

WOLVERHAMPTON SAFEGUARDING TOGETHER

Annual Report 2022 / 2023



CITY OF
WOLVERHAMPTON
COUNCIL



Contents

Foreword	03
Report a Safeguarding Issue	04
Statement from the Independent Scrutineer	05
The Partnership	06
Wolverhampton Safeguarding Together (WST) Strategic Plan 2022 - 2024	07
Key Achievements of WST Safeguarding Partnership April 2022 - March 2023	08
Key Achievements of WST Priority Groups April 2022 - March 2023	10
Safeguarding in Numbers 2022 - 2023	11
Learning from Statutory Reviews	13
Appendix A – Partner Statements	18
Appendix B – Glossary of Terms	46

Foreword



I am delighted to introduce this annual report during my first year of tenure as the Chair of Wolverhampton's safeguarding partnership known as Wolverhampton Safeguarding Together (WST) I am grateful to

my predecessor, Sally Roberts, who remains as a strategic partner on the Executive Group, for all of her work as chair and for a smooth transition.

The statutory guidance Working Together to Safeguard Children 2018 and The Care Act 2014 set out the requirements for annual reports which are a key part of the scrutiny functions for safeguarding partnerships in providing assurance on the effectiveness of the safeguarding arrangements.

WST continues to benefit from the passion and commitment of its partner agencies to improve safeguarding arrangements. Relationships are strong, which enables effective collaborative working to resolve issues as required.

As a partnership, we have continued to be mindful of the potential impact of Covid-19 upon agencies in the delivery of safeguarding services and upon the citizens of Wolverhampton and have kept this under review in the completion of an independent audit which provided assurance of our ongoing resilience in this area and as expected, identified some areas for further development.

This year has again been very busy with a range of multi-agency activity including an event to scope professionals' understanding of exploitation services and an audit of inclusive safeguarding to ensure that the partnership work includes all protected characteristics. Our joint work has also continued to provide assurance on areas that were highlighted nationally including an assurance piece on the learning from the Child Safeguarding Practice Review of Arthur Labinjo-Hughes and Star Hobson.

Our priority and sub groups have maintained a focus on their priority areas of action to ensure that the partnership continues to develop and innovate and is able to respond to emerging safeguarding needs.

Our safeguarding training continues to provide a high quality safeguarding training offer to our partners and much of this has continued to be held virtually, as informed by consultation, to maximise participation.

I would like to personally thank my executive colleagues, the chairs and members of the priority groups and sub-groups as well as the colleagues within the safeguarding business unit who ensure the smooth running of the business functions of WST and support the delivery of multi-agency safeguarding arrangements. Thank you!

Richard Fisher

Chair, Wolverhampton Safeguarding Together Executive Group

Reporting a Safeguarding Issue

No excuse for abuse of children, young people or adults.

Report it!

All agencies in Wolverhampton work together to protect Children, Young People and Adults with Care and Support Needs from abuse. If you want to tell somebody else that you trust, like a GP, nurse, Police Officer or care worker then they will pass on your concerns to us.

To report abuse or neglect, please contact:

For safeguarding concerns about children and young people:

Monday to Thursday, 8:30am - 5pm - Fridays, 4:30pm 01902 555392

Out of hours 01902 552999

For safeguarding concerns about Adults (over 18 yrs):

Monday to Thursday, 8:30am - 5pm - Fridays, 4:30pm 01902 551199

Out of hours 01902 552999

There is also helpful information on the Wolverhampton Safeguarding Together website.
Go to: www.wolverhamptonsafeguarding.org.uk

In an emergency always call 999

Partner Organisations

NHS Black Country Integrated Care Board
West Midlands Fire Service
West Midlands Police
The Royal Wolverhampton NHS Trust
National Probation Service
Healthwatch Wolverhampton
Black Country Healthcare NHS Foundation Trust
City of Wolverhampton Council, Adult Social Care

City of Wolverhampton Council, Children's Social Care
Wolverhampton's Voluntary and Community Sector (represented by Wolverhampton Voluntary Sector Council)
Wolverhampton Homes
West Midlands Ambulance Service University NHS Foundation Trust
City of Wolverhampton Council, Education Services



Statement from the Independent Scrutineer

This annual report covers the period 1 April 2022 until 31 March 2023 and evaluates the effectiveness of the arrangements to safeguard the needs of children and adults as required by the statutory guidance Working Together to Safeguard Children 2018 and by The Care Act 2014.

Working Together to Safeguard Children 2018 and the Children and Social Work Act 2017 confirm that the three statutory safeguarding partners in relation to a local authority area are still defined as the:

- Local Authority
- Clinical Commissioning Group (Now superseded by NHS Black Country Integrated Care Board¹)
- Chief Officer of Police.

The three statutory partners now have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area. The Children and Social Work Act 2017 has provided partners in Wolverhampton with the opportunity to develop strengthened partnership safeguarding arrangements.

The Care Act 2014 established the need to have Safeguarding Adult Boards in each local authority Area. This Act also confirmed that the three statutory safeguarding partners should be:

- Local Authority
- Clinical Commissioning Group (now superseded by NHS Black Country Integrated Care Board)
- Chief Officer of Police.

In order to respond to the changes in legislation, more effectively manage resources and align cross-cutting priorities, the Local Safeguarding Children Board and the Safeguarding Adults Board were merged in April 2019 and resultantly Wolverhampton Safeguarding Together, known as WST was formed.

This arrangement brings together the three statutory safeguarding partners as outlined above. It also enables the adoption and embedding of the 'Think Family' concept in the work of all the safeguarding partners and in the multi-agency working and provides a mechanism for transitional arrangements to be developed. Importantly, it provides learning and improvement activities for both practitioners and senior managers from the themes and trends arising from increased quality assurance activity.

The review of the work of WST during 2022-2023 to inform the Annual Report found that it is meeting the requirements of the Working Together 2018 and the Care Act 2014 by working effectively to maintain, strengthen and develop the safeguarding arrangements for children and adults across the Wolverhampton area.

The partnership is built upon the foundations of strong relationships between the partners at all levels within and across agencies. The strategic priorities have been developed in response to national requirements, regional developments, and locally identified needs and activities and have also reflected emerging needs and developments during the period of the plan informed by the experiences of children, young people and families and →

¹ The Health and Care Act 2022 established a legislative framework that supports collaboration and partnership-working to integrate services for patients. This included the abolition of Clinical Commissioning Groups (CCGs) and the formalisation of Integrated Care Systems (ICS). Each ICS made up of two parts: an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). In the Black Country this will cover the population of 1.26 million residing in the Local Authority areas of Walsall, Wolverhampton, Sandwell and Dudley.

adults who have received services as well as practitioners, through a range of activities including audits, individual stories and consultation with representative organisations.

This report reviews the progress of the work of WST during the second year of the three-year strategic plan and therefore it is acknowledged that the priority work has not yet concluded. The continuing work will be enhanced by

ensuring that experts by experience have a greater role in influencing and developing the work, that further consideration is given to the broader role of partners in the delivery of emotional well-being support and that further steps are taken to embed across the partnership, the preventative work undertaken with adults. The review found that positive progress is being made on the priority areas and there is a strong commitment for them to be fully completed.

The Partnership

The Partnership is responsible for both childrens' and adults' safeguarding. The WST Executive Group is the overarching high level strategic governance board for both the safeguarding children and safeguarding adults agendas and consists of senior officers from the three statutory partners plus Education. Its primary focus is on safeguarding systems, performance and resourcing. It has statutory accountability for safeguarding the Wolverhampton local authority area.

The Executive Group is chaired by one of the three strategic partners in rotation. As the group is small it is able to be focused and respond flexibly to arising issues.

Additional scrutiny is provided through externally commissioned scrutiny and assurance activities undertaken by independent experts who are able to provide challenges about current systems and processes and make recommendations for further action.

The Scrutiny and Assurance Co-ordination Group sits below the Executive Group and is responsible for progressing the Executive

Group's business priorities through the strategic plan. Under the Care Act 2014, this is WST's statutory Adult Safeguarding Board. This group authorises the policy, process, strategy and guidance required to support the Executive Group's priorities and achieve effective safeguarding.

The Scrutiny and Assurance Co-ordination group has wider partner membership and includes health providers, education, voluntary and community sector (including links to faith communities), housing and probation services. Supporting the Executive Group and the Scrutiny and Assurance Co-ordination Group are the priority groups which drive the priorities of the strategic plan, sub-groups which are responsible for developing key elements of multi-agency work and where required, task and finish group(s) to respond to emerging issues.

This work is also informed by the experiences of children, young people and families and adults who have received services as well as practitioners, through a range of activities including audits, individual stories and consultation with representative organisations.

Wolverhampton Safeguarding Together (WST) Strategic Plan 2022-2024

The strategic plan for 2022-2024, sets out WST's Executive Board's strategic vision, ambition, purpose, principles, and safeguarding priorities which were agreed in response to national requirements, regional developments, and locally identified needs and activities and have also reflected emerging needs and developments during the period of the plan.

They have taken account of the outcomes from the annual events held in September and October 2022 as well as learning from Child Safeguarding Practice Reviews and Safeguarding Adult Reviews and issues arising from practice.

The Scrutiny and Assurance Co-ordination Group is responsible for monitoring the delivery of the Strategic Plan and formally reports to the Executive Working Group each quarter and is responsible for escalating to the Chair of the Executive Group any issues that could adversely impact on the delivery of the strategic plan.

The priorities are cross-cutting themes across children and adults as follows:

- Exploitation
- Early Help and Prevention
- Mental Health



Key Achievements for WST Safeguarding Partnership April 2022 - March 2023

This is the second year of the strategic plan and therefore this report focuses on the effectiveness of what has been achieved thus far and considers the work still to be undertaken.

