



Shropshire Council
Legal and Democratic Services
Guildhall,
Frankwell Quay,
Shrewsbury
SY3 8HQ

Date: 13 October 2026

Committee: People Overview and Scrutiny Committee

Date: Wednesday, 21 October 2026

Time: 6.00 pm

Venue: Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

You are requested to attend the above meeting. The Agenda is attached

There will be some access to the meeting room for members of the press and public, but this will be limited. If you wish to attend the meeting please email democracy@shropshire.gov.uk to check that a seat will be available for you.

Please click [here](#) to view the livestream of the meeting on the date and time stated on the agenda*

The recording of the event will also be made available shortly after the meeting on the Shropshire Council Youtube Channel [Here](#)

Richard Phillips
Director – Legal and Governance (Monitoring Officer)

Members of People Overview and Scrutiny Committee

Mandy Duncan (Chairman)	Mark Morris
Neil Bentley (Vice Chairman)	Alan Mosley
Susan Coleman	Wendy Owen
Jamie Daniels	Colin Taylor
Dawn Husemann	Teri Trickett
Duncan Kerr	

Co-opted Members (Voting):

Carol Morgan - Diocese of Shrewsbury (RC)
Gemma Martin - Diocese of Hereford

Your Committee Officer is:

Shelley Davies Committee Officer

Tel: 01743 257718

Email: shelley.davies@shropshire.gov.uk

When attending this meeting, Members are reminded of the three principles of the Jo Cox Foundation and Compassion in Politics Civility Pledge:

1. *Use a civil and constructive tone in debate*
2. *Act with integrity, honesty and compassion*
3. *Behave respectfully towards others, including those I disagree with*

*(Please note that while we strive to live stream meetings, technical issues may occasionally occur. In the event of a technical disruption, the meeting will be paused to try to resolve the issue. Should it not be possible to resume the live stream, the meeting will proceed as scheduled, and a backup recording will be made available after the meeting. Any disruption to the live stream does not affect the legality of the meeting).

AGENDA

1 Apologies for Absence

2 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting as set out in Appendix B of the Members' Code of Conduct and consider if they should leave the room prior to the item being considered. Further advice can be sought from the Monitoring Officer in advance of the meeting.

3 Minutes (Pages 1 - 8)

To confirm the minutes of the meeting held on 1st July 2026. [Minutes attached]

Contact: Shelley Davies - Committee Officer.

4 Public Questions

To receive any questions from members of the public of which notice has been given. The deadline for this meeting is 12.00 pm, Thursday 15th October 2026.

5 Member Questions

To receive any question of which Members of the Council have given notice. The deadline for this meeting is 12.00 pm, Thursday 15th October 2026.

6 Quarterly Performance Monitoring Report - Adults (Pages 9 - 22)

To receive the Quarterly Performance Monitoring Report – Adults. [Report attached]

Contact: Natalie McFall - Service Director Adult Social Care & Wellbeing.

7 Quarterly Performance Monitoring Report - Children

To receive the Children's Services Quarterly Performance Report.

Contact: David Shaw - Director of Children's Services.

REPORT TO FOLLOW –The Children’s Quarterly Performance Report has been delayed due to competing demands in implementation of the national Children's reforms.

8 Children's Safeguarding Partnership Annual Report 2025/26 (Pages 23 - 130)

To receive an update on the Shropshire Safeguarding Children Partnership Annual Report 2025/26. [Report attached]

Contact: David Shaw - Director of Children's Services.

9 Work Programme (Pages 131 - 132)

Verbal update on the work programme of the Committee. [Work Programme attached]

Contact: Sophie Foster – Overview and Scrutiny Officer.

10 Date of Next Meeting

To note that the next meeting of the People Overview and Scrutiny Committee will be held at 6.00 p.m. on Wednesday 13th January 2027.



