



# **Yearly Report**

## **April 2022 – March 2023**

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# Foreword from the Delegated Safeguarding Partners

**Welcome** to the Solihull Safeguarding Children Partnership (SSCP) Yearly Report for 2022/2023.

The Safeguarding Children Partnership is the statutory mechanism for ensuring there are multi-agency arrangements in place to safeguard and promote the welfare of all children within the local area. The core objective of any Safeguarding Children Partnership is to coordinate local work to achieve this requirement and ensure the effectiveness of what the member organisations do individually and together. This report provides an account of the work and progress undertaken by our multi-agency partnership to fulfil our statutory duties as outlined in *Working Together to Safeguard Children 2018*. We are pleased to share our report for the 2022/2023 year with you.

**Solihull** is located in the West Midlands between Birmingham and Coventry, sharing borders and many of the same challenges as our neighbours. The population of the borough is 216,200 people with 22.7% (49,133) aged 0-18 years (2021 census). The 0-15 years population has increased by +6.5% between 2011 and 2021, which is more than the national or regional average. In addition, the borough population has become more ethnically diverse, with those from an ethnic minority background increasing from 11% in 2011 to nearly 18% in 2021, only slightly below the national average of 19%, but still significantly below our metropolitan neighbours. This is particularly apparent in the school population, with school census data (spring 2022) showing that 72% of Solihull resident pupils are white and 28% from an ethnic minority background.

Lone parent with dependent children households accounts for 7.2% of all households in Solihull, in-line with national and regional averages. The proportion of lone parent households with dependent children is however, more than twice as high in North Solihull as elsewhere in the borough (12.6% vs 5.1%). 5,652 Solihull children aged 0-15 years (13% of all children in the borough) live in a low-income household. The proportion in north Solihull is 22.9%, compared with the England average of 18%.

As the Statutory Safeguarding Partners, we recognise the additional **challenges** that face the residents and children of our borough during a time of economic hardship, particularly the disproportionate effect on more vulnerable households and the resulting increase in demand for services. The provision of effective and appropriately resourced services that work coherently together is a crucial element of our role as a safeguarding partnership.

The external **scrutiny** of recent years continued during 2022/23, including the publication of the National Review into the deaths of Arthur Labinjo-Hughes and Star Hobson, and an OFSTED inspection of Solihull's Local Authority Children's Services. There were, rightly, a number of recommendations made specifically for the SSCP within these reviews, which we have taken extremely seriously. You will see throughout this report where we have made **progress** on our improvement journey, but also where we recognise continuing or emerging **challenges** for the year(s) ahead. We have significantly strengthened our governance arrangements, including the appointment of a new Independent Scrutineer and clear lines of accountability to the Lead Safeguarding Partners; these are described in detail in Section 2.

We would like to take this opportunity to acknowledge and say **thank you** to every member of the Partnership, our Subgroup Members, practitioners from all our partner agencies, education colleagues, volunteers, and those people out in the community, for their commitment and the work they continue to do to help keep children in Solihull safe and to improve their life chances.

## Section 1 – Foreword from the Delegated Safeguarding Partners

### Statement of Assurance:

As the Delegated Safeguarding Partners, and on behalf of the SSCP Executive Group, we want to assure you that all members of the SSCP, from the Lead Safeguarding Partners to front-line practitioners, are working hard to provide a safe, reliable and effective safeguarding system for the children, young people and their families in Solihull. We continue to strive towards consistent high-quality practice, whilst acknowledging that there will always be new learning identified and subsequent areas of improvement to be mitigated against and resolved.

In the 2022/2023 year, the SSCP undertook a necessary large-scale re-evaluation and review of the local multi-agency safeguarding arrangements, and implemented a range of improved policies, procedures, documentation and processes. All the subgroups within the SSCP structure (see appendix 3) were reviewed and re-invigorated with clear purpose and appropriate representation from colleagues across the partnership (the latest Terms of Reference can be found [here](#)).

In this Yearly Report, we have captured and described much of this work, however, we recognise that this does not yet provide clear evidence of the positive impact of these changes. The focus this year has been on the groundwork and the 'doing' and we will look to provide evidence of the outcomes and impact in the report for 2023/2024

**Finally**, our message to the children and families of children in Solihull is that we are committed to learning, from both local and national practice. We will work together and work with you, to improve safeguarding outcomes for children in Solihull and we will enable and support all partners to achieve this.



**Lisa Stalley-Green**  
Chief Nursing Officer  
NHS Birmingham and Solihull  
Integrated Care Board



**Pete Campbell**  
Director of Children's Services  
Solihull Metropolitan Borough  
Council



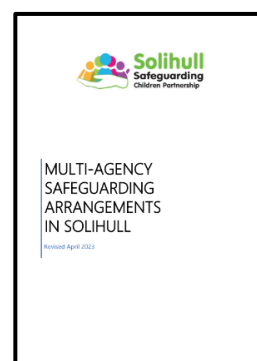
**Andy Beard**  
Chief Superintendent  
West Midlands Police

### Effectiveness of local safeguarding arrangements

- 2.1 The year has been a busy one in which the Partnership has responded to the improvement recommendations made in a number of external review processes including the National Child Safeguarding Practice Panel's report in July 2022 (see section 4 for more detail), the inspection of local authority children's services by OFSTED (October to November 2022) and the Children's Commissioner's report (March 2023).
- 2.2 In March 2022 the SSCP agreed its priorities for the 2022/23 reporting year, which included the implementation of the Neglect Strategy and improvement work in relation to Exploitation. The work undertaken against both these priorities are described in Section 3. The third key priority area was the significant improvements required within the SSCP and governance of our multi-agency safeguarding arrangements, which were further informed during the year with the publication of the above reviews.