Independent Scrutiny Activities

During 2022-23, two pieces of independent scrutiny were undertaken to provide assurance about the multi-agency safeguarding arrangements throughout the pandemic.

Independent scrutiny of the partnership response to Covid-19

Wolverhampton Safeguarding Together made the decision to commission independent scrutiny to undertake an assessment of the Covid-19 Response and Recovery Groups, to provide assurance about the overall effectiveness of the multi-agency safeguarding arrangements throughout the pandemic.

The scrutiny activities found that through the response and recovery groups, WST were able to continue to respond to their statutory responsibilities to safeguard children and adults at risk through continuous engagement with partners and the workforce and within the limits imposed and sought to maximise the opportunities for learning by bringing professionals together.

The following learning was identified to support improved multi-agency safeguarding practice:

- It is important to ensure that adults at risk are not marginalised and occupy the same platform as children's services and a pivotal position in policy and practice.
- Retaining a focus on early intervention for children and ensuring that children and adults at risk could be identified and supported.
- The importance of reviewing mental health waiting lists to enable the partnership to gain a clearer picture of the risks that currently exist and develop a more cohesive strategy to mitigate this.
- A strengthened multi-agency partnership with Educational Psychology Services, who are currently engaged in developing a pathway of support for children who are struggling with the return to mainstream school.
- The need to identify a triage process to manage concerns that sit within the S42 framework for adults to prevent the service from being overwhelmed and unable to manage the volume of referrals.
- The importance of commissioned services attending meetings to ensure the visibility of a community voice.
- The need for local policing to be included within the membership of the partnership, to ensure the right knowledge and intelligence is available to inform decision making.

The full report can be found [here](#).

Audit of thresholds applied by the MASH

An audit was published in October 2022 to provide assurance of whether thresholds were consistently applied in relation to referrals concerning children during the Covid-19 pandemic. This included whether risk was fully understood, if referrals were properly triaged and whether there was sufficient multi-agency representation and capacity to ensure that partners are working together in a timely way, to ensure the safety of children and improve their wellbeing. In addition, following the publication of the National Review into the murders of Arthur Labinjo-Hughes and Star Robson and the Joint Targeted Area Inspection of Solihull (JTAI), the scope of the audit was extended to apply the findings from these reports.

The audit identified that children's safety and well-being is prioritised in the MASH. There is evidence of good leadership from strategic and operational staff who have a clear line of sight to front line practice. There are excellent working relationships amongst partners, with timely and comprehensive information sharing and representation from the right agencies. The workforce is skilled and knowledgeable and there are in the main adequate resources to ensure staff can respond swiftly to meet daily demand.

The following learning was identified to support improved multi-agency safeguarding practice:

- Some health staff who are required to check multiple records do not always consider that they are sufficiently resourced within the MASH to do so which may impact on their ability to provide information as it is needed.
- There was limited information from adult mental health leads who were not always included in initial information gathering.
- Some analysis and context should be recorded on the system to provide a better idea of the circumstances in which a child is living, to encourage critical thinking and reflection, and to avoid repeat referrals and escalation of risk.
- The importance of direct work with families, particularly where families are resistant to support, in the context of domestic abuse.

The full report can be found [here](#).

Key Achievements for WST Priority Groups

April 2022 - March 2023

Exploitation Priority Group

- Exploitation pathways have been rigorously tested to ensure that access to services is understood and this has been linked to the Exploitation Problem Profile which supports an improved understanding of needs, helps to target resources and ensure that responses are appropriate to meet needs and emerging issues.
- Audits of the exploitation toolkit identified overall effective use of the screening tools and areas for further consideration in relation to the format of the tool, specificity of the type of exploitation and a greater focus on it being completed as a multi-agency activity.
- The experiences of those who use services has been understood primarily through case studies and contributions from agencies who represent the voice of experts by experience in the community. The group recognises that further work needs to be undertaken to ensure that experts by experience have a greater role in influencing and developing the work.
- A scoping exercise was undertaken to ensure that professionals understood the services available. This was helpful in identifying and resolving gaps in knowledge.
- A multi-agency workshop to map the referral pathways to and provision of mental health services in Wolverhampton, which enabled a fuller understanding of the range of provision.
- Exploration of transitional arrangements from children's to adults mental health services including a report from Healthwatch, which identified effective working as well as gaps which will be focused on in the final quarter of the 2022 - 2024 strategic plan.

Early Help and Prevention Priority Group

- Completion of an audit to identify how early help supports a positive outcome for children. This identified effective collaborative working between agencies and engagement with family members taking a "Think Family" approach. It also identified further learning in relation to some agencies working more closely together and encouraging increased professional curiosity so that emerging issues are explored.
- Scoping of the embedding of early help which identified that whilst early help is well embedded in work with children and families, the preventative work undertaken in relation to adults is not as well understood and further work is being undertaken to improve this.
- A mock audit focusing on the 'Multi-agency response to children and families who need help' theme provided assurance, learning and supporting developments.

All the priority groups will continue to progress their plans during the next year of the strategic plan.

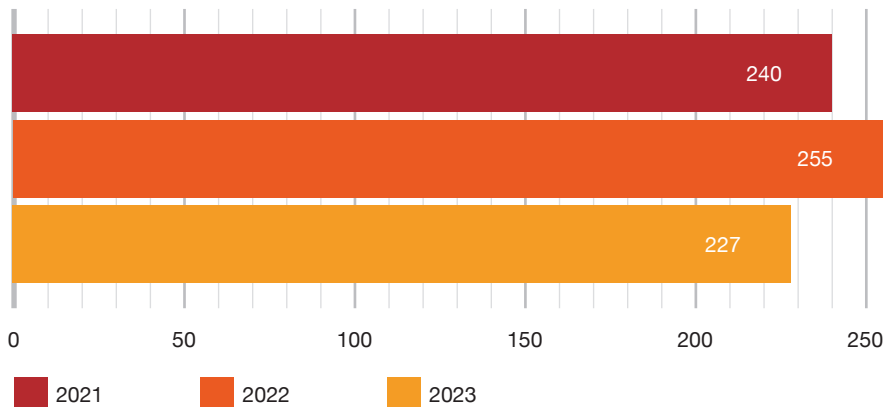
Mental Health Priority Group

- Development of a data-set which provided a baseline understanding of performance of mental health provision by the Black Country Healthcare NHS Foundation Trust. Further work is being developed to consider the broader work of partners in the delivery of emotional well-being support.

Safeguarding in Numbers 2022 - 2023

Children's Child Protection Data

Numbers of children subject to a child protection plan.



This represents a decrease from the previous years and demonstrates that agencies are working together effectively to reduce the need for children to have a child protection plan.

Types of Abuse.

Category of abuse	2021	2022	2023
Not recorded	15	0	0
Emotional abuse	43	85	47
Multiple	8	2	0
Neglect	163	160	170
Physical abuse	8	2	10
Sexual abuse	3	6	0
Total	240	255	227

This shows a decrease in the number of children subject to a child protection plan under the category of sexual abuse and emotional abuse.

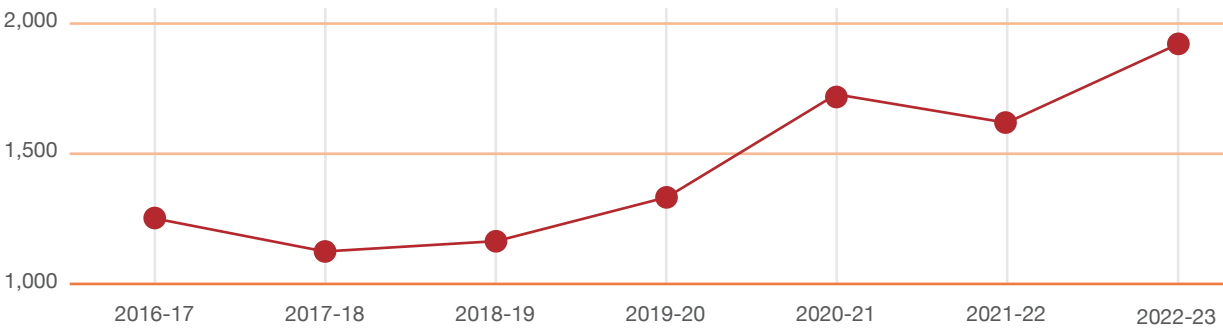
Breakdown by gender	2021	2022	2023
Female	118	118	98
Male	113	119	114
Indeterminate	0	1	0
Unknown ²	9	17	15
Total	240	255	227

This shows that there were slightly more males than females subject to a child protection plan over the last year.

² Relates to unborn children.

