

## **Dudley Safeguarding People Partnership (DSPP) Priorities 2024-2026**

In February 2024, the DSPP held a collaborative development session to decide on the priorities for 2024 – 2026. This included for the first time, representation from education settings. We also welcomed input from our voluntary and community sector colleagues alongside the statutory partners. The DSPP recognise that there are many priorities within the safeguarding arena however we asked what were the top three priorities to our partners and these were considered alongside data and themes from our Safeguarding Adults Reviews (SARs) and Child Safeguarding Practice Reviews (CSPRs).

This document sets out the ‘why’ the priority was chosen. This will include the motivating factors leading to the theme being selected as a priority for 2024-26. Considerations also included the contributions of partners via the consultation processes, as well as information and evidence from the practice reviews and multi-agency audits.

The document also covers ‘what we will do’. This includes the activities that the Partnership is committed to delivering over the next two years. We recognise that many of our priorities represent system challenges which we may not be able to address purely through this plan and Partnership lens, however we have tried to identify activities that may enable impactful incremental change to benefit children, young people and adults with care and support needs in Dudley.

Finally, we set out ‘how we will monitor progress and change’. This includes the range of data that is shared with the Partnership and will be considered in relation to each priority theme, as well as other sources of information that may help us understand progress and change.

This plan will come into effect from April 2024 for a period of two years. Over that period progress in each of the areas will be considered by understanding activity of partners and the sub-groups and monitoring a range of data sources. The data measures listed for each priority will be developed into a Partnership performance dashboard. This dashboard will be considered at the quarterly Quality and Assurance (QAP) sub group with key trends or concerns escalated to the Dudley Safeguarding Children Partnership Group (DSCPG) and Dudley Safeguarding Adults Board (DSAB) for strategic consideration before being shared with the Executive Group for oversight and comment. It will also be shared with other sub-groups where relevant to their remit. Progress against the activities listed for each priority will also be reported to the QAP sub group quarterly, as well as a standing overview report being shared with the Executive Board. The sub-groups will be asked to report on activity relevant to each priority on a quarterly basis. Where barriers or challenges are identified to the delivery of activity, or in making system improvements, these will be reported to the DSCPG or DSAB and finally the Executive Board where needed.

To understand the effectiveness of this strategic plan, and in view of a commitment to flexibility to emerging need and insight, a 12-month 'check-in' will be undertaken in early 2025. This will consolidate activity undertaken, challenges experienced, and insights from data monitoring to understand whether the plan is making a difference to the priority themes, and whether the plan remains fit for purpose. This 'check-in' will be reported both to the DSCPG and DSAB.

The DSPP also recognise that there will cross cutting themes that underpin all of the priority work. We will continue to have a focus on:

- Neglect and self-neglect including the impact of our newly launched Hoarding Toolkit
- Think Family
- The voice of children, young people, and adults with care and support needs
- Experts by experience, whose voice will underpin all of our priorities.

These areas will be considered throughout the work of the DSPP and the priorities. As we move forward into 2025, there will also be a focus on collaboration and continuing to embed the learning from reviews.

## PRIORITIES

### ***Priority 1: Mental Health of Children, Young People and Adults with care and support needs, including the impact of parental mental health***

Children, young people and adults with care and support needs to be supported in their social and emotional wellbeing and receive early intervention in line with their needs. This also includes children and young people in care who we know are vulnerable.

#### *Why?*

Mental health needs and services for children, young people and adults with care and support needs was the most suggested priority in the consultative partner workshops alongside parental mental health. Schools and education settings have shared anecdotal feedback that increasing safeguarding concerns are being noted regarding student mental health. An increase is reported in students needing support and schools not being able to adequately safeguard children who do not have access to support. Partners working with adults noted an increase in mental health concerns particularly with self-neglect and substance misuse and limited access to services.

The mental health and emotional wellbeing of children and young people is an important cornerstone in their development and overall wellbeing. The mental health of adults with care and support needs is paramount in their ability to protect themselves whilst ensuring Making Safeguarding Personal is central.

Children and adults with care and support needs who have parents or carers with mental health issues may be impacted in several ways. It is important that the needs of children and adults with care and support needs still living in the family home, including any wider implications and risks, are considered for each person in a family. Individual's may be affected differently depending on the nature and severity of their parents'/Carers' mental health concern, their age, their developmental stage, and other contextual factors.