#### Revised Solihull Multi-Agency Safeguarding Arrangements

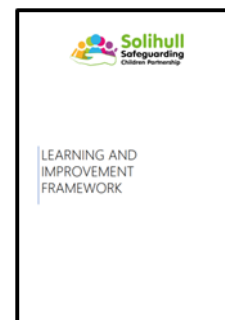
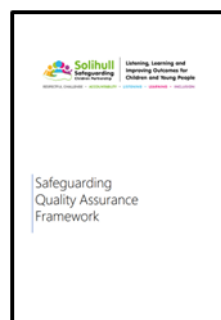
- 2.3 As part of the requirements in Working Together to Safeguard Children 2018, and in response to external scrutiny of our partnership we have reviewed and revised our Multi-Agency Safeguarding Arrangements (MASA) and associated document. The revised document can be found on our website: [Multi-Agency Safeguarding Arrangements in Solihull - Solihull Safeguarding Children Partnership \(safeguardingsolihull.org.uk\)](https://safeguardingsolihull.org.uk)



- 2.4 The Multi-Agency Safeguarding Arrangements document details how we work in partnership in Solihull, and who we work in partnership with. A key element of the review was to develop and clarify a coherent governance structure that firmly embeds the responsibility for the safeguarding of children with the Lead Safeguarding Partners (LSPs). The LSPs are:
- Chief Executive Officer for Solihull Metropolitan Borough Council (SMBC)
  - Chief Constable for West Midlands Police (WMP)
  - Chief Executive Officer for Birmingham & Solihull Integrated Care Board (BSOL ICB)
- 2.5 All three LSPs have equal and joint responsibility for local safeguarding arrangements and as such have actively led on agreeing a new model of oversight, single- and multi-agency governance, accountability and service delivery, supported by independent scrutiny. This can be seen in the MASA document and is also included as Appendix 2 below.
- 2.6 In Solihull, LSPs delegate their functions, but they remain accountable for any actions or decisions taken on behalf of the Solihull Safeguarding Children Partnership. The lead safeguarding partner for each agency has identified and nominated a senior officer to have responsibility and authority for ensuring full participation with these arrangements. These Delegated Safeguarding Partners (DSPs) are:
- Director of Children's Services (Solihull Metropolitan Borough Council)
  - Borough Commander (West Midlands Police)
  - Deputy Chief Executive/Chief Nursing Officer (Birmingham & Solihull Integrated Care Board)

## Section 2 – Effectiveness of local safeguarding arrangements

- 2.7 The DSPs are empowered to speak with authority for the safeguarding partner they represent, take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters and hold their own organisation or agency to account on how effectively they participate and implement the local arrangements. The DSPs, working together, assume primary responsibility for implementing the local multi-agency safeguarding arrangements and providing strong leadership of the multi-agency safeguarding arrangements to ensure they are effective in bringing together relevant partner agencies.
- 2.8 To support the LSPs and DSPs to fulfil and comply with their statutory responsibilities, a new Scheme of Delegation has been written and published. This document provides clarity on the role and function of each level of governance and can be found in Appendix A of the MASA document. The LSPs and DSPs meet regularly to discuss the progress of the SSCP, and this ensures that colleagues are aware of any new or ongoing risks/concerns and can propose/support mitigating actions. In addition, the DSPs are members of the SSCP Executive Group, along with other key partners (including Headteachers, Probation and Public Health), which has met at least 6-weekly throughout the reporting year to ensure improvements have been progressed at pace.
- 2.9 In addition, the MASA document includes the following, which have also been revised in line with recommendations made in the external reviews listed above:
- A list of the relevant partner agencies that we consider appropriate to work with us in exercising statutory safeguarding functions, and details how those relevant partner agencies have a duty to co-operate.
  - The SSCP vision and values and priority areas of work.
  - Independent Scrutiny arrangements (detailed further below).
  - Ensuring adequate resources to support the MASA arrangements, both financial and in time and expertise of colleagues. (Budget information is included in Appendix 1).
  - Strengthening relationships with other local partnership boards and regional networks - Solihull has an established protocol that describes how the Solihull Safeguarding Children Partnership, Solihull's Safeguarding Adults Board, the Safer Solihull Community Safety Partnership and the local Health and Wellbeing Board, work together in the pursuit of safeguarding and promoting the welfare and wellbeing of children, young people and adults. The SSCP is also actively involved with the West Midlands regional Multi-Agency Safeguarding Arrangements (MASA) Network and is a member of The National Association of Safeguarding Partners ([TASP website](#)).
- 2.10 To support the revised governance arrangements, and enable the SSCP to fulfil its statutory duties, we have also reviewed the SSCP subgroup structure and its terms of reference, ensuring that the right agencies are represented in the range of the SSCP activities and that there is sufficient engagement, particularly in relation to multi-agency quality assurance of practice. The new SSCP Subgroup Structure can be found in Appendix 3, and further information with regards to learning from audits can be found in Section 5.
- 2.11 A revised Quality Assurance Framework, plus a Learning and Improvement Framework, have been published and disseminated to further embed these improvements. These can be found on the SSCP website:
- [Safeguarding Quality Assurance Framework \(safeguardingsolihull.org.uk\)](#)
  - [LEARNING AND IMPROVEMENT FRAMEWORK \(safeguardingsolihull.org.uk\)](#)



## Section 2 – Effectiveness of local safeguarding arrangements

### Independent Scrutiny

- 2.12 The National Panel review directly instructed the LSPs to ‘appoint an Independent Scrutineer who has the responsibility, authority and credibility to support, advise and challenge them and the designated safeguarding partners on the necessary improvement in multi-agency safeguarding and protection.’ Our previous Independent Scrutineer and Chair ended his tenure part way through this reporting year which allowed us the opportunity to revise the remit of the role to focus purely on scrutiny. The expectation and responsibility of the Scrutineer to also Chair the Executive Group was removed, in recognition that this blurs the level of independence and challenge that the role can maintain.
- 2.13 A robust recruitment process was undertaken, led by the LSPs, and we are delighted that Beate Wagner has been appointed as our new Independent Scrutineer from April 2023. Beate comes with a wealth of experience in challenging and improving safeguarding systems, particularly within Children’s Social Care. The positive impact of her involvement with the SSCP is already being felt, but this will be captured in detail within the Yearly Report for 2023/2024.

### Personnel Changes

- 2.14 There were also significant personnel changes during 2022/23 for key lead partners:
- A new permanent Director for Childrens Services was appointed, and two Assistant Directors.
  - The NHS Birmingham & Solihull Integrated Care Board took on responsibility for the commissioning and delivery of NHS services and appointed a new Deputy Chief Executive/Chief Nurse with responsibility for safeguarding, establishing a systemwide collective health approach to safeguarding children.
  - West Midlands Police undertook a restructure, with the subsequent appointment of a new chief constable and local borough commander.
- 2.15 As part of the revision of the chairing arrangements of the SSCP’s Executive group, it was agreed that the three Delegated Safeguarding Leads would take turns to chair the meetings, for 12 months at a time. As the SSCP Sponsor, Lisa Stalley-Green agreed to start the process and took over as chair in October 2022. This has supported the robust approach taken by the LSPs and DSPs to own and be accountable for the SSCP equitably and has enabled the new Independent Scrutineer to focus purely on the scrutiny function.
- 2.16 In addition, and in response to recommendations made by the external reviews, in October 2022 the SSCP’s Business Unit arrangements became subject to a review by Solihull Metropolitan Borough Council’s Business Transformation Team. This has directly led to the provision of additional staffing within the new SSCP Support Hub in line with identified requirements in relation to supporting more effective auditing, learning and data analysis, but also a move to permanence for many roles within the team.
- 2.17 The stability offered by the changes to personnel described above, enables us to build stronger relationships within the partnership. This in turn supports more robust challenge and discussion between those involved, but with a shared understanding of the outcomes required.