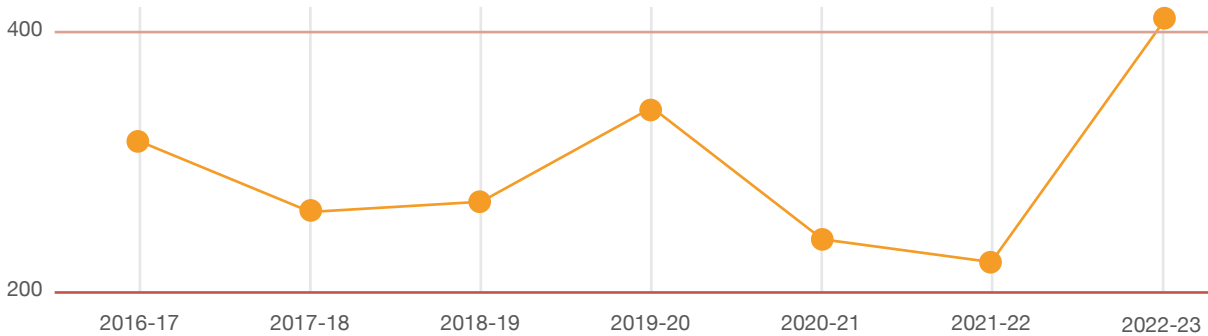
Adult Safeguarding Data

Numbers of safeguarding referrals



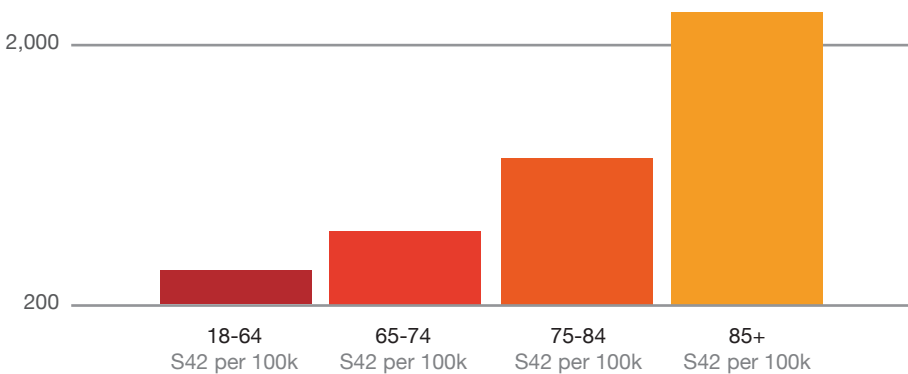
This shows an increase of safeguarding referrals from the previous year. This is consistent with the trend seen in partnerships across the country.

Section 42 and other enquiries



This shows a sharp increase in the number of enquiries. The overall rate is again consistent with activity across the country. Concerns mainly related to neglect and acts of commission (255).

Age of individuals involved in Section 42 enquiries



The majority of individuals involved in Section 42 enquiries were aged 85 and over.



Learning from Statutory Reviews

Children

Working Together to Safeguard Children 2018 sets out when a statutory review should be undertaken, and details the responsibility for how the system learns lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel and at a local level with the safeguarding partners.

Serious child safeguarding cases are those in which:

- a. Abuse or neglect of a child is known or suspected.
- b. The child has died or been seriously injured.

In some instances the criteria may not be met for a child safeguarding practice review to be undertaken, however, the safeguarding partnership may feel that there is learning to be derived and may choose to undertake some form of learning activity.

During the reporting period under review (1 April 2022 - 31 March 2023), one Child Safeguarding Practice review was published in relation to a child known as Child R and three learning reviews were published in relation to Child O, Child Q, and Child S.

Child R's story

Child R was 8 days old when they were taken to A&E with significant head injuries. There had been ongoing concerns about parental neglect of Child R's older siblings. At the time of Child R's birth all of the children were the subject of child protection plans. Both parents had learning needs and some mental health issues and there was known to be conflict in their relationship. Allegations of historic domestic abuse were not made by the parents until after Child R's injuries.

The following learning was identified to support improved multi-agency safeguarding practice:

- Knowing and considering the parent's history and vulnerabilities when working with the family
- Understanding a child's lived experience and what they may be communicating by their behaviour
- The likelihood of child neglect co-existing with other forms of abuse
- The impact of 'growing families and growing children' on the ability of parents to manage
- The cumulative impact on children of long-term neglect
- The need for professionals involved with adults to be aware of plans for the children in the household
- How COVID-19 affected the family and the services received
- Bespoke safe handling and coping with crying advice, to include older siblings
- Following child protection procedures regarding parental contact following an injury

A copy of the full report and lessons learned briefing can be downloaded from the website [here](#).

The learning reviews regarding Child O, Child Q, and Child S identified learning in relation to the themes of working with families where children's needs are being neglected and children with mental ill-health. The Lessons Learning Briefings can be found [here](#).

Adults

The Care Act 2014 describes when a safeguarding adult review should be undertaken and this is undertaken in Wolverhampton as follows:

- a. When an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- a. if an adult in its area has not died, but the Scrutiny and Assurance Co-ordination Group knows or suspects that the adult has experienced serious abuse or neglect.

During the reporting period under review (1 April 2022 - 31 March 2023), One Safeguarding Adult Review was published regarding "Stan".

Stan's story

Stan, who lived alone and had Alzheimer's Disease, was taken to hospital after suffering a fall at a care home where he was temporarily residing in December 2020, following a previous fall that October. He was assessed and discharged home the next morning. However, agencies involved with Stan were not aware that he had been discharged to his own home, with the care home assuming he had been admitted by the hospital, and the Dementia Outreach Team believing he had returned to the care home. A safe and well visit was conducted by the police and Stan was found unresponsive but breathing on the floor. He was taken to hospital but sadly suffered a fatal cardiac arrest on the way.

The following learning was identified to support improved multi-agency safeguarding practice:

- Ensuring that changes of addresses are correctly recorded on all relevant systems by professionals in the relevant teams and that key personnel and family members are notified.
- The importance of professional curiosity.
- Ensuring that serious incidents are reported when there are a number of agencies supporting someone.
- Continuity of care when someone is discharged from the Emergency Department.

A briefing of the review can be found [here](#).

All of the reviews commissioned by WST were led by a reviewer who was independent of the agencies in Wolverhampton, to enable effective scrutiny and transparency.

All reviews undertaken are published for local and national learning on the partnership's website and identifying details are anonymised to protect the families.

Action plans are in place and the areas for improvement are being addressed by WST.

Safeguarding Training April 2022 - March 2023

WST provided a range of safeguarding training to multi-agency partners to promote shared learning across the partnership and to support the continuous development of improved safeguarding practice. This was delivered virtually, although discussions are underway about introducing more face-to-face delivery.

The multi-agency training for the period under review included:

Children's core safeguarding training

- A Shared Responsibility
- Working Together
- Thresholds to Support
- Working Together Update
- Domestic Abuse
- ICON - 'Babies cry, you can cope'
- Fire Prevention
- Neglect Toolkit Briefing (relaunch)

Adult's core safeguarding training

- Safeguarding Adults
- Section 42 Investigations

In addition, training in Managing Allegations has been provided to the Children and Adult Workforce.

WST training is primarily accessed by schools, private providers and agencies from the voluntary and community sector.

WST recognises that attendance needs to be improved by other partners to benefit from multi-agency attendance at training and to ensure that knowledge and skills are up to date.

WST has access to e-learning via The City of Wolverhampton Council's learning management system on a guest basis for organisations for whom providing training may be challenging. This is important in supporting all agencies to fulfil their safeguarding responsibilities.

During 2022-23 this included:

- PREVENT - Home Office
- Female Genital Mutilation - Home Office
- Forced Marriage - Home Office
- Intermediate Safeguarding Awareness
- Basic Safeguarding Awareness
- Child Sexual Exploitation
- Corporate Parenting
- Exploitation
- An Introduction to Restorative Practice
- Missing Persons

Several of the training courses have been evaluated and this has included an understanding of the strength of the course, any areas for improvement and some feedback from delegates.

The effectiveness of the evaluation would be strengthened by additional analysis of the impact of the training upon practice at an individual and partnership level and cross-referencing against quality assurance and improvement activities to provide assurance about the difference that training has made on the lives of children, young people and adults.

Conclusion and next steps

This report has demonstrated the significant work undertaken by the partnership which benefits from the passion and dedication of all partners. The partnership has undertaken several independent scrutiny activities to provide assurance of the safeguarding arrangements and has continued to make improvements in response to findings from such activities and emerging safeguarding issues.

Throughout 2023-2024, the partnership will continue to progress the work of the strategic plan to its conclusion, and should take into account the areas for development identified throughout this report; by ensuring that experts by experience have a greater role in influencing and developing the work, that further

consideration is given to the broader role of partners in the delivery of emotional well-being support and that further steps are taken to embed across the partnership, the preventative work undertaken with adults. Further evaluation should be undertaken of the training courses to provide assurance that training is making a difference at operational and partnership levels to the lives of children, young people and adults. The outcomes will be scrutinised and will inform the new forthcoming strategic plan and priorities to ensure that the multi-agency safeguarding arrangements continue to safeguard the needs of children and adults across Wolverhampton.



A photograph of a woman and a man looking at a document, with a red overlay. The woman is in the foreground, looking towards the camera. The man is in the background, looking down at the document. The red overlay is semi-transparent and covers the entire image.

APPENDIX A

Partners Statements

The statements from partner agencies of WST provide summaries of the ways in which agencies have fulfilled their safeguarding responsibilities during 2022-23 to safeguard the welfare of Wolverhampton's most vulnerable citizens.

City of Wolverhampton Council - Children's Services



- Children in care have experienced even better placement stability this year with continuing good outcomes.
- Care leavers have benefitted from consistently good quality care and support, supporting their transition into independence as young adults. Our local Offer for Care Leavers details the wide ranging support available.
- We have continued our journey of transformation embedding innovative areas of work into practice. Examples include: our local House Project for care leavers, our Social Work in Schools project, our multi-agency Missing and Exploitation Hub, and our MASH 24, all of which are demonstrating a difference and support positive outcomes for young people.
- The social work and workforce health checks are positive, with colleagues continuing to feel well supported and committed to continuing their careers in Wolverhampton.
- The Power2 team won a prestigious national MJ award in June 2022 for Innovation In Children's and Adults Service, with our House Project also a finalist in this category.
- We will establish 2 new internal family homes for up to 4 of our young people in care.
- We will implement a Staying Close project to further support our young people's successful transition to independence.
- We have some significant key strategic priorities for the next 12 months including: working with the Department for Education as a "wave one pathfinder" local authority to implement the social care reforms as detailed in "Stable Homes Built on Love", the government's response to the recommendations from the National Care review. This is an opportunity for Wolverhampton as a partnership to test new ways of working in Family Help, operational and strategic safeguarding and the use of family networks. Alongside this we will work on ensuring accessibility of support through our families front door.
- We will roll out accessible services to children and families in the city through our 8 Family Hubs, supporting the delivery of our Start for Life Programme.
- We will establish a multi-agency team, Future Steps, aimed at supporting parents to make the necessary changes to their lives to enable them to successfully parent any future children they have after having a child removed permanently from their care.