Committee and Date

People Overview and Scrutiny
Committee

21st October 2026

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 1 July 2026

In the Council Chamber, The Guildhall, Frankwell Quay, Shrewsbury, SY3 8HQ

6.00 - 7.53 pm

Responsible Officer: Shelley Davies

Email: shelley.davies@shropshire.gov.uk Tel: 01743 257718

Present

Councillor Mandy Duncan (Chairman)

Councillors Neil Bentley (Vice Chairman), Susan Coleman (remotely), Dawn Husemann (remotely - substitute for Thomas Clayton), Duncan Kerr, Mark Morris, Alan Mosley, Wendy Owen, Colin Taylor and Teri Trickett.

Other Members in Attendance:

Councillor Ruth Houghton – Portfolio Holder for Social Care

Councillor Andy Hall – Portfolio Holder for Children and Education (remotely)

Councillor Roger Evans – Portfolio Holder for Finance (remotely)

Officers in Attendance:

David Shaw – Director Children's Services

Sonya Miller – Service Director Children's & Young People

Laura Tyler – Service Director Commissioning

Cezar Sarbu – Service Manager Ops Central

Natasha Moody - Families First Partnership Strategic Lead

Tom Dodds - Strategy and Scrutiny Manager and Statutory Scrutiny Officer

4 Apologies for Absence

An apology for absence was received from Councillor Thomas Clayton (substitute: Dawn Husemann – remotely).

5 Disclosable Interests

Councillor Mark Morris declared that he operated a private hire business which provided school and SEND transport.

6 Minutes

RESOLVED:

That the minutes of the meeting held on 22nd April and 14th May 2026 be confirmed as an accurate record.

7 Public Questions

There were no public questions.

8 Member Questions

There were no member questions.

The Chairman advised that, having reviewed the reports, she considered that the Local SEND Reform Plan would address a number of issues likely to arise during discussion of the Ofsted Shropshire Area Thematic Visit report. Therefore in order to avoid duplication and make the best use of the Committee's time, the order of the agenda would be amended for Item 9, Local SEND Reform Plan, to be considered before Item 8, Ofsted Shropshire Area Thematic Visit and that questions on both items be taken together.

9 Quarterly Performance Monitoring Report – Care and Wellbeing

Cezar Sarbu, Service Manager Ops Central, presented the Quarterly Performance Monitoring report, outlining the continued challenges facing Adult Social Care due to sustained demand, increasing complexity of need and the challenges of delivering services across a large rural county. He advised that despite these pressures, the service had maintained a strong focus on prevention, early intervention and supporting people to remain independent.

Members were updated on the Adult Social Care Transformation Programme, including the Prevent, Reduce and Delay and Complex Pathway approaches. The report also highlighted performance against national comparators, safeguarding activity, Deprivation of Liberty Safeguards (DoLS), recent legal changes arising from a Supreme Court ruling, and preparations for the forthcoming Care Quality Commission (CQC) inspection. Cezar advised that data submissions to the CQC were due in July, with the on-site inspection expected in September.

The Portfolio Holder for Adult Social Care, Councillor Ruth Houghton, commended the comprehensiveness of the report and thanked officers for their work in preparing for the CQC inspection, noting the significant effort required to meet the inspection timetable.

In response to a question about which areas of performance officers were most proud of, Cezar Sarbu explained that it would be difficult and unfair to single out particular teams, as all areas of Adult Social Care made valuable contributions. He highlighted the importance of safeguarding work and the service's ongoing commitment to continuous improvement. Laura Tyler, Service Director Commissioning agreed that it was difficult to identify only one or two areas of performance because there were strong examples of good practice across the service. She highlighted that Adult Social Care was seeing positive outcomes through its preventative approach and that there were good examples of support helping people remain independent.

Members queried how the Council worked with partners to avoid duplication, delays and unnecessary costs within health and social care pathways. In response it was explained that a range of checks, communication processes and escalation routes were in place between social care, NHS partners, district nurses and care providers.

In response to a query about how carers and family members could raise concerns or report issues, Cezar Sarbu advised that care and support plans contained details of allocated social workers and team contact numbers and duty arrangements operate during office hours, supported by an Emergency Duty Team out of hours, while the First Point of Contact service provided a clear route for members of the public to raise concerns and access support.

Councillor Houghton, the Portfolio Holder for Adult Social Care added that one of the service's key strengths was supporting more people to remain living independently in their own homes and communities, which aligned with the preferences of residents. She highlighted recent examples of successful hospital discharge arrangements and reassured members that robust communication systems and safety nets were in place to support people when issues arose.