## Section 2 – Effectiveness of local safeguarding arrangements

### Challenge and next steps for 2023/24

- 2.17 The SSCP has agreed a new Integrated Partnership Business Plan for 2023/24, but with the expectation that the workstreams identified will be relevant for 2 -3 years. These workstreams reflect the revised priorities of a stronger partnership response to Neglect, a stronger partnership approach and response to Early Help and completing the actions and improvements required by the external inspections and reviews. The Business Plan can be found on the SSCP website:  
([SSCP Website: Integrated Partnership Business Plan \(July 2023\)](#))
- 2.18 It is crucial that over the next year, that the LSPs, DSPs and SSCP Executive Group actively monitor the progress of the identified actions and ensure progress is made in a timely way. While this Yearly Report identifies and describes many areas of improvement, much of this is yet to be tested over a period of time. In addition, there are particular areas, such as the SSCP being able to evidence hearing the voice of the child, which is missing from this Yearly Report, and must be swiftly improved and evidenced in the 2023/24 report.
- 2.19 Leaders recognise that the scale of improvement required by the safeguarding partnership was significant, and there has been robust and active efforts to initiate and more clearly own the changes required. This progress, whilst positive, must be maintained to ensure the developments made so far are just the start of our improvement journey. The LSPs, DSPs and the Executive Group look forward to working closely with our new Independent Scrutineer and the appointed Children's Commissioner (see section 4) throughout 2023/2024 to support our continued development.



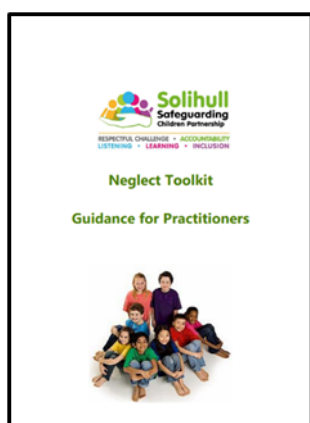
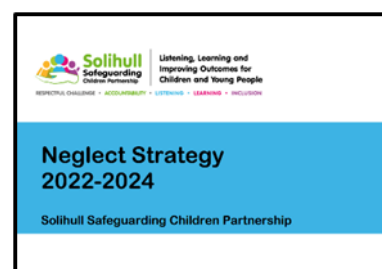


# The SSCP Priorities for 2022 – 2023

## 3.1 Improvement Priority 1: NEGLECT

3.1.1 Tackling Neglect has been a continuing priority for the safeguarding partnership. Our data tells us that the percentage of children subject to protection plans with a concern category of neglect at the end of March 2023 is 29% which is reduction from 2019/20 when the figure was 51%. However, the reduction (most significantly during 2020/21) was most probably due to the periods during lockdown where children were largely hidden from view and the impact of neglect was not being seen by professionals.

3.1.2 The focus of work of the Neglect task and finish group in the reporting year has been to implement and embed the Neglect Strategy across the partnership. This strategy document sets out the rationale for a new Neglect Strategy and is underpinned by the guiding principles of the UN convention of the rights of the child. It clearly sets out the priorities for an effective multi-agency response to childhood neglect in Solihull and will be implemented through a Delivery Plan.



3.1.3 The Neglect Pathway sets out what a response to concerns about Neglect should look like in Solihull and a Neglect Toolkit supports practitioners in the identification and assessment of Neglect. Further information on these documents, plus links to support and helpful websites can be found on the SSCP website: [Neglect Strategy - Solihull Safeguarding Children Partnership \(safeguardingsolihull.org.uk\)](https://safeguardingsolihull.org.uk)

3.1.4 To support the embedding of the Neglect Strategy and to provide a forum of support for practitioners across Solihull, a Neglect Champion role has begun to be developed within the Network with the aim of sharing of good practice.

### Graded Care Profile 2

3.1.5 A key element within our Neglect Strategy for 2022/23 has been the continued roll out of the Graded Care Profile 2 (GCP2). The GCP2 is a tool designed to provide an objective measure of the care being provided for children. It is primarily based on the qualitative measure of the commitment shown by parents or carers in meeting their children's nine developmental needs. The Neglect Strategy identifies that the GCP2 tool is not yet sufficiently embedded into frontline practice, but the delivery plan identifies mechanisms for raising awareness of the tool and for seeking the support of partner organisations.

3.1.6 The Neglect Champions will specifically receive training on Neglect and the GCP2 tool to support and promote its use. Plus, the Neglect Pathway and process flowchart has been produced to reinforce the use of the GCP2 to benchmark improvements for a child and

## Section 3 – The SSCP Priorities for 2022 - 2023

reinforces the need to step up/step down as appropriate. Further information on the GCP2 can be found here: [Graded Care Profile 2 - Solihull Safeguarding Children Partnership \(safeguardingsolihull.org.uk\)](https://safeguardingsolihull.org.uk)

### Training on Neglect

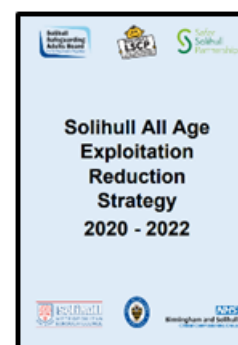
- 3.1.7 The SSCP continues to deliver a series of neglect modules within its multi-agency training programme, one of which addresses the use of GCP2 specifically. The number of attendees on the neglect modules during 2022–23 has increased to 153 from 2021–22 where only 42 staff members attended the neglect training modules. This increase is positive but in order to keep the momentum of increased awareness the Neglect Steering Group Strategy will consider this as part of the Neglect Strategy 2022-24, which aims to raise awareness of Neglect within the workforce and communities.
- 3.1.8 The SSCP continues to promote training on GCP2 through its newsletters and on its website. The link to the SSCP Training Portal can be found here: [training.solihullsscp.co.uk/Learning-and-Development.aspx](https://training.solihullsscp.co.uk/Learning-and-Development.aspx)

### Challenge and next steps for 2023/24

- 3.1.9 There has been good engagement with the work of the task and finish group with a wide range of partners at the table, but further development is required. In 2023/24, the task and finish group will develop into a Steering Group chaired by the Principal Social Worker in Children's Services. We recognise the need to understand the range of tools used by practitioners to identify and work with cases of neglect across our partnership and this will be a key element of the work of the Steering Group in the next year. This work will support the continued drive to promote the GCP2 and support the Neglect Champions Network.