- Practice weeks take place three times a year with all senior managers undertaking “practice conversations” with practitioners, observing practice, obtaining feedback from parents, children / young people, and carrying out dip samples of records. Workers receive immediate feedback and learning opportunities, and senior managers understand how interventions are experienced by children and families first-hand. It aligns with our restorative practice approach and supports a culture

of continual learning, improvement, curiosity, and reflection. As part of our Quality Assurance Framework, we triangulate wider service information with our practice week audit activity and incorporate feedback from compliments and complaints, data, and young people / families, as well as linking learning from the safeguarding service, local dip audits and DHRs/CSPRs. This helps us to identify themes and trends and to indicate where quality assurance activity should focus.



City of Wolverhampton Council - Adult Services

Adult Social Care continues to demonstrate its commitment to safeguarding adults with care and support needs in the city. Safeguarding practice, learning and improvements continue to be our priority and focus. Adult Social Care has strengthened its close working relationship with Children's Social Care, Education and Public Health Services within the Council's Families Theme and the wider Council.

The Wolverhampton Partnership Exploitation and Missing Hub which was established in February 2021, has continued to grow and develop throughout 2022-23. This Multi-Agency Hub brings together services and skilled professionals who connect with children, young people and adults at risk of exploitation and the exploitation tool is embedded into practice across agencies in the city. The Exploitation Hub was strengthened with the appointment of an Adult Exploitation Social Work Manager in January 2023.

Adult Social Care has continued to ensure representation at the Exploitation Hub daily briefings, this enables information sharing and timely responses to concerns of an adult being at risk of exploitation.

The Principal Social Worker (PSW) has continued to lead on quality assurance activity in adults during 2022-2023 with audits evidencing that overall social work practice is of a high quality and shows adherence to statutory duties with 90% of files rated good or outstanding during practice weeks:

Audit period	Total rated 'good' or higher	Total rated 'requires improvement' or lower
2019-20	83%	17%
2020-21	78%	22%
2021-22	92%	8%
2022-23	90%	10%

Making enquiries (s42) training has been commissioned and offered in 2022-2023 to support the skills and knowledge in social work teams and will continue in 2023-2024.

The Adult Social Care strengths-based approach to social work means that we continue to seek the voice of the person, as an expert in their own lives, in all contacts we have. This means that listening to people about positive risks in their lives, understanding what makes them unique as a person and the outcomes they want to achieve to lead a good life, continues to be our aim particularly in safeguarding practice.

Multi-Disciplinary Team meetings and Concerns Meetings continue to be forums we engage in and facilitate, with health colleagues and other partners. During 2022-23 the Welfare Rights team continued to provide a dedicated benefits helpline to support people who were experiencing financial hardship due to the impact of Covid and also as the year progressed, those experiencing financial hardship due to the cost-of-living crisis.

To support information sharing, partnership working, and being preventative and pro-active about risk and quality concerns, Wolverhampton Adult Social Care has continued to host a monthly CQC information sharing meeting. Partners include CQC, social care, ICB, local authority commissioning, and Healthwatch. This is a well-established, well attended and effective forum for agencies to share concerns, actions and improvements about care and support services. This multi-disciplinary approach continues to achieve improved outcomes for adults who use services in the city, through timely communication, early intervention, and swift action when needed to achieve safe practices and quality services.

West Midlands Police - Wolverhampton

West Midlands Police (WMP) operates on both a geographical and thematic model.

West Midlands Police implemented a revised operating model on 3rd April 2023, providing more control and ownership of police resources to local geographic areas which are now described as Local Policing Areas (LPA) and Wolverhampton is one such LPA. This provides Wolverhampton with dedicated Neighbourhood, Response and Investigation teams who work for the LPA Commander.

The LPA commander continues to be the delegated authority of the Chief Constable and strategic lead for the WST partnership. In addition, there is representation in the WST and the sub-groups from senior leaders across LPA and the Public Protection Unit (PPU), The LPA lead chairs the priority sub-group for Exploitation (children).

Building an effective workforce

WMP supports and engages young and vulnerable people through a number of dedicated partnership roles including Public Protection Child and Vulnerable adult teams, five schools intervention officers, three early intervention staff and our young person's officer.

Under WMP Force SOCEX (Serious Organised Crime and Exploitation Model) WMP has created 3 designated Partnership Hubs, which work closely with our wider partners and relevant local authorities to identify criminal exploitation themes and support identified victims –focusing on children and vulnerable adults that are potentially at risk of sexual and criminal exploitation and ultimately wider Modern Slavery. This team which includes people from intelligence, investigation and statutory partners develops local intelligence to promote safeguarding and wider disruption opportunities. The Wolverhampton Hub consists of 1 sergeant and 4 officers with the support of 2 intelligence officers.

The combination of this, alongside the gangs offender managers, youth cohort offender management and the PPU central team are continuing to seek to address and improve WMP commitment to Strategy Discussions in a detailed and timely manner protecting and safeguarding young and vulnerable people at risk of harm.

The Public Protection Unit (PPU) continues recruitment to fill all vacancies in the department. Alongside this the new Detective Academy and Police Now direct investigator cohorts seek to maintain and increase investigators in the specialist safeguarding and public protection arenas.

Through realignment of resources an additional police officer was also invested into the MASH to assist with managing demand and to provide early police support to information sharing as a result of referrals. This was also complemented by moving three other police officers into the MASH to support multi agency joint visits to children.

These officers now form the MAET (Multi Agency Enquiry Team), which seeks to support early intervention and out of court disposals. This co-location of staff ensures a more consistent working relationship, and earlier visits to children who need to be seen by both police and a social worker.

The newly formed investment of Community Initiative to Reduce Violence (CIRV) which is embedded into the Graiseley Family Centre is our next partnership step in making a difference for young people at risk. The team of 1 Inspector, 1 Sergeant and 14 Officers, identify young people 13-17 at risk of harm and criminal exploitation and provide intense support and a responding function to the individuals and interventions, as well as working directly with partners embedded in the team. This is a three year funded programme with academic oversight to understand the impact.

Celebrating Successes & Contributions to safeguarding in 2022 - 2023

The partnership acknowledges that there is a continuing risk associated with the impacts of the Covid pandemic which saw reduction in reporting during that year for the first time. Whilst as reported these increased again last year, the partnership continues to consider the longer term impacts of the Covid pandemic on younger children and vulnerable adults.

In 2021/22 the total number of recorded child abuse had risen to 3,472 an increase of 19.1%, this was made up of 1786 (51.4%) crimes and 1686 (48.6) non-crimes reflecting the greater focus on identification, accurate recording of incidents of child abuse crime and non-crime, alongside the investment of the exploitation hub.

In 2022/23 this rose to 3640 an increase of 4.5% on 2021/22. This was made up of 1905 (52.3%) crimes and 1735 (47.7) non-crimes.

This is positive reflecting the raised awareness, accurate reporting and greater partnership working as opposed to any increased concern in regards to rising child abuse cases.

The ratio of crime to non-crime has remained relevantly similar over the two reporting periods, which presents no significant change in the identification or level of risk being seen across child abuse reported incidents.

In 2021/22 we presented the performance for the first six month period of the SOCeX team being implemented. We are now in a position to present the first full year of the positive impacts of having this team and greater identification of vulnerability across the four key themes of; Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE), Adult Criminal Exploitation (ACE) and Adult Sexual Exploitation (ASE).

This is equally supported by dedicated Police CSE workers working alongside Local Authorities to capture, record and share intelligence regarding any child at risk of CSE.

As police and partners we are continually improving our recognition of CSE, the submission of relevant referrals and success with our actions to mitigate the risk and protect the victim. This is evolving and joint training opportunities enhance this response.

Recognising Child Abuse deals with Serious and complex offences We are also trialling a RASSO team, following the ethos and best practice from the Adult OP Soteria. Our aim to transform the investigation, the victim care and the Prosecution of Child Rape cases.

Data from January 2022 to June 2022:

42 persons highlighted as possible victims of exploitation.

- 25 (60%) Male
- 17 (40%) Female
- 23 (55%) Child U/18
- 19 (45%) Adult

Classifications:

- Criminal Exploitation – 23 (55%)
- CSE – Child Sexual Exploitation – 8 (19%)
- Adult Sexual Exploitation – 3 (6%)
- Labour/Forced Servitude – 4 (10%)
- Other – 4 (10%)

Data from 2022/23, first full year:

230 screening tools completed, resulting in 108 (47%) deemed to identify risk of exploitation and to progress to the MACE process and 122 (53%) which were reviewed and determined as requiring other or no intervention.

From the 108 the following demographic factors were identified:

- 56 were male (52%)
- 52 were female (48%)
- 87 were children under 18 (81%)
- 21 were adults (19%)

The breakdown of identification exploitation factors were as follows;

- CCE- 49 (45%)
- CSE- 38 (35%)
- ACE- 12 (11%)
- ASE- 9 (9%)

Child Sexual Exploitation (CSE)

It is important to recognise that CSE forms only part of the exploitation of young and vulnerable people which we seek to identify.

Our journey with CSE has been longer and as such it is a real positive to see that the accurate identification and recording of CSE has vastly improved as presented further in this report.