The Chairman asked officers to identify the greatest risks ahead of the CQC inspection. Officers advised that the greatest challenges remained the waiting lists for Occupational Therapy and DoLS assessments. It was acknowledged that these pressures were significant but noted that they reflected national issues rather than concerns unique to Shropshire. Officers explained that the focus was on ensuring people were supported to "wait well", with robust risk assessments, prioritisation processes and regular reviews in place to manage risk while individuals waited for services. They also highlighted the need to further strengthen support for unpaid carers and improve access to information and advice as areas of ongoing improvement.

In response to a question regarding the scale of waiting lists, Cezar Sarbu explained that demand for assessments continued to exceed capacity in some areas. He noted that DoLS assessments were experiencing significant pressures due to national increases in demand and legislative changes, with waiting times in some cases extending for long periods. He emphasised that robust prioritisation arrangements, risk assessments and regular contact with providers were in place to ensure individuals with the greatest need received support first and that changes in circumstances were identified promptly.

The Committee thanked staff for their work, particularly in preparation for the forthcoming CQC inspection. Members agreed that issues such as waiting lists, support for carers and performance monitoring may merit further consideration within the Committee's future work programme.

Recommended:

The Committee noted:

- The Quarter 4 Performance Report update;
- The transformation programme themes for adult social care;

- The Care Quality Commission (CQC) impending inspection for adult social care; and
- The change in legislation around Deprivation of Liberty safeguards.

10 **Children's Services Quarter 1 Performance Report and National Local Outcomes Performance Framework Scorecard**

David Shaw, Director of Children's Services, introduced the Quarter 1 Performance Report and National Local Outcomes Performance Framework Scorecard and advised that officers had sought to provide a comprehensive picture of performance across Children's Services, including the development of a draft performance scorecard requested by the Committee.

Sonya Miller, Service Director for Children and Young People, explained that the scorecard was designed to complement the existing Children's Services Analysis Tool (ChAT) by providing a clearer strategic overview of key performance indicators and outcomes and had been developed around the themes of the National Outcomes Framework. She advised that existing performance data showed Children's Services continuing to perform strongly overall, although demand across the system remained high and added that the scorecard would provide an important baseline against which future improvements could be measured.

The Chairman welcomed the inclusion of comparative and benchmarking data within the scorecard, noting that it provided useful context regarding areas of strong performance and areas requiring further improvement.

Concern was raised about adoption timeliness, particularly the length of time taken to place children with adoptive families. Sonya Miller advised that increased case complexity, particularly involving sibling groups, had contributed to delays despite an increase in adoption activity since joining the Together for Children Regional Adoption Agency. She confirmed that the matter had been raised with the Together for Children Board and that performance continued to be closely monitored.

Members requested that future reports should more clearly link performance information with financial data, enabling members to understand both the effectiveness and efficiency of Children's Services activity and demonstrate how Children's Services activity was contributing towards reducing financial pressures on the Council. David Shaw acknowledged the need to strengthen links between performance and financial reporting and advised that officers were exploring cost and outcome benchmarking to inform future reports. He highlighted the long-term financial benefits of prevention and early intervention and agreed to consider how these savings could be presented more clearly to members. He also agreed to circulate Local Government Association benchmarking information.

Sonya Miller added that much of the financial pressure within Children's Social Care related to residential placements for children in care. She explained that while the majority of looked after children were placed in family-based settings, around 100 children were in high-cost residential placements, which represented the greatest area of financial challenge. She advised that significant work was being undertaken to safely step children down from residential placements into family-based care

wherever appropriate, and that officers would consider how to better report both cost reduction and cost avoidance achieved through this work.

Laura Tyler, Service Director Commissioning added that while financial pressures remained significant, officers needed to improve how they communicated both the cost avoidance achieved through placement negotiations and commissioning activity and the work underway to reduce future costs across Children's Services and Adult Social Care. She advised that considerable work was being undertaken behind the scenes and agreed that improvements could be made in reporting this more transparently to members.