## 3.2 Improvement Priority 2: EXPLOITATION

- 3.2.1 Statutory partners and wider stakeholders in Solihull partners have established an All-Age Exploitation Reduction Strategy. This collaboration was positively referenced in the Joint Targeted Area Inspection which noted that it *'clearly sets out the strategic objectives to assess and reduce risk for all vulnerable people in Solihull.'*
- 3.2.2 A Delivery Plan has been developed to monitor multi-agency progress and impact of the strategy. The Exploitation Reduction Board (ERB), chaired by the Director for Adult Social Care, has been in operation since 2020 to oversee the development and subsequent implementation of the strategy. The Exploitation Reduction Delivery Group (ERDG) has responsibility for co-ordinating delivery of the multi-agency Delivery Plan and reports to ERB.
- 3.2.3 The All Age Exploitation webpage ([All Age Exploitation - Solihull Safeguarding Adult and Children \(safeguardingsolihull.org.uk\)](https://safeguardingsolihull.org.uk)) includes a wide range of support, guidance and training resources for specific sectors within Solihull, and promotes the work of the All Age Exploitation Reduction Strategy.



## Section 3 – The SSCP Priorities for 2022 - 2023

### The All-Age Exploitation Reduction Strategy 2020-2022 and Delivery Plan

- 3.2.4 Since January 2023, the ERDG has convened on a monthly basis to update the multi-agency Exploitation Reduction Delivery Plan, which is structured around the priorities of Prevent, Partnership and Leadership, Protect and Pursue and Disruption.
- 3.2.5 There has been considerable progress made on several areas within the multi-agency Exploitation Reduction Delivery Plan:

**Review of procedures and process:** The All-Age Exploitation Reduction Multi-Agency Safeguarding Procedures were originally launched in March 2021 but multi-agency workshops to develop the procedures further were held between October 2022 and February 2023.

#### Results:

- The move to a daily triage process which will ensure that urgent actions can be taken and ensure that MAACE meetings are more effective.
- A proposal for an Independent Chair for MAACE meetings has been agreed. These meetings were previously chaired by Team Managers, but now an experienced Reviewing Officer will hold this responsibility to provide independent oversight and challenge.
- Children who are regularly reported missing prior to their 18th birthday are discussed in a daily missing triage. However, this will now be extended for those aged 18-25 where missing is an identified risk factor.

#### The Solihull Exploitation Panel (ShEP):

The ShEP triage continues to provide a place to discuss those individuals where the MAACE process is not reducing risk sufficiently. Bi-annual reports are produced to review its progress and impact.

#### Data Sets:

The quality of data on exploitation continued to improve across the year, the ERB and ERDG received quarterly summaries of relevant data to inform planning, including equality-related data through analysis of the Vulnerability Tracker (VT). However, the VT has been biased towards criminal exploitation data. As a result, risk scores for other forms of exploitation are not accurately reflected in comparison.

**Deep Dive Audits:** 'Deep Dive' Case analysis was undertaken to identify any learning and gaps in respect of services for people who are at risk of or who have been exploited. Case file audits of 22 individuals from the VT and direct feedback from people with lived experience and their families revealed challenges around:

- access to suitable housing,
- a lack of safe spaces,
- police response post 18,
- the risks of being excluded from education,
- transition of mental health input from children to adult services,
- waiting lists for therapeutic work,
- flexibility and responsiveness of services and a lack of perseverance.

These results have fed into the ongoing delivery plan.

**Exploitation Webinars:** A number of short webinars have been delivered across the course of the reporting year, focussing on the all-age, partnership approach to exploitation reduction. Sharing experiences, perspectives of different professionals and engaging in training together aims to build relationships between agencies and to ensure consistent information is being shared and delivered by experts within our partnership and through commissioned speakers.

#### Communications Plan:

Throughout 2022/23 communications messages were re-launched to the target area of community premises and businesses. At the same time, messages were published to the target audience of the general public via Council news channels to mainstream and local government media, Cabinet Member Briefings and on the Council website, latest news resident subscribers' email and social media.

### Challenge and next steps for 2023/24

- 3.2.6 The focus must now be to deliver on the improvement actions which have been agreed, refreshing the strategy to incorporate more recent insights and learning, and making a positive, measurable difference for the people we are responsible for supporting and protecting. To streamline the governance arrangements to support this work, the ERB has been stepped down and responsibility for the strategy and delivery plan has moved to the ERDG.
- 3.2.7 We recognise that for those individuals where it is identified that early help and support from the community and voluntary sector would be more appropriate, recommendations must focus that this is undertaken at an earlier stage.
- 3.2.8 Work has started on reviewing the Vulnerability Tracker with a view to amending the indicators and improving data collection. Analyst support for this area of work and cross-board working is continuing to be explored. Increasingly, the ShEP will be utilised to discuss the perpetrators of exploitation and the locations for exploitation, with the aim of developing disruption plans.
- 3.2.9 Webinars planned for the coming reporting year will include sessions on: Contextual Safeguarding in Individual Assessments, Financial Exploitation, Re-housing people who have been exploited and Early Identification using the Screening Tool. A training and delivery programme is being developed and will commence in May 2023.

### 3.3 Priority 3: SSCP Improvements

- 3.3.1 As described throughout this document, this year has seen considerable focus on improving the multi-agency safeguarding partnership arrangement in Solihull. This is with the sole intention of supporting the improvements highlighted as necessary in the range of external scrutiny and review process described in sections 4 and 5 below. Details of the SSCP improvements can be found as part of the Effectiveness of the Local Safeguarding Arrangements in Section 2.

# Responding to the National Child Safeguarding Practice Review Panel report findings

## 4.1 Introduction

- 4.1.1 On 5th December 2021, the Department for Education announced that the independent national Child Safeguarding Practice Review Panel would undertake a national review into the murder of 6-year-old Arthur Labinjo-Hughes in Solihull on 17<sup>th</sup> June 2020. The terms of reference can be seen via this [link](#) and the subsequent report, ‘[Child Protection in England](#)’ was published in May 2022.