In 2021/22 there were 60 CSE crimes (54) and non-crimes (6) recorded in Wolverhampton. In 2022/23 there were 50 CSE incidents with Crimes (43) and non-crimes (7).

A crime is usually only recorded when either a victim confirms this or when there is other evidence available to do so, namely appropriate recognition of a crime, it is now far more likely that police and other agencies are able to find supportive evidence, or to support a victim in making a disclosure of a crime.

The breakdown of the comparisons between crime and non-crime remains similar over the two years:



Criminal Exploitation/County Lines and Modern Slavery

WMP-Wolverhampton through the exploitation hub, intelligence, gangs and offender management are focussed on the wider identification of young and vulnerable people being exploited in a criminal rather than sexual way.

Community Safety Partnership

Although it is not normally highlighted specifically within the WST Annual report, it is relevant to present that this is part of a wider strategic and tactical approach which represents the collection priorities around harm and youth violence especially with the forthcoming Serious Violence Duty, which starts to align accountability of the partnership to tackle Serious Violence in a similar way that Safeguarding procedures have done for many years.

The alignment between the safeguarding partnerships and the community safety partnerships has been a focus over the last 2 years, with representatives from both strands sitting within the sub-groups and governance to ensure the work is being complemented across these for the greater benefit to communities.

Violence Reduction Partnership and Community Navigator

Working closely with the OPCC and the Violence Reduction Partnership, WMP-Wolverhampton a community navigator who engages daily with offender management, neighbourhood teams, the exploitation hub and the community safety partnership. They identify commissioned services and provide vital inputs into schools and colleges working in partnership with the School Linked Officers and Young Person Officers to target activities in a prioritised way.

Vulnerable Adults

During 2022/23, Wolverhampton Police continue to receive a much higher number of internal referrals for Vulnerable Adults. The majority of these referrals were from Mental Health services. Partnership working between Adult MASH, Penn Hospital and G.Ps throughout Wolverhampton has resulted in these individuals receiving the support they need at the right time.

We carry out a process for any victims of Distraction Burglaries – including older and vulnerable residents - whereby the local neighbourhood team visit, referrals are made to Wolverhampton Trading Standards, Safer Wolverhampton Partnerships and MASH (based on individual need).

Missing Children

In 2019 West Midlands Police changed practice in relation to the risk assessment and recording of missing persons, including children. Where previously there had been use of an “absent” category, which did not result in recording on the COMPACT system (for recording missing persons) and no automatic reporting to the local authority this was changed. “Absent” reporting has been replaced with “no apparent risk” as a category and regardless of risk assessment the missing person will be placed on COMPACT and an automatic referral made to the relevant local authority. This has resulted in a much higher number of children being referred to the local authority and subsequently receiving a return home interview by the local authority Missing Return Officer.

The work of the Child Exploitation and Missing Operational Group in Wolverhampton (CEMOG) ensures that partners are working together and considering ways to prevent missing episodes, address underlying causes and ensure the safeguarding of young people. This governance process assists in developing the intelligence picture and identification of potential young people exploited in County Lines, as many will be reported missing.

Cadet Programme

In 2019, Wolverhampton Police launched the Police Cadet Programme locally at King’s School. The Police Cadets Programme had been trialled in other areas in WMP and based on the success and uptake has now been expanded. Following the success of this original Cadet scheme in 2020 a further scheme was launched at The Royal School, then in 2023 a third scheme commenced from Wolverhampton College on Wellington Road, Bilston. This involves volunteer cadet leaders– both police officers/staff and volunteers from outside of policing, running a youth support programme for 13-17 year olds with a focus on policing and public service. Any child can be referred into the programme, including young people with additional safeguarding needs or receiving Early Help. The Wolverhampton WMP child protection lead provides safeguarding training for the cadet leaders.

Operation Encompass

Operation Encompass involves WMP notifying Wolverhampton schools when one of their pupils is exposed to a domestic abuse incident – after a trial in 2018 this procedure continues and is well supported by schools and partners. This process ensures that schools are informed of an incident which may have adversely affected a child in the previous 24 hours so that staff can understand the factors that may be affecting that child

in school and provide appropriate support if required. This is in addition to any information sharing as a result of a referral that meets the threshold for MASH.

NHS Black Country Integrated Care Board: Wolverhampton Place

Wolverhampton ICB Safeguarding Team Context

The ICB works closely with Safeguarding Partners ensuring there is a continuity of Executive Leadership and contributions to the Partnership agenda. The Chief Nursing Officer for the BCICB continues to be a member of the Safeguarding Together (WST) Executive Group.

The ICB Designated Safeguarding Team is managed by the Associate Director for Safeguarding and Partnerships, who reports directly to the Chief Nursing officer. The Black Country wide team consists of four sub-safeguarding teams across the BC, Wolverhampton place being one of these. The W-Ton place safeguarding team consists of:

- Designated Nurse (DN) for Children
- Designated Nurse for Adults (job share)
- Designated Nurse for CYPiC
- Designated Doctor for Safeguarding
- Designated Doctor for CYPiC
- Designated Doctor for Child Death
- Named GP
- Assistant Designated Nurse.

The role of the place safeguarding team is to link with the safeguarding partnerships allowing for responsiveness to local prioritisation of key issues and ensuring formation of key relationships at place.

ICB Governance

The fulfilment of all statutory safeguarding functions that fall under the remit of the ICB is monitored closely.

The ICB receives a detailed Annual Report in relation to safeguarding outlining progress against strategic priorities and identifying new areas of focus.

There is a monthly Safeguarding Report to the ICB Quality and Safety Committee which covers all aspects of statutory compliance across the Black Country footprint and highlights key developments.

The Quality and Safety Committee reporting is informed by the BCICB Safeguarding Assurance Group and by the Safeguarding Dashboard reports from all Providers.

The Safeguarding Assurance Group is supported by the Designated Nurse Safeguarding Steering Group which oversees the safeguarding workstreams and ensures there is a forum for shared learning and coordination of safeguarding development activity across the Black Country.

On a weekly basis, the Executive Team receives a report from the Chief Nursing Officer in relation to any significant events or exceptions. This gives the Executive Team a strong 'line of sight' in relation to safeguarding challenges.

Adult and Child Safeguarding Agenda

- The Designated Safeguarding Leads in Wolverhampton continue to lead on and progress various ICB Safeguarding Workstreams including Assurance, Training, Suicide Prevention, Supervision, Domestic Abuse, Child Sexual Abuse, Serious Violence Duty, Prevent, Mental Capacity Act, Neurodiversity and the Voice of the Child, Neglect and Early Help.
- Safeguarding supervision has continued to be provided for Named, Designated and Safeguarding Specialist professionals by the ICB Designates.
- ICON was implemented across the Black Country Footprint. National ICON awareness week took place in September 2022. BCICB Comms and Safeguarding Leads produced an ICON communication toolkit for all Health Professionals to aid promotion of ICON during ICON awareness week to help facilitate discussions with parents and carers around how to cope with crying babies.
- Strategic meetings were reinstated regarding the Wolverhampton Contingency hotel accommodation. The health needs of the residents are being addressed via access to primary care and the 0-19 service. Mitigation plans are in place via public health for the outbreak of infectious diseases. Any safeguarding issues are raised and addressed via these meetings.
- The Serious Violence Duty came into effect in January 2023 which created the requirement for the ICB to work with partners in the reduction of violence. The ICB is working closely with the Violence Reduction Partnership to co-ordinate implementation.
- The ICB Designated Safeguarding Leads continue to support the wider Quality and Safeguarding agenda across the Black Country by taking part in Provider Assurance and Peer review visits.
- Black Country ICB continues to lead the multi-agency response and planned implementation and Liberty Protection Safeguards (LPS), the replacement for Deprivation of Liberty Safeguards (DoLS). After many delays the much-awaited codes of practice were published, and a response was submitted. However, with another delay and suggestions that this will now take us into a new Parliament the emphasis is being heavily put on improving the knowledge and application of the Mental Capacity Act across all agencies.

WICB and Primary Care

- The GP Forum is now well established and well attended. Monthly GP Safeguarding Lead forums have commenced, to enable the ICB to support the Wolverhampton GP Practices. Topics for discussion include recommendations and learning from published statutory reviews, WeCAN Neglect Assessment Toolkit, Child Death processes, IRIS, and feedback from the WST mock JTAI.
- Black Country ICB made the decision to unify the IRIS Project across all areas resulting in IRIS being commissioned for Wolverhampton and starting to be rolled out in November. After a slow start Practices are now coming forward to be trained and become IRIS Practices.
- Communications were sent to GPs to prepare them for JTAI, and resources developed by the Designated Nurse Team used at local forums to ensure GPs are clear about the process.
- A WST mock JTAI inspection of the multi-agency response to children and families (early help) was carried out in January 2023 for which the ICB safeguarding team co-ordinated the involvement of Primary Care. There was a very positive response and involvement from primary care colleagues.

Deep dive audits were undertaken by the ICB team. There was excellent engagement and responses from the GP practices and all areas of learning were agreed and taken on board.

Following the multi-agency audit meeting the main areas of learning identified for primary care were:

 1. Strengthening inter-agency health communication and information sharing, particularly between primary care and the 0-19 service
 2. Strengthening the role of the safeguarding leads within GP practices.
 3. Think Family approach to record keeping
 4. Making every contact count
 5. Appropriate health representation at early help and CiN meetings.
- The Wolverhampton safeguarding team compiled an action plan which encompasses the actions from the audits and actions identified within the JTAI early help self-assessments that primary care and the ICB safeguarding team undertook as part of the process.