Recommended:

The Committee noted the report, welcomed the draft scorecard approach and requested that future reports include clearer links between performance, financial outcomes, cost avoidance and service improvement activities to support effective scrutiny of Children's Services performance.

11 The Local SEND Reform Plan

Natasha Moody, Families First Partnership (FFP) Strategic Lead presented the Local SEND Reform Plan, which was developed in response to national SEND reforms and increasing financial pressures. She explained that the Government had invited Local Authorities to submit reform plans to address High Needs deficits, with the potential for significant historic SEND debt to be written off if approved. The plan aims to create a more inclusive and sustainable system through earlier intervention, stronger mainstream provision, improved access to specialist support and greater delivery of services closer to home.

Natasha advised that the plan was the first stage of a wider programme of reform and had been developed within challenging timescales. While the Department for Education supported the direction of travel, further work was required on data, financial management and performance oversight. The national report shared by Grant Thornton, taking learning from their national client base, had also highlighted that strong financial governance, commissioning and partnership working, alongside addressing wider system limitations within the national SEND system, were key components of developing a sustainable local and national SEND system.

Natasha Moody then presented Item 8, Ofsted Shropshire Area Thematic Visit. In accordance with the approach agreed by the Chairman at the start of the meeting, members considered Items 8 and 9 together, with questions taken across both reports due to the overlap in subject matter.

12 Ofsted - Shropshire Area Thematic Visit

Natasha Moody, Families First Partnership (FFP) Strategic Lead, presented the findings of the Ofsted and Care Quality Commission SEND thematic visit, which reviewed the effectiveness of Shropshire's SEND arrangements. Inspectors found strong strategic leadership, partnership working and a clear commitment to inclusion, with leaders demonstrating a good understanding of local needs and performance

challenges. However, they noted that improvements made at a strategic level were not yet being consistently felt by children and families.

Inspectors also praised practitioner engagement and the work of SENDIASS, although feedback from parents indicated that they did not always feel fully involved in decision-making. While services were found to be inclusive and supported by knowledgeable staff, families reported that the local offer could be difficult to navigate and that personal relationships often helped them access support more effectively than digital information alone. Inspectors concluded that the partnership was moving in the right direction and encouraged continued progress in governance, communication and inclusion.

Questions from members focused on issues discussed in conjunction with the SEND Reform Plan.

The Vice-Chairman asked how the Council would secure enough Educational Psychologists to support the reforms without increasing reliance on agency staff. Natasha Moody advised that recruitment remained a national challenge and that the Council was developing its own workforce through trainee and assistant Educational Psychologist roles. She also highlighted the need to promote Shropshire as an attractive place to live and work. David Shaw added that regional work was underway to manage agency costs, expand training opportunities and lobby Government to increase national recruitment pathways.

Members welcomed the emphasis placed on personal relationships and direct engagement with families rather than relying solely on digital systems. It was suggested that Government workforce policies were restricting recruitment pools for specialist roles and therefore proposed that the concerns be raised with national policymakers. The Chairman supported the principle of seeking reassurance regarding future workforce availability and recruitment challenges and agreed with Councillor Houghton's suggestion to review workforce recruitment and retention progress across both Adults' and Children's Services in 12 months' time.

Members queried whether sufficient outreach support was available in schools to identify and respond to SEND needs before specialist placements were required. Natasha Moody advised that the reform plan included enhanced outreach from special schools and support to build expertise within mainstream settings. While teacher recruitment was generally stable, challenges remained in recruiting teaching assistants, particularly in rural areas. David Shaw highlighted successful initiatives such as the Early Language Support for Every Child (ELSEC) programme and emphasised the importance of monitoring workforce capacity as the reforms progressed.

Members emphasised the importance of listening directly to children and young people, citing an example of a young person whose engagement improved once provision reflected their interests and aspirations. Natasha Moody agreed and highlighted the development of the Young Ambassadors programme, which would help ensure children's voices informed future decision-making. She also outlined the role of SENDIASS, the Parent Carer Forum and wider engagement activities, including the forthcoming "Big Listen" events, which would gather feedback directly

from children, young people and families. David Shaw added that feedback from children and young people did not always mirror the views of parents and carers, reinforcing the importance of hearing directly from young people themselves.