## 4.2 Recommendations for action

- 4.2.1 A range of recommendations for local action were made. These included recommendations in relation to the effectiveness of the partnership, the need to strengthen governance arrangements and partnership understanding of its statutory responsibilities. The response by local leaders to these elements has been described more fully in Section 2.
- 4.2.2 Operationally, the Multi-Agency Safeguarding Hub (MASH) arrangements were closely scrutinised, with recommendations made in respect of ensuring adequate staffing capacity, improved partnership performance monitoring, improved understanding by practitioners of the importance of safeguarding and domestic abuse referrals, and the delivery of a ‘Think Family’ approach by practitioners.
- 4.2.3 A 12-month improvement plan was decisively implemented and includes:
- Strengthened staff capacity and consistent visibility of key partner agencies, who are co-located on site, including education, health, police, specialist domestic abuse representatives; to promote multi agency working relationships and safeguard and support the needs of children in Solihull.
  - Improved daily multi-agency discussions are in place including a daily domestic abuse triage and daily missing meetings.
  - Significant changes have been made to management oversight and decision-making arrangements at the ‘Front Door’ to improve threshold decision making.
  - Improved access to multi-agency partner information e.g. access to patient information from health services to support timely and effective health service response to MASH enquiries.
  - Revised Threshold Guidance targeting safeguarding leads and front-line practitioners, including those who work at the ‘Front Door’ and in MASH. This guidance provides examples of when domestic abuse concerns should be referred into MASH and references the need for a ‘Think Family’ approach.
  - The MASH Steering Group actively monitors a new dataset and reports progress and concerns directly to the SSCP Executive.
  - To support practitioners, we have developed and disseminated a ‘Parental Conflict-Domestic Abuse Spectrum Tool’, plus the launch of the BSOL ICB Multi-agency Child Protection Medical assessment guidance, as part of the West Midlands Multi agency Safeguarding Procedures.
- 4.2.4 These changes are already having a positive impact for our children and families. Including:
- A multi-agency view on all potential risks and needs of all children identified early and resources committed to reduce these.

## Section 4 – Responding to the CSPR Panel’s report findings

- There have been no unallocated children moving into social care for 7 months, therefore children are not waiting for their needs to be assessed.
- Childrens needs are effectively assessed for early help services by the new Early Help Assessment team ensuring children are seen quickly after being referred.
- Thresholds determining the level of need are working well, with MASH able to direct children to the right service at the right time.
- Timely strategy meetings, with partners in attendance, mean children are not waiting too long in risky situations, with a wholistic view of their needs undertaken.
- SSCP partners are clearer on their roles and responsibilities in safeguarding children and are accountable for their actions.

4.2.5 Additional recommendations were made in relation to responding to domestic abuse, the particular risks to children of prisoners, the risk when consent is not given when a case is below statutory child protection level and that practitioners understand their role when considering allegations of bruising. In response:

- The SSCP has completed a Domestic Abuse Assurance Tool, which will be delivered in conjunction with the Solihull Domestic Abuse Partnership Board and will support the Domestic Abuse Delivery Plan for Solihull.
- The SSCP has developed local guidance on the response to children of prisoners to reflect the learning from this review. Multi-agency Thresholds Guidance has been reviewed and now references the children of prisoners specifically.
- The revised Thresholds Guidance was launched at a series of events held during December 2022. The document references the need to consider the ‘step-up’ of children if appropriate to Level 4 intervention when consent is withheld for services at Level 3. A link to the published SSCP guidance on consent and information sharing is included in the Thresholds Guidance.  
[Thresholds Guidance 25Nov22-003.pdf](#)  
([safeguardingsolihull.org.uk](https://safeguardingsolihull.org.uk))
- New ‘Step-up/Step-down’ procedures have been published. These were shared across the wider partnership as part of the new quarterly learning bulletins with a requirement that strategic leads embed them into single agency operating processes.
- Published information and training resources on consent and information sharing.
- Strengthened and circulated the West Midlands regional Physical Abuse reflect the learning from the Review.



### 4.3 The appointment of the Children’s Commissioner

- 4.3.1 Partly in response to the National Panel report, in November 2022 a [Statutory Direction](#) was issued to Solihull Metropolitan Borough Council in relation to children’s services under section 497a[4b] of the Education Act 1996. As part of the Direction, Sir Alan Wood was appointed as Solihull’s Children’s Commissioner, to review the leadership necessary to secure sustained improvement in Solihull, including the leadership of the three statutory Safeguarding Partners.
- 4.3.2 Sir Alan’s [report](#) was published in March 2023. It concluded with a total of 16 recommendations: one for the Department for Education, nine for Solihull Metropolitan Borough Council and six for the Solihull Safeguarding Children Partnership. The recommendations for the Solihull Safeguarding Children Partnership have all been either completed or are nearing completion. These are particularly reflected in the statement of assurance provided by the Statutory Safeguarding Partners in Section 2 but also in the improvement work described throughout this report.



# Learning and Improvement Framework

## 5.1 Learning from multi-agency data

- 5.1.1 Throughout 2022/2023 work was undertaken to develop a multi-agency data set across the partnership. The original aspiration of this key area of work was to start with a limited number of key child protection statistics (known as 'The 20 Indicators'), provided by several agencies including children's Services, West Midlands Police and health colleagues. Then collect an expert analysis commentary on what the statistics mean and establish a robust reporting system to the SSCP's Assurance & Review group and the SSCP Executive group meeting.
- 5.1.2 As part of the developed data set work, data and analysis was also sought from colleagues from Youth Justice, education, Child and Adolescent Mental Health Service and Housing, alongside key data from University Hospital Birmingham
- 5.1.3 The overall aim of this work was to gain a more detailed overview and understanding of key data and intelligence across the partnership and the key themes, patterns and trends of the data and a 'line of sight' on the multi-agency safeguarding arrangements for children and young people across Solihull.

### Challenge for 2023/24

- 5.1.5 There has been an increased commitment to providing the data and additional commentary from across the partnership, and there is now further work to do to ensure a more comprehensive and detailed analysis of the data is considered on a single agency and multi-agency level that serves to identify current and potential emerging areas of risk and supports partnership working and planning. It is positive that the Statutory Partners have provided additional funding within the 2023/2024 year to test out the role of a SSCP Data Analyst within the SSCP Support Hub. This role will work with Data Analysts across the partnership organisations to provide analysis of the data using a partnership lens.

## 5.2 Learning from multi-agency themed audits

- 5.2.1 During 2022/2023 the SSCP audit subgroup has continued to meet on a regular basis and have undertaken 5 themed audits across the partnership with a specific focus on multi-agency working and outcomes for children and young people. The audit themes over the last 12 months have included:
- A focus on children and young people experiencing or witnessing Domestic Abuse.
  - A focus on strategy meetings for children and young people both within the MASH process and for children open and allocated to a social worker.
  - Partnership engagement in a range of meetings relating to planning for children and young people.
  - Physical Abuse.
  - Sexual Abuse.
- 5.2.2 The audits considered between 7-12 children on each occasion and have been underpinned by the multi-agency procedures in place. There were a number of key learning themes identified, described below.

## Section 5 – Learning & Improvement Framework

### Key Themes Identified

**SMART Plans:** Our plans need to be multi-agency and drawn up with the family and key professionals involved. Actions need to be clear on what work needs to be done, by whom and when this needs to be completed, as well as considering contingency planning.