ICB and Child Death

- The Designated Doctor for Child Death oversees the statutory review of the deaths of all children under the age of 18 who are normally resident within Wolverhampton and sits on the Black Country Child Death Overview Panel
- The Child Death Overview Panel published their Annual report for 2021 - 2022. The report concluded with the following recommendations for strategic partners:
 - i) Ensure interagency initiatives are being monitored to reduce the prevalence of modifiable factors identified in the under one population including safe sleeping practices.
 - ii) Risk factors for reducing premature births including:
 - Maternal high BMI (including healthy diet and physical activity)
 - Maternal high blood pressure (linked to high BMI)
 - Smoking in the family home
 - Alcohol misuse by parents/carers
 - Substance misuse by parents/carers
 - Domestic violence
 - Mental ill health
 - Maternal diabetes (often linked to BMI)
 - iii) Support programmes which reduce the likelihood of babies being removed from mothers who live within complex and challenging situations where safeguarding challenges exist.

- SUDISim training: The Designated Doctor for Child Death, ran three separate multi-agency simulation training days for SUDIC management for 10-15 regional senior paediatric trainees. This is a highly rated training day that has seen over 250 senior paediatric trainees, junior consultants and senior nurses from across the Black Country and West Midlands improve their knowledge, skills and confidence in dealing with SUDICs.

Children and Young People in Care (CYPIC)

- Work continues by health and social care colleagues to improve the compliance of the statutory 20 working day timeframe for Initial Health Assessments (IHA's). Exceptions relating to IHA compliance are discussed and action plans produced by health and social care to support in improving the timeliness of the reports. An example of this has been an increase in foster carer training to inform them of the importance of IHA's and the statutory requirement to help reduce the non-attendance rate at IHA appointments. Risks have been raised appropriately within the provider and ICB and discussed at CQRM.
- A free prescription offer became available for care leavers aged 18-25 years who originate from within the Black Country and who are not already eligible for free prescriptions. Education regarding this offer continues by both health and social care colleagues.

- Black Country ICB signed up to the Care Leavers Covenant, plans are ongoing to improve access to health services and employment opportunities for our care leavers.
- Dental Pathway for CYPiC is in the final stages of roll out, which will allow improved communication and care planning relating to the dental health needs of our CYPiC, which will support their annual review health assessment and hand over of health needs if a placement move is required.
- Regular engagement continues with attendance at both Children in Care Council (CICC) and Care Leavers Council (CLIC), to ensure they have an opportunity to have their voices heard and provide updates directly regarding ongoing work.
- Health and Social Care colleagues supported the national review led by the Child Safeguarding Practice Review Panel. The focus of the review was on children with disabilities and complex health needs who are CYPiC and who are currently placed in residential specialist schools which are registered as children's homes. The findings of the report were shared with WST and the Corporate Parenting Board.

ICB Safeguarding Team and WST

- The Designated Adult Safeguarding Lead continues to be the Chair of WST's One Panel and the Designated Nurse for Safeguarding Children is the Vice Chair.
- The Designated Adult Safeguarding Lead and the Designated Nurse for Safeguarding Children continue to be active members of the WST Scrutiny and Assurance Group and related task and finish groups, dip sampling and audits.
- The CYPiC Designated Nurse is a member of the Exploitation Priority Group
- The Named GP for Safeguarding Children is a member of the Mental Health Priority Group
- The Designated Nurse for Safeguarding Children is a member of the Early Help and Prevention Priority Group
- Full participation by all Designates on Statutory and Non-Statutory Review Panels
- Designated Nurse for CYPiC contributed to the multi-agency review of the WST Thresholds of need, supporting the idea that suicide is recognised as a safeguarding risk.
- Designated Nurse CYPiC contributed to the Early Help toolkit review, again ensuring that mental health and suicide forms part of the assessment. She also requested that challenge and rationale are documented when parents refuse Early Help for their children as not always in the best interest (of child).

- Designated Nurse CYPiC lead on the ICB's contribution to WST inclusive safeguarding review.
- Due to the likelihood of a JTAI being expected imminently in Wolverhampton, regular JTAI preparation meetings are in place with 3 associated task and finish groups which are all attended by the Wolverhampton ICB safeguarding team. In addition, a JTAI health meeting has been established where the safeguarding leads within ICB, RWT and BCHFT have met to plan and co-ordinate the health response.
- The Designated Doctor for Safeguarding Children delivered multi-agency training for non-health professionals involved in child protection investigations. The training covered the role of health, the child protection medical process and the benefits and limitations of a CP medical. 54 Wolverhampton professionals attended with good discussion and feedback.
- The ICB co-presented the delivery of the Wolverhampton Safeguarding Together learning event in September 2022 with Local Council and Public Health. The event covered the learning from the previous years published SARs, CSPRs and DHRs in the first half, followed by group activity to challenge agencies to work closer together.
- The Designated Doctor for Safeguarding Children chaired three Rapid Review meetings following referrals into the Safeguarding Partnership of incidents where children had been subjected to physical abuse and had either received serious injuries or died as a result. The reviews were all for children who had been victims of knife crime and it was agreed a thematic review was the most appropriate way for learning to be achieved.
- WST notified the National Panel of a request to carry out a thematic review of knife crime involving the recent 3 Serious Incidents's and the perpetrators as these were also children.
- Following escalations of concern to the Chief Nurse and Assistant Director for Safeguarding an extra-ordinary WST Executive meeting a 'Youth Violence' Stakeholder event occurred with the purpose of bringing together the WST and Safer Wolverhampton Partnership Boards to share information and review any short, medium and long-term interventions that can be put in place to try and support the community and mitigate the risks.

City of Wolverhampton Council - Education

Education Leaders adopt safer recruitment practices. They make appropriate checks to ensure that all staff who work with children and young people are safe to do so.

City of Wolverhampton Council audits are undertaken in education settings to ensure effective safeguarding protocols are embedded. Updates for auditing safeguarding in Early Years have taken place.

Further guidance issued for online safety across education settings, working collaboratively with the E-Services team at the Local Authority.

Termly network meetings for Designated Safeguarding Leads take place to share a range of partnership offers and local/national guidance, including the Police School Prevention Team offer for the City.

Safeguarding training offered and completed:

- Corporate staff safeguarding training has been effectively delivered.
- Prevent staff training has been delivered and embedded across education settings and with appropriate corporate staff.
- Child on Child abuse training delivered which incorporates sexual harassment and sexual violence.
- Exploitation training has been delivered through the Violence Reduction Partnership.
- Keeping Children Safe in Education safeguarding training has been delivered to Early Years providers.
- New safe sleeping guidance for Early Year providers was issued in response to a local rapid review.

Black Country Healthcare NHS Foundation Trust

The Trust has been able to deliver against its safeguarding annual priorities and obligations. Black Country Healthcare Foundation Trust (BCHFT) is committed to working in partnership with all stakeholders to ensure children, young people and adults, who are accessing services, are seen, heard, supported and safe.

Our focus within safeguarding has continued to work in partnership with our key partners to make a difference to the lives of our service users, so as to promote autonomy, inclusion and ultimately better health outcomes. Safeguarding children, young people and adults cannot be done in isolation; it is only truly effective when we work collaboratively and restoratively with our partner agencies to 'Think Family' and protect all those at risk of harm, abuse or neglect.

Our commitment to the WST Safeguarding Partnership:

- BCHFT has continued to offer health contribution to the Wolverhampton Multi Agency Safeguarding Hubs (MASH). All Multi Agency Safeguarding Hubs (MASH) and BCHFT Safeguarding Team have benefitted from the additional support and resilience offered through interim and agency staff, however this additional support has now ceased. Following on from the recommendations within internal MASH review the new safeguarding model includes the introduction of 3.8 WTE (Band 6) Safeguarding Advisor posts to support and strengthen the MASH health input from BCHFT across the Black Country partnership arrangements, these roles also support the whole safeguarding service on a rotational basis and have been an excellent resource to the team working across Adults and Children.
- BCHFT continues to actively support MARAC and work with partners and colleagues to ensure timely information sharing of risk.
- The BCHFT Associate Director for Safeguarding continues as Chair of the Mental Health Priority Group in leading on the delivery of the key priorities and work plan, with a specific focus being on how effectively the Think Family approach is implemented in mental health support across Wolverhampton.
- BCHFT continue to participate and contribute to the WST One Panel focusing on areas of good practice, embedding learning, improving practice and outcomes for those at risk of abuse and/or neglect and have participated in chairing rapid reviews.
- BCHFT safeguarding team continues to be well represented and has continued to engage with all sub-groups within the partnership arrangements across the Black Country at both operational and strategic levels, this includes working towards the key priorities of Exploitation, Neglect and Preventing Harm and Tackling Serious Violence agendas across the life course.
- The BCHFT safeguarding team has taken part in the completion of Multi Agency Case File Audits (MACFA) within all 4 Partnership boards.
- BCHFT has provided safeguarding bulletins within the Trust, also including newsletters, 7 minute briefings, and publications of Domestic Homicide Reviews (DHRs), Safeguarding Adult Reviews (SARs) and Child Safeguarding Practice Reviews (CSPRs) both locally and nationally. The BCHFT Safeguarding Team has worked closely with the Learning Lesson Team to produce Safeguarding Learning Packs for staff. These include County Lines, Cuckooing, Financial Exploitation and Mate Crime and can be accessed via the Learning lessons library.

Healthwatch Wolverhampton

Who we are

Healthwatch Wolverhampton is a local independent service which exists to speak up for local people about health and care. Our role is to make sure that the health and care system across Wolverhampton reflects what local people expect and need. We will listen to your opinions and experiences of health and social care services and feedback your views to the people who plan, pay for and deliver health and care services (the commissioners and providers). We can also help you to find the information you need about a local health or care service or point you towards someone who can help you if you need support to raise a concern or make a complaint about a service. We are independent from the NHS, Local Authority and other local health and social care services so people can talk freely about whatever they like.

