6,810
General Office Expenses	3,000	6,049
Professional fees - CSPR/Other	4,000	3,962
Other fees - CDOP	13,000	13,000
Other fees - Independent Chair	18,000	21,319
Grants and Subscriptions	900	704
Internal Room Hire	3,000	3,647
Internal ICT	2,000	2,166
Income		
Schools Forum	-13,540	-13,540
Childrens Services	-118,640	-118,640
CCG	-60,300	-60,300
Police	-12,650	-12,879
UHB	-12,400	-6,200
SCH	-10,000	-10,000
National Probation Service	-480	-477
Community Rehabilitation Grant	0	-1,500
CAFCAS	-550	-550
External/Other income (e.g. training charging policy)	-9,000	-6,580
Carry forward	-29,430	-29,426
Net Budget	**-15,559**	**-23,716**

Gross Expenditure	**251,431**	**236,376**
Gross Income	**-266,990**	**-260,092**
Net Shortfall /-Surplus	**-15,559**	**-23,716**

Appendix 3

Key performance indicator	National average	Figures for 17/18 (end of quarter 4)	Figures for 18/19 (end of quarter 4)	Figures for 19/20 (end of quarter 4)	Increase/decrease from previous year	Commentary
Referral Rates (per 10,000 children)	552.5	661	711	652	↓	Whilst referral rates remain higher in Solihull than both national and statistical neighbour rates, over the course of the year the number of referrals for Level 4 interventions has continued to reduce. This is thought to link to the new delivery model and is a positive trend.
Repeat Referral Rates	22%	22%	21%	33%	↑	The final year-end figure of 1001 repeat referrals out of 3061 referrals for the year equates to a re-referral rate of 33% which is significantly higher than the national average and for previous years. It is believed that this figure reflects double counting of referrals as a result of the change-over during the year from the Carefirst system to Liquid Logic. This indicator will be closely monitored during 2020/21 to ensure this trend is rectified.
Proportion of referrals proceeding to Section 47 enquiry or single assessment	No data	75%	61%	56%	↓	There is now a continuing decreasing trend in the proportion of referrals proceeding to a social work assessment or a section 47 enquiry. This relates to the new delivery model and a higher percentage of families receiving a Level 3 early help response as a result.
Percentage of children on a Child Protection Plan by category (97% (178/184) of children subject to an ICPC led to a CPP)						The very high percentage of ICPCs which lead to a CPP suggests that cases only come to initial conference where there is a high degree of confidence that the threshold for a child protection plan is met. The distribution of plans across the available categories is broadly in line with the most recent national picture and work will continue to understand and raise awareness of neglect and to promote use of the GCP2 tool to support assessment and decision making.
Neglect	47%	47%	49%	51%	↑	
Emotional	37%	20%	28%	29%	↑	
Physical	7%	19%	11%	12%	↑	
Multiple categories of concern	5%	8%	10%	6%	↓	
Sexual Abuse	4%	6%	1%	2%	↑	

The proportion of children with Child Protection Plans for 18 months	No data	0%	6%	6%	=	This indicator provides a marker as to the timeliness of decision making to prevent drift and delay. The 9 children in 5 families at year-end were all being actively managed in order to end the CPPs with appropriate outcomes for the children concerned.
The proportion of children becoming subject of a Child Protection Plan for a second or subsequent time within 2 years (rolling year)	No data	18%	8%	3%	↓	The rolling year-end data shows a further decrease in percentage against previous years and is below the West Midlands benchmark figure which is a positive picture. A number of measures have been put in place by the Child Protection and Review Unit (CPRU) to proactively manage cases where a repeat CPP is required within 24 months of the previous plan which appear to be having a positive impact.
Number of Looked After Children (LAC)	No data for national average	413	424	461	↑	This represents an upward trend in Solihull, however a themed audit of new admissions to care which took place in April 2018 concluded that admissions into the looked after system were appropriate.

Appendix 4

Glossary of Terms

ACEs	Adverse Childhood Experiences
CAFCASS	Children and Families Court Advisory and Support Service
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CPP	Child Protection Plan
CPRU	Child Protection Review Unit
CQC	Care Quality Commission
CSP	Community Safety Partnership
CSPR	Child Safeguarding Practice Review
FGM	Female Genital Mutilation
FIB	Force Intelligence Bureau
GCP2	Graded Care Profile 2
H&WBB	Health and Wellbeing Board
HBV	Honour Based Violence
ICPC	Initial Child Protection Conference
LAC	Looked After Children
LADO	Local Authority Designated Officer
LGA	Local Government Association
LSCB	Local Safeguarding Children Board
LSCP	Local Safeguarding Children Partnership
LSOAs	Lower Super Output Areas
MASH	Multi-Agency Safeguarding Hub
NRM	National Referral Mechanism
SAR	Safeguarding Adults Review
SCH	Solihull Community Housing
SCR	Serious Case Review
ShEP	Solihull Exploitation Panel
SIAS	Solihull Integrated Addiction Services
SSAB	Solihull Safeguarding Adults Board
UHB	University Hospitals Birmingham
WMP	West Midlands Police