**Chronologies (timeline of involvement):** We have found that our timelines of involvement are not routinely kept up to date. Any new information should always be included.

**Sharing of minutes, assessments, and plans:** We are seeing consistently throughout our audits that minutes of meetings, assessments and plans are not being shared with all relevant agencies and this is an area for improvement going forward.

**Assessments:** Our multi-agency assessments could be improved by ensuring all relevant agencies are aware of the assessment and their information is used to inform the assessment. We also need to ensure that the outcomes of assessments are shared with all relevant agencies.

**Strategy meetings:** We found a notable difference in the standard of strategy meetings for open children where meetings were held outside of the MASH, and those children where meetings were held in the MASH. Strategy meetings held in the MASH tend to be timelier and the quality of recording was much better.

**Consideration of siblings and other children in the household:** We are not always considering all children living in the household and any children in contact with the family concerned where risk of harm or actual harm has been identified.

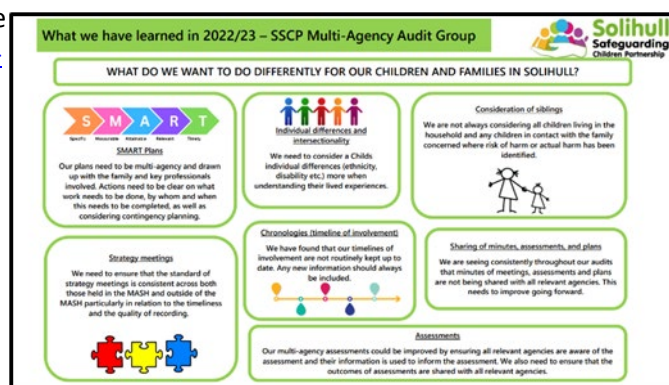
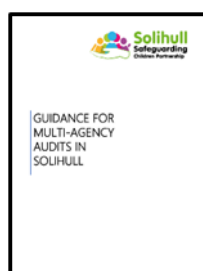
**Individual differences:** We need to consider a Child's individual differences more when understanding their lived experiences.

### In response:

As a result of the audit findings over the last year we have undertaken the following key areas of work to improve and strengthen multi-agency practice:

- We have developed guidance for practitioners and managers around Assessments and this is available via the multi-agency procedures and will form part of the forthcoming SCCP learning bulletin.
- We have strengthened the timeliness of strategy meetings, and these being held within 3 working days, and we will seek assurance in this area as we move forward in to 2023/2024 and also developed a 'what does good look like' guide to promote multi-agency planning and participation in these meetings.
- In line with audit findings, guidance around SMART planning was developed and this will also feature in the next learning bulletin.
- We have developed guidance to support the planning for children's needs and when concerns escalate.
- As a result of the domestic abuse audit, we have undertaken further assurance around training for staff relating to domestic abuse and how they can be supported in their day-to-day work.

- 6.2.3 Further information on the learning from these audits can be found here: [Learning from Multi-Agency Audits - Solihull Safeguarding Children Partnership \(safeguardingsolihull.org.uk\)](https://safeguardingsolihull.org.uk). Guidance on our multi-agency audit process can be found here: [GUIDANCE FOR MULTI-AGENCY AUDITS IN SOLIHULL \(safeguardingsolihull.org.uk\)](https://safeguardingsolihull.org.uk)





### 5.3 Learning from single-agency audits and reviews

#### EDUCATION

- 5.3.1 There are 89 education providers in Solihull including local authority- maintained schools, academies, independent schools and post 16 provision. Education safeguarding provision in Solihull is at least good. The evidence base for this assertion comes from a range of activity including, Section 157/175 audits, multi-agency SSCP audits and reporting, safeguarding reviews, visits by senior education advisers to schools and Ofsted inspections.
- 5.3.2 The activities undertaken provide assurances in relation to the following areas of practice:
- Designated safeguarding leads, headteachers and chairs of governors confirm that they have compliance to Parts 1 and 2 ('Safeguarding information for all staff' and 'The management of safeguarding') of Keeping children safe in education 2022.
  - Headteachers and chairs of governors confirm that they are compliant with the Safer recruitment and managing allegations requirements that constitute Parts 3 and 4 of the guidance.
  - Through the Section 157/175 audit, schools have identified the following as priorities:
    - Role of governors in safeguarding (additional training opportunities have been provided by Solihull Governor Services this academic year to support with meeting changes within KCSiE '22. All schools/colleges are able to access this training);
    - Online safety and working with parents (Schools are signposted to the South West Grid for Learning ([SWGfL](#)) resources in lieu of capacity for support within the LA);
    - Embedding reflective supervision (this may become less of a priority in the light of the outcomes from research [Supervision for designated safeguarding leads - Implications for policy and practice \(whatworks-csc.org.uk\)](#));
    - Data protection (Department for Education Data protection toolkit has been reshared and schools have been signposted to information on the SSCP website);
    - Embedding Solihull's Voice of the child practice standards into policy and practice (Progress towards this will be picked up in the 2023 audit and consideration will be given to this as a workshop for the designated safeguarding lead conference in the autumn term).

#### Challenge/Development for 2023/24

- 5.3.3 The Solihull Safeguarding Children Partnership recognises the clear need for the voice of education at all levels of partnership discussion. As such the involvement of Headteacher representatives at the Executive Group has been invaluable. This is an area of development in 2023/24, to build upon this engagement and ensure Executive level discussions can better involve our Education colleagues.

### 5.4 Learning from external challenge

#### OFSTED's inspection of Solihull's children's services

- 5.4.1 Between 31st October 2022 and 11th November 2022, OFSTED carried out an inspection of Solihull local authority children's services. The judgement contained in the [inspection report](#) (published on 13<sup>th</sup> January 2023) was that Solihull local authority children's services were inadequate in terms of their overall effectiveness.

## Section 5 – Learning & Improvement Framework

- 5.4.2 Although primarily focused on the quality of children's services, the inspection report also identified issues for the Solihull Safeguarding Children Partnership.
- 5.4.3 These findings have been addressed by:
- Ensuring that actions still incomplete arising from the JTAI are progress-chased through the Executive groups Integrated Partnership Business Plan for 2023-24.
  - Disbanding the MASH Strategic group and the MASH Operational Group, as they were deemed to be ineffective. They were replaced by a single multi-Agency group, the MASH Steering group. The group has its' own dataset and reports on performance to the Executive group via Highlight reports. This group has addressed the issue raised in inspection of there being insufficient Agency representation in strategy discussions.
  - Expediting the response to the National Panel recommendations. The Partnership's response is detailed in Sections 2 and 4 of this report.