Learning from DSPP practice reviews highlights themes relating to

- a lack of insight into the impact of parent mental health issues on children
- insufficient focus on how deteriorating mental health impacts on a parent's/carer's capacity to care for children and adults with care and support needs
- the extent of parent mental health concerns not being fully explored in assessments of risk to children's safety
- children's views and adults views on the support they want not being sought
- individual incidents not being viewed in context of other known information,
- safety plans not being shared with other relevant professionals
- Lack of consideration of the mental health of others in the family home and the impact this may have.

#### *What will we do?*

1. Ensure that children, young people and adults with care and support needs with mental health concerns are supported with the impact of their diagnosed

condition on their mental health, are appropriately recognised and responded to, and vice versa, by services.

2. Seek assurance that young people and adults with care and support needs continue to receive support to prevent deterioration of their mental health.
3. Require our partners to provide an overview of services that are available across the borough to support children, young people and adults with care and support needs emotional health and wellbeing and mental health, to ensure parity.
4. Lobby Government to address system challenges in service provision for children, young people and adults with care and support needs.
5. Monitor the number of Deprivation of Liberty (DoLs) and ensure timely process.
6. Ensure all partner agencies understand and apply the Mental Capacity Act (MCA) effectively and appropriately.
7. Work with Public Health in Dudley to align work around mental health.
8. Develop a children, young people's and adults with care and support needs mental health page on the DSPP website.
9. Understand whether children are being routinely considered protective factors for their parents or carers mental health concerns through a Multi Agency Assurance of Practice Audit (MAAP)
10. Understand the impact and review of the ICON programme.
11. Work with Dudley Safe and Sound Partnership where mental health is a factor in learning reviews, which cross-over to children and adults with care and support needs.
12. Pursue the inclusion of a standard question in our services for adults to determine if a person is a parent or carer.
13. Better understand preventative work in Mental Health and consider the impact of social media.
14. Raise awareness of Mental Health and resources that are already available for example pathways and policies.

#### *How will we monitor progress and change?*

Data will help us primarily help us however a complete 'mapping exercise' to understand the offer in Dudley is required.

#### ICB/BCHFT:

- No. monthly admissions for mental health related admissions
- No. A&E/MIU attendances for mental health related admissions <sup>1</sup>
- No. A&E/MIU attendances for mental health complaint
- No. incidents received in GP's & Urgent Treatment Centre.

#### DMBC:

- No. children and young people open to Children's Social Work Services with concerns about mental health

---

<sup>1</sup> Recognising information sharing may be an issue

- No. of adults with care and support needs open to Adult Social Care with concerns about mental health
- No. Requests for Support (children/adults) where the primary reason is mental health, emotional health or wellbeing
- No. children and young people, adults open to Children's Social Work Services/Adult Social Care where concerns about the mental health of a parent or carer are indicated
- No. children and young people open to Children's Social Work Services where concerns about the mental health of another person in the household is indicated
- No. Request for Support where primary concern is the mental health, emotional health or wellbeing for an adult
- No. Early Help plans with parent mental health concerns noted
- No. Incidents reported at schools/colleges
- No. Incidents reported in care homes

#### Dudley Police

- No. of people detained under s136 Mental Health Act

#### Probation

- No. incidents reported in prisons

#### DSPP Business Unit

- Themes from SARs, CSPRs and Domestic Homicide Reviews (DHRs)

## ***Priority 2: Transitional Safeguarding***

### *Why?*

Transition is the process of changing from one state to another and it is experienced differently for each individual. In social care, particularly safeguarding, transition can represent a definitive change at the age of 18<sup>2</sup>. On their eighteenth birthday, children legally become adults, leading to shifts in assumptions about their capacity and eligibility for support. The complexities of safeguarding both children and adults have increased, with issues like violent crime, gang culture, domestic abuse, modern slavery, trafficking, and sexual exploitation. These issues highlight the difficulties we face in safeguarding children transitioning to adulthood. Adversity in childhood can make some adolescents particularly vulnerable to harm, with effects that persist into adulthood. Consequently, some adolescents may need immediate support from Adults' Services or may require it later. Research indicates that unresolved trauma can increase risks in adulthood, leading to more challenging lives and potentially higher costs for support later.