What we do

Healthwatch Wolverhampton is one of a network of local Healthwatch organisations that cover each local authority area with social services responsibility across England. We cover the geographical area of Wolverhampton, including Bilston, Blakenhall, Bushbury, East Park, Ettingshall, Fallings Park, Graiseley, Heath Town, Merry Hill, Oxley, Park, Penn, Spring Vale, St Peter's, Tettenhall, and Wednesfield.

Healthwatch Wolverhampton exists to fulfil the statutory functions of a local Healthwatch. These functions can be broken down to:

- Engaging with local people about health and care services and promoting their involvement in all areas.
- Providing an information and signposting service for local people so that they can make choices about health and social care services.
- Monitoring the quality of health and care services.
- Using the voice of local people to influence commissioners and providers.

Our contribution to safeguarding 2022-23 includes:

- Continuing to support the work of WST, ensuring that patients' / local peoples' views are heard and central to service planning and any relevant case reviews
- Ensuring that our staff and volunteers are trained to understand and follow up any safeguarding concerns they have identified by us (or raised with us) in our work locally.
- We continue to improve engagement and understanding of safeguarding across all communities, therefore we co-chair the safeguarding engagement subgroup and play an active part in providing support to the campaign events in a number of ways.
- We actively support WST communication to residents through our own communication methods.
- We ensure that staff development and learning continue to be up to date by taking part in WST training and learning events.
- We will continue to work closely with WST to ensure the views and experiences of local people across the city are heard and listened to ensuring that Safeguarding becomes everyone's business.

Probation Service - Wolverhampton

Safeguarding is a crucial role for the Probation Service, and we are well placed to identify People on Probation who pose a risk of harm to children and/or situations wherein a child may experience poorer outcomes due to the behaviour or circumstances of their parents/carers. As members of the Community Safety Partnership and Scrutiny & Assurance Co-ordination Group, we continue to work in partnership with key agencies in the borough to safeguard families and protect the public. There are information sharing agreements in place for those assessed as vulnerable or risky with established partnerships between social care, police, and health providers through a variety of forums at both operational and strategic levels. Practitioners will attend case conferences and other multi-agency meetings to ensure relevant information is shared at the right level and appropriate measures are in place to safeguard children and vulnerable adults.

Safeguarding is included in operational staff job descriptions including operational (middle) managers. All staff in contact with People on Probation and their families are supported and held accountable for their safeguarding work. There are also clear 'leads' for Safeguarding, including a lead Senior Manager for the whole organisation who holds responsibility for providing clear strategic leadership across the organisation and ensuring adherence to policy and procedures in line with safeguarding children, a Regional Manager in all local areas who is accountable for safeguarding practice in their area.

We ensure that staff understand the Working Together 2018 arrangements, embedding the Early Help offer and emphasising the importance of understanding contextual safeguarding in our assessments. We now know more about Adverse Childhood Experiences, the intergenerational impact of these and the importance of intervening earlier to prevent or reduce the negative impact and how the work carried out by our Probation Practitioners can contribute to positive life-long changes for children now and future generations. To continue to support transition from youth justice services to adult services we are in the process of establishing 18-25 a young adults probation team to ensure that there is robust support in place.

Following the unification of the Community Rehabilitation Companies CRC (private probation services) and the National Probation Service to create one Probation Service there has been a clear focus on quality improvement and ensuring the foundational principles of assessment and risk management are adhered to.

We are ensuring that the foundations of practice are in place focusing on professional curiosity and implementing the new Policy Frameworks in relation to home visits, domestic abuse and safeguarding. It is now mandated that safeguarding and domestic abuse checks are completed on all cases and we are working to ensure that we have an upward trajectory of checks being completed on cases. A practitioner dashboard has been developed which outlines key outstanding tasks required on cases and we are working to ensure that it is embedded in everyday practice by practitioners and team managers to be assured tasks are on track.

We have implemented the Self Assessed Quality Assurance Framework (SAQA) which provides practitioners an opportunity to have an in-depth discussion regarding their case, including assessing the supervision of the Order/ License against HMIP standards. The SAQA process is about reflecting on the overall management, learning points based on reflection but also identifying positive areas of practice.

Locally, the Probation Service has a strong Integrated Offender Management (IOM) Team in place working closely with partners to supervise and support the borough's most prolific offenders. For women in particular, there exists a women's specialist team who work closely with local commissioned women providers to ensure a holistic approach is undertaken in the delivery of their statutory Order or licence. The Probation Service seconds a full-time member of staff into the MASH Team and we have been exploring ways for this role to support the work around ensuring that safeguarding checks are completed on all cases. We have a full-time secondment within the Youth Offending Team. We also have an enhanced presence on the Youth Offending

Board and are engaging with the Youth Justice Services in the development of the 18-25 Young Adults team to support the transition process from Youth Justice Services to Adult Services. This year we have actively been involved in the MASH Management Board. We have engaged in multi-agency audits looking at specific themes, such as multi-agency communication and the quality of the referrals submitted to MASH. The learning from these audits has been shared with practitioners to ensure that we are continuously improving and developing our practice.

Senior leaders from the Probation Service have also been involved in Local Child Safeguarding Practice Reviews and Domestic Homicide Reviews. This has involved identifying positive practice and learning which has been shared across organisations in Wolverhampton and within the Probation Service. The Probation Service conducts investigations when serious further offences occur. Within these investigations safeguarding practice is a major focus. Any learning identified within these reports is also shared within the Probation Service and organisations in Wolverhampton.

The Royal Wolverhampton NHS Trust

- The monthly Black Country Safeguarding Assurance Framework has been completed and shared across the organisation, demonstrating evidence that safeguarding responsibilities are being met by the organisation.
- The West Midlands Regional Self-Assessment for S11 (Children Act) and the Care Act was submitted. This self-assessment graded RWT as outstanding, with a substantial amount of evidence shared with Wolverhampton Safeguarding Partnership demonstrating RWT's commitment to the safeguarding adult and children's agenda.
- During Q4 the Trust wide audit to review the compliance with completion of Mental Capacity Act assessments was repeated. Mental capacity compliance has remained consistent at approximately 50%, when compared to previous data. As a result, the Mental Capacity Act and Deprivation of Liberty Safeguarding action plan has been updated. Actions include the identification and training of Safeguarding Champions within clinical areas, the delivery of bespoke training and the development of a stand-alone Mental Capacity Act Policy. The audit will be repeated in Q3 2023-2024.
- During 2022-2023 shortages of staff within the Health Visiting Service have impacted on the ability of staff to attend safeguarding supervision in a timely way. As a result, compliance has fallen throughout the year and as of March 2023 was 83% in comparison to 91% in Q1. Supervision has now been provided to non-compliant staff and concerns escalated to the Divisional Senior Management Team and the Trust Safeguarding Group. Compliance will be closely monitored in the coming year.
- Initial Health Assessments compliance has remained the focus and priority over the year due to reduced compliance. Compliance has steadily increased from 10.3% in Q1 to 23.3% in Q4 (for all assessments) and from 0% in Q1 to 31% in Q4 (with a peak of 70.3% in Q3) for those assessments within provider control. There has been a further improvement to 77% (all) and 100% (within provider control) in May 2023. Further work is being undertaken to address this compliance.
- The easy read outpatient appointment letter went live on 1st June 2023. All people with a learning disability flag now receive this letter template.

- All mandatory safeguarding training except for Safeguarding Children level 3 e-learning has been in line with Integrated Care Board (ICB) training compliance requirements. Mental Capacity Act, Deprivation of Liberty Safeguards, Prevent, Safeguarding Children and Safeguarding Adults level 1 and 2 training has demonstrated overall compliance of 95% or above throughout the period.
- Safeguarding Children level 3 e-learning compliance remained just below the required compliance rate of 85% in the early part of the year, an improvement has been noted with compliance reaching 87% as of March 2023. Targeting of non-compliant staff has been completed to serve as a prompt to complete this training. In addition, the need to ensure that staff are given the appropriate amount of study leave time to complete this training has been discussed and reinforced at the Trust Safeguarding Group.
- The number of Deprivation of Liberty Safeguards applications has increased throughout 2022-2023. 453 applications were completed in 2022-2023 in comparison to 340 in 2021-2022.
- In the 12-month period from April 2022 to March 2023, there were a total of 28 safeguarding referrals made to the Local Authority against the Trust, which met the criteria for a section 42 enquiry (The Care Act 2014). This demonstrates a significant increase in comparison to last year's data, when 11 section 42 enquiries were completed. This may be partially attributed to greater awareness of safeguarding adult processes across the Trust and an increased focus on incident reporting at the Trust Safeguarding Group. The predominant theme of these enquiries was neglect related to unsafe discharge processes and pressure ulcer care. As a result of this increase, the safeguarding team now meet monthly with Divisional Leads to discuss learning and analyse cases. This is then presented to the Trust Safeguarding Group for assurance that actions and learning are implemented Trust wide.

West Midlands Ambulance Service University NHS Foundation Trust

West Midlands Ambulance Service University NHS Trust has continued to experience unprecedented demand on its service. This has been a combination of extensive handover and turn around delays at acutes across the region.

As a Trust we have taken a number of actions to mitigate this demand and improve our response to patients.

- The introduction of a clinical validation cell with our emergency operations centre to clinical review our lower acuity 999 calls to see if they can be managed more appropriately using other systems within the wider healthcare economy.
- Increase our workforce within the IEUC and frontline both PTS and A&E
- Continue with the PPE requirements to protect our workforce.
- Work with the Acute Trusts to improve handover of patients at hospital.
- Work with Community Services partners to manage more patients at home or in their local community systems.
- Push to allow more intelligent conveyancing, 24/7
- Encourage staff to maximise the use of Alternative Care Pathways and work with partners to develop these further
- Continue working with hospitals and other parts of the NHS to improve patient flow through acute trusts. The Trust's Patient Transport Service already provides the fastest discharges in the country.