### 5.5 Section 11 Audits

- 5.5.1 Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.
- 5.5.2 During 2022/23 Solihull have led on the introduction of a web-based reporting system being used across the West Midlands. The reporting cycle is over a 2 year period, and the analysis of the section 11 returns for 2023 will be available in the next Yearly Report.

### 5.6 Learning from practice reviews and safeguarding incidents

- 5.6.1 Safeguarding partners are required to make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to Solihull. They must commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken.
- 5.6.2 There were four rapid reviews undertaken during the reporting period following a serious incident notification, with three decisions made regarding the commissioning of a Local Child Safeguarding Practice Review (LCSPR), one of the LCSPRs would be a themed.
- 5.6.3 A rapid review was undertaken in Dudley which involved a Solihull Young Person, following discussions with both the National Panel and with Dudley it was concluded that this case would be part of the themed LCSPR being undertaken by Solihull.
- 5.6.4 A multi-agency panel is in place to monitor the learning from the Rapid Reviews and the CSPRs which has included the following themes and actions:
- Development of a Sexual Abuse Pathway
  - Emergency Departments will ask questions about injuries of children who are old enough to provide information in their own right.
  - Review of the screening process, decision making, and management oversight being applied to new referrals within the Solihull front door/MASH. This review was undertaken in April 2022 and an immediate increase in Team Manager oversight was implemented to ensure that all screening decisions are appropriate and fully endorsed by appropriately qualified staff.
  - To raise awareness of the importance of asking questions about alcohol use when undertaking assessments and interventions, even when there is no presenting evidence of a specific problem, to address the implications for children of parental alcohol use.

## Section 5 – Learning & Improvement Framework

- The perinatal mental health service reviewed its practice in terms of identifying opportunities for joint work with Health Visitors when supporting new mothers with significant mental health needs.
- The Exploitation Reduction Board reviewed the threshold for initiating the Multi-Agency Adult and Child Exploitation (MAACE) process and the application of risk levels, paying particular attention to those cases where the young person and/ or their parents do not recognise the risk of exploitation or early help support has been refused.
- Chairs of MAACE meetings supported to understand the importance of developing robust Support and Disruption Plans to address contextual safeguarding risks and of circulating minutes from MAACE meetings to all partner agencies in a timely way.
- Emergency Departments to strengthen their practice with contacting Emergency Duty Team out of hours for children who present with significant safeguarding concerns, taking into account those who are known on CPIS as having additional risks of harm.
- Strengthen the development, implementation and review of safety plans and written agreements in partnership with children, their parents, extended family support and key agencies.
- Strengthen the quality of assessments of extended family and safe adults, factoring in the history and impact of adverse childhood events.

5.6.5 All Rapid Review and LCSPRs are monitored via the CSPR Panel. This includes the active progression of actions/recommendations. The responses to the recommendations made by the review undertaken by the national Child safeguarding Practice Review Panel are detailed in Section 4 of this report.

### 5.7 Learning from the Child Death Overview Panel (CDOP)

5.7.1 [Working Together to Safeguard Children](#) (2018) outlines the governance arrangements of the statutory duty to review deaths of children resident in the local authority area or resident elsewhere but Looked After by the local authority. The Child Death Review Partners are the NHS Birmingham and Solihull Integrated Care Board and Solihull Metropolitan Borough Council.

6.7.2 The purpose of the CDOP is to better understand how and why children in die and use these findings to take action to prevent other deaths and improve the health and safety of children in the area. This is done through a comprehensive and multidisciplinary review of all child deaths. Learning is shared with the SSCP when required, and via the CDOP annual report.

6.7.3 Further information on the CDOP process, annual reports from CDOP, practitioner guidance and bereavement support can be found here: [Child death - Resources for professionals](#)

### 5.8 Learning from the Local Authority Designated Officer

5.8.1 Statutory guidance requires Local Authorities to deal with allegations against adults that work with children. The statutory guidance requires Local Authorities to have a Local Authority Designated Officer (LADO) to be involved in the management and oversight of individual cases. The LADO provides advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistently with a thorough and fair process.

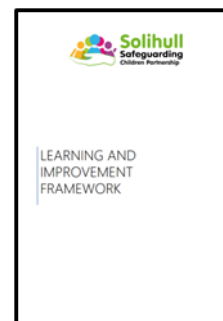
5.8.2 During the reporting year a stand-alone LADO role was created in the Child Protection and Review Unit as the responsibility was previously held jointly within the Independent Reviewing Team. By creating a specific post with sole responsibility this supports practitioners to have a single point of contact to raise concerns and allows the LADO to develop and deliver training.

## Section 5 – Learning & Improvement Framework

- 5.8.3 Positive feedback was received from Ofsted and from professionals involved in the LADO process that this role is effective.

### 5.9 Sharing learning across the partnership

- 5.9.1 The Learning and Development subgroup has now been established, and the review of the SSCP Learning and Improvement Framework has been completed along with the introduction of a new Dissemination Action Plan to embed learning across the partnership. Strategic leads in organisations are now being targeted to take responsibility for embedding learning across their workforce and to ensure that staff can be released to attend learning events and multi-agency training.