*(adapted from Research in Practice, 2018)*

Transitional Safeguarding was a key priority for all partners at the collaborative event. Whilst transitional safeguarding can underpin almost all areas of

---

<sup>2</sup> This could be considered from should be considered from 14 years- this is evidenced with the Type 1 diabetes CYP. This can be discussed via the sub group.

safeguarding, the DSPP felt it was important to focus specifically on this as a priority area.

#### *What will we do?*

1. Recognise that the needs of young people do not change or stop when they reach 18.
2. Support care leavers who enter adult safeguarding arena
3. Provide support for young adults who may experience safeguarding concerns post 18 who may not otherwise be eligible for a safeguarding response unless they have a formal mental health diagnosis, physical health condition or diagnosed learning disability.
4. Align services for child and adults and encourage partnership cultures to respond better to the changing needs of adolescents and young adults.
5. Ensure the needs of SEND young people are considered in transition.
6. Consider the impact of MCA, DOLs, best interests and Fraser competency.
7. Have an overarching partnership response which aligns our approach to transitional safeguarding, including exploitation, substance misuse and mental health.
8. Develop a Transitional safeguarding page on the DSPP website.
9. Develop a Transitional protocol.
10. Create a space for children / adult frontline practitioners to share information in readiness for transition to adulthood.

#### *How will we monitor progress and change?*

1. Creating an approach to safeguarding that moves through developmental stages, rather than just focusing on chronological age, building on best practice and learning from both adult and children's services.
2. Young adults at risk may not be covered by Care Act duties therefore a commitment to working in partnership to develop approaches to reducing risk of exploitation for all adults via the Adults at Risk team.

### ***Priority 3: Exploitation, ensuring effective multi-agency practice to protect those at risk of exploitation, in all its forms***

#### *Why?*

The Partnership recognise that children and adults can be at risk of exploitation and that exploitation can be revealed in many ways. This was a priority for the DSPP during 2022-24 and it was agreed that it should remain a priority for 2024-2026. This will cover changes to exploitation including Online Harm/Safety.

Exploitation is a form of abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child, young person, or adult (including those with care and support needs) into any activity that results in financial or other advantage for the perpetrator or facilitator. Activity includes arranging or facilitating the involvement or travel (trafficking) of a child, young person, or adult (including those with care and support needs)

Specific types of exploitation include:

- Modern Slavery (including human trafficking)
- Sexual Exploitation
- Criminal Exploitation
- Financial Exploitation (including scams, doorstep crime and rogue traders)
- Radicalisation to commit acts of terrorism
- Any other Exploitation that enables services or benefits of any kind, including:
  - Removal of organs
  - Forced marriage
  - Illegal adoption

The victim may still be exploited even if the activities that they are engaging in appear consensual. Exploitation does not always involve physical contact; it can also occur through the use of technology, and this encompasses Online Safety. Multiple types of exploitation can occur alongside one another or as part of other forms of abuse.

#### *What will we do?*

1. The DSPP will provide scrutiny and challenge to partners to evaluate the effectiveness of pathways that are in place.
2. Understand the level of impact of childhood trauma on the lives of young people / adult at risk of exploitation
3. Understand the effectiveness of transition from exploited child to exploited adult.
4. Identify whether current pathways are understood and effective.
5. Use Experts by Experience – user feedback to inform continuous improvement and development.
6. Continue work on an all-age screening tool and pathway.

#### *How will we monitor progress and change?*

1. Evidence that learning from audits and reviews are effectively embedded
2. Enhanced guidance for safeguarding practitioners is embedded.
3. Effective identification and prioritisation of partnership intervention based on risk.
4. Reduction in the number of children/adults assessed at risk of exploitation
5. Published all age exploitation policy
6. A completed exploitation profile for Dudley.
7. Review of the impact of the priorities on the performance dashboards at the SAB and DSCPG
8. Improved risk mitigation of the strategic priorities.
9. Utilising the health exploitation service (fixed term 12 months) to help measure impact.
10. Use the Dudley Vulnerability Tracker which provides specific exploitation data.