Priorities in 2022-23

- Assure Trust processes by driving consistency and improvement in safeguarding practice.
- Continue to build on effective relationships internally and externally, including WST.
- Continue to embed level 3 Safeguarding training for adults and children throughout the organisation in accordance with the intercollegiate document's recommendations.
- Continue to invest in engagement with adult boards, children's partnerships, CDOPs and other partner agencies, building on existing relationships.
- Ensure focus remains on quality assurance, including further audit on trends and themes seen from the previous year's learning.
- Continue collaboration with NHS England to deliver Prevent strategy, ensuring Level 3 WRAP training is delivered to frontline staff.
- Continue to embed lessons learnt from LCSPR's, DHR's, SAR's, SIR's, Section 42's and CDOP's and share with wider organisation through the internal Learning Review Group (LRG) and key staff communications.
- The introduction and roll out of DATIX to provide an electronic and autonomous referral system which can be completed by clinicians remotely from an incident in a timely manner.
- Promote and deliver a Domestic Abuse Toolkit to support staff, managers and peers.
- To develop and roll out a Safeguarding Supervision framework for staff who have patient contact.

What we did during the period under review:

- Continued to deliver Level 3 safeguarding training for all Paramedics which includes Safeguarding and PREVENT training to the board.
- Continued involvement with multiple workstreams across the region including DHR's, SAR's, LCSPR's, CDOP and JAR meetings, Child Alerts and Court cases.
- Several collaborative assurance audits completed with WST leading to a regional review due to best practice.
- Continued to see an increase in demand in both operations and Safeguarding across the Trust
- Maintaining strong relationships with external agencies.
- Working closely with our ICB and ICS colleagues across the region to sustain focus on the safeguarding priorities.
- Continue to deliver Level 3 safeguarding training to all student Paramedics.
- Recruited a clinical safeguarding officer to support increasing demands
- Introduction of regular 7 Minute Briefing publications covering all aspects of Safeguarding.



West Midlands Fire Service

The WMFS annual report provides a summary of safeguarding achievements in 2022-23:

- The Safeguarding Oversight and Assurance Group continues to be held monthly, with quarterly meetings chaired by Head of Prevention. The Group has an action plan to drive, monitor and review improvements in safeguarding. The impact has been that oversight of safeguarding has been strengthened, visibility and awareness of safeguarding has increased in the service leading to improvements across several areas.
- The WMFS Safeguarding Policy and Procedures were reviewed and updated in 2022. This was implemented in January 2023. It is aligned to the West Midlands safeguarding policy and procedures and therefore, to the region's safeguarding boards and partnerships.
- WMFS has successfully recruited to its Safeguarding Manager post.
- The Black Country Safeguarding Adults Boards and WMFS led multi-agency Fire Audits in 2022 culminating in a Webinar in November 2022 attended by 160 people from different organisations in the West Midlands region.
- There have been 280 safeguarding concerns reported by WMFS staff between 1st April 2022 and 31st March 2023 compared to 273 in the previous year. 20% of safeguarding concerns are about children compared to 14.7% in the previous year.
- WMFS Level 1 Safeguarding Awareness eLearning has been developed and implemented. It is mandatory for all staff and needs to be completed every two years. Following implementation of this training there has been a 25% increase in reported safeguarding concerns.
- Staff engagement events were held in 2023 to raise awareness of the WMFS People in a Position of Trust Policy and managing allegations made against staff.
- A safeguarding toolkit has been developed and implemented, allowing staff to access a simple to follow guide when encountering a safeguarding concern.

In 2023-24, WMFS will be:

- In conjunction with the NFCC, WMFS and other regional FRS are developing Level 3 and 4 (specialist and strategic management) safeguarding training. This training is expected to be developed in 2024.
- In relation to Safer Recruitment, following a change in legislation, all firefighters must complete DBS checks. This is expected to be completed by the end of 2023.

Wolverhampton Homes

Wolverhampton Homes understands the impact that having access to settled, secure and well managed housing can have on residents, particularly those from the most vulnerable households in our city. Through its day-to-day delivery of services, Wolverhampton Homes focuses on supporting households to access and sustain, settled accommodation. They recognise the enormously positive impact good housing has on an individual's quality of life, physical and mental health, and their engagement with the community and other services aimed at supporting them.

The See It, Report It (SIRI) process developed by Wolverhampton Homes continues to support all front-line staff in the identification of, and response to person- and property-related concerns. Over 500 members of staff (both office and trades staff who undertake repairs in customers' homes) have completed the online training. As a result, nearly 600 SIRI referrals were made between April 2022 – March 2023. The majority of reports came from trades colleagues, which demonstrates the importance of raising awareness among the staff who have most frequent contact with customers.

Many of the issues raised through SIRI highlighted concerns about people having difficulty maintaining their home. And a range of vulnerabilities were identified relating to age, disability or living with domestic abuse. Referrals of this nature typically resulted in intervention by an appropriate team within Wolverhampton Homes and/or referring into other agencies including, where the threshold had been met, the Multi Agency Safeguarding Hub and/or Exploitation Hub.

The year has also seen Wolverhampton Homes improving its response to reports of damp and mould in the properties it manages, which has supported a move to a risk-based approach when dealing with this issue. The new risk protocols support a robust approach to hazards and risk management, encompassing the principles of the Housing Health and Safety Rating System.

To support this work, three new Healthy Homes Advisor posts have been established. This new team provide first line, person-centred support for customers who report damp, mould and condensation in their home. The advisors work to identify the root cause of the issue, provide initial remedial actions and support the customer with ongoing advice and guidance.

Work has also been done to develop a 'no access' procedure which seeks to support access into homes where engagement with the tenant has historically been an issue, sometimes leading to an inability in identifying specific needs occupants may have. Data sharing with colleagues in Adults & Children's Social Care has also taken place where there are known vulnerabilities and additional needs.

Wolverhampton Homes recognizes that care leavers and other young people have needs in relation to housing and homelessness, and becoming independent can be a challenge as they take on responsibility for themselves. As a result, this year saw a review of the local offer to care-experienced children. A collaborative approach with the Care Leavers Forum has resulted in an improved offer that includes the provision of a handy person service available at the point the young person makes their first move into a home of their own.

In October 2022, Wolverhampton Homes was proud to receive prestigious national accreditation for its work supporting customers who are affected by domestic abuse. The Domestic Abuse Housing Alliance (DAHA) helps housing providers to offer a safe, consistent, and effective response to domestic abuse through a package of training and accreditation frameworks, and a membership model which encourages sharing of best practice. DAHA assessment of the working practices at Wolverhampton Homes offers reassurance to service users that there is a consistency of approach across the service and an emphasis on providing survivor-led support at all times.

The year has also seen an increase in the number of adaptations completed by Wolverhampton Homes' Home Improvement Agency with 873 households benefiting from work to enable both children and adults to live better for longer in their homes. Completed work covers everything from small adaptations such as fitting grab rails and installing key safes, right through to major enhancements like lifts, ramps, hoists and the installation of new central heating. The Home Improvement Agency's core objective is to support families and individuals to retain those all-important community connections and support networks through the ability to live independently and comfortably in their own homes.





APPENDIX B

Glossary of Terms

ASC	Adult Social Care
BCHFT	Black Country Healthcare NHS FT
BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Service
CCE	Child Criminal Exploitation
CCIC	Child in Care Council
CDOP	Child Death Overview Panel
CEMOG	Child Exploitation and Missing Operational Group
CiN	Child in Need
CIRV	Community Initiative to Reduce Violence
CLIC	Care Leavers Council
CoWC	City of Wolverhampton Council
CP	Child Protection
CQC	Care Quality Commission
CSA	Child Sexual Abuse
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSPR	Child Safeguarding Practice Review
CYPiC	Children and Young People in Care
DA	Domestic Abuse
DAHA	Domestic Abuse Housing Alliance
DBS	Disclosure and Barring Service
DfE	Department for Education

DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguards
DSL	Designated Safeguarding Lead
ED	Emergency Department
FGM	Female Genital Mutilation
HMIP	His Majesty's Inspectorate of Probation
HMPPS	His Majesty's Prison and Probation Service
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care Systems
IHA	Initial Health Assessment
IOM	Integrated Offender Management
JAR	Joint Agency Review
JTAI	Joint Targeted Area Inspection
KCSIE	Keeping Children Safe in Education
LADO	Local Authority Designated Officer
LeDeR	Learning Disability Mortality Review
LLB	Learning Lesson Briefing
LPA	Local Policing Area
MACE	Multi Agency Child Exploitation
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub

MCA	Mental Capacity Act
MDT	Multi Disciplinary Team
NHS	National Health Service
NHSE	National Health Service England
OFSTED	Office for Standards in Education, Children's Services & Skills
OPCC	Office of the Police and Crime Commissioner
PPU	Public Protection Unit
RWT	Royal Wolverhampton Trust
SAR	Safeguarding Adult Review
SI	Serious Incident
SIRI	See it, Report it
SOCEx	Serious Organised Crime and Exploitation Model
SUDIC	Sudden Unexpected Death in Childhood
SWP	Safer Wolverhampton Partnership
VAWG	Violence Against Women and Girls
WMAS	West Midlands Ambulance Service
WMFS	West Midlands Fire Service
WMP	West Midlands Police
WST	Wolverhampton Safeguarding Together
YJS	Youth Justice Service
YOT	Youth Offending Team

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City of Wolverhampton Council, Civic Centre, St. Peter's Square, Wolverhampton WV1 1SH