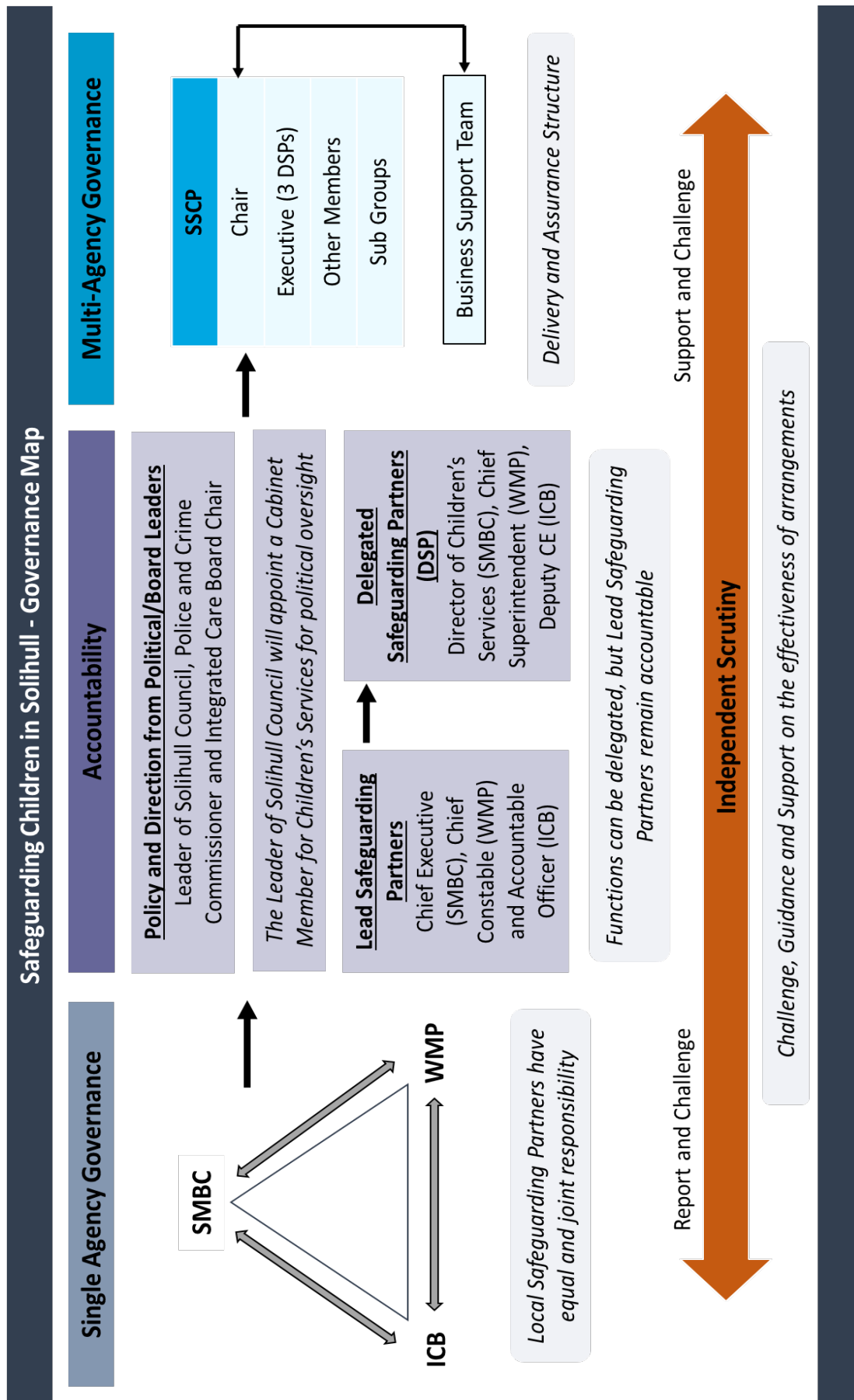
- 5.9.2 Key achievement of this sub-group in this period include:
- the reintroduction of the [Practice Learning Forum](#). The role and function of LSCP Practitioner Forum has been reviewed and the Forum met under new terms of reference for the first time in September 2022.
  - the development & launch of the [Right Help Right Time, Right Response](#) threshold guidance
  - the development of a new Framework for Engaging with Children and Families
  - the production of supporting guidance for [assessments](#), [working with children of prisoners](#), [step up step down](#) and [SMART/ER planning](#). [Voice of the Child practice standards](#) and [Reflective Supervision guidance](#) were also developed.
  - Launch events were held in December 2022 to highlight many of these, along with the launch of the [Neglect strategy 2022-2024](#). A further event is planned for May 2023 to highlight how these link to the recommendations for Solihull from the National Review.
  - The SSCP continues to work with the regional West Midlands multi-agency procedure group & has led on the development of several procedures, including the [sexual abuse procedures](#) launched in June 2022
- 5.9.3 Solihull Safeguarding Children's Partnership continues to develop and deliver a wide range of multi-agency training, which can be accessed here: [training.solihullscsp.co.uk/Learning-and-Development.aspx](https://training.solihullscsp.co.uk/Learning-and-Development.aspx).
- 5.9.4 The Learning & Development Group has worked closely with the adult safeguarding board, domestic abuse board, and safer Solihull partnership to:
- develop a range of [guides](#) to highlight key themes identified in learning from Child Safeguarding Practice Reviews, Homicide Reviews and Adult Safeguarding Reviews
  - design and disseminate a domestic abuse self-assessment tool for partner organisations, to help identify strengths and areas for development.
  - complete a multi-agency case audit with the theme of Domestic abuse. A briefing of key findings can be found [here](#).
- 5.9.5 Work with the Exploitation Reduction Board has resulted in a multi-agency exploitation audit. A briefing of the findings can be found [here](#). Resources have also been developed and made available to raise awareness of all age exploitation with [children & young people](#), [parents & carers](#) and [wider settings](#).
- 5.9.6 A multi-agency task & finish group has developed an Early help Strategy, which is underpinned by two multi-agency early help training modules.



### Appendix 1 - SSCP 2022/23 Year End Budget Position

Expenditure	Actual 21/22 £	Actual 22/23 £	Comments
Pay and Overheads	175,341	358,999	
Training	0	724	
Car allowances	0	582	
Telephones	175	476	
IT Equipment and Related	10,585	2,057	
General Office Expenses	202	2,080	
Overhead Recharge	2,000	2,000	
Professional fees - CSPR/Other	6,350	2,000	
Other fees - conferences	0	1,154	
Independent Scrutineer	10,509	20,912	
Grants and Subscriptions	1,504	1,340	
Internal Room Hire & Catering	178	30	
Internal ICT	2,303	2,378	
<b>Total Expenditure</b>	<b>209,147</b>	<b>394,730</b>	
<b>Primary Partner Contributions</b>			
Childrens Services	-132,180	-228,180	Includes additional one-off funding agreed in 2022/23
ICB	-60,300	-108,300	Includes additional one-off funding agreed in 2022/23
Police	-13,344	-29,479	Includes additional one-off funding agreed in 2022/23
<b>Primary Partner Contributions Total</b>	<b>-205,824</b>	<b>-365,959</b>	
<b>Other Income</b>			
UHB	0	-12,400	2021/22 and 2022/23 funding received in 2022/23, £6,200 per year
SCH	-10,000	-10,000	
National Probation Service	0	-2,477	2021/22 £477 and 2022/23 £2,000 funding received in 2022/23
Community Rehabilitation Grant	-1,500	0	
External/Other income	-2,484	-6,528	
<b>Other Income Total</b>	<b>-13,984</b>	<b>-31,405</b>	
<b>Overall Income Total</b>	<b>-219,808</b>	<b>-397,364</b>	
<b>Net Expenditure After Primary Partner Contributions</b>	<b>-10,661</b>	<b>-2,634</b>	
Funding Carried Forward	-60,096	-70,757	
<b>Net Budget</b>	<b>-70,757</b>	<b>-73,391</b>	

## Appendix 2 - SSCP Governance Structure 2023



### Appendix 3 - SSCP Subgroup Structure 2023