The Chairman sought further information on the benefits realisation framework within the reform plan and sought clarification regarding governance arrangements and the role of the Children's Ambition Board. Natasha Moody advised that a framework was being developed to monitor savings, reinvestment and service improvements and would be brought back to the Committee to support future scrutiny. She explained that strategic oversight sat with the Children's Ambition Board, chaired by the Chief Executive and responsible for driving wider ambitions to make Shropshire a more child-friendly County. David Shaw added that governance arrangements would continue to evolve alongside wider discussions about the Health and Wellbeing Board and partnership structures.

Members asked about the financial impact of the planned end of the statutory override and future SEND deficits. Natasha Moody advised that detailed financial modelling formed part of the reform plan and would be considered by the Finance and Improvement Overview and Scrutiny Committee. She noted that alternative options would be explored if government support was not secured. David Shaw added that the statutory override had been extended while national SEND reforms and funding arrangements continued to be developed.

Recommended:

The Committee noted the significant implications of the SEND Reform Plan and requested ongoing updates on workforce capacity, benefits realisation, performance and the involvement of children and families. In relation to the Ofsted Thematic Visit, members welcomed the positive findings on partnership working, leadership and inclusion, while recognising the need to improve family engagement, access to the local offer and outcomes for children and young people. Future scrutiny will continue to focus on performance, governance and lived experiences.

13 Work Programme

Tom Dodds, Strategy and Scrutiny Manager and Statutory Scrutiny Officer presented the draft work programme and reminded members that it reflected the outcomes of the recent strategic work programming session.

A number of themes arising from the meeting which may warrant future scrutiny, including support for unpaid carers, workforce recruitment and retention, SEND reforms and the financial impacts of preventative services were highlighted by Tom Dodds and he suggested that members may wish to hold a dedicated informal session to review the work programme in greater detail and agree future priorities.

In response, the Chairman agreed that the Committee had covered a significant amount of ground during the meeting and identified a number of clear areas for ongoing scrutiny. She supported arranging a further session to review and refine the work programme and thanked members and officers for their contributions to the discussion.

Recommended:

The Committee noted the draft work programme and agreed that it should be reviewed to reflect the priorities identified during the meeting, with a further session arranged to consider and prioritise future work in more detail.

14 Date of Next Meeting

Members noted that the next meeting of the People Overview and Scrutiny Meeting will be held on Wednesday 21st October 2026 at 6.00 p.m.

Signed (Chairman)

Date:



People Overview & Scrutiny Committee

21st October 2026

Public

Quarterly Performance Monitoring Report – Adults

Cabinet Member:	Ruth Houghton – Portfolio Holder for Adult Social Care	
Lead Director:	Natalie McFall – Service Director of Adult Social Care & Wellbeing	
Service Area:	Care and Wellbeing	
Report Author	Natalie McFall - Service Director of Adult Social Care & Wellbeing	
Officer contact details	01743 253719 Natalie.Mcfall@shropshire.gov.uk	
Electoral Divisions Affected	All Divisions	
Key Decision	Not Key Decision	
Cabinet Forward Plan	Not Applicable	
Report considered by	People Overview and Scrutiny Committee – 21 st October 2026	

1. Purpose of Report

1.1 This report provides a high-level overview of Adult Social Care performance and assurance some of which were reported in the recent CQC inspection as part of the assessment framework: carers, safeguarding, sensory services, direct payments and co-production. It summarises the key position and areas of focus to take forward.

1.2 Summary of areas of scrutiny within the report:

- **Carers:** The report highlights current completion of carers assessments within the expected timescale. Many carers receive advice, prevention, peer support or community support without needing a formal assessment.
- **Safeguarding:** The evidence shows a prompt, risk-led response, with no waiting list, same-day responses and an increase in completed Section 42 enquiries.

- **Sensory services:** Waiting times number reduced from 612 in November 2023 to 144 in 2026, alongside increased demand and wider outreach.
- **Direct payments:** The evidence shows 97 new starts and 29 closures during the 12-month period. Payments are implemented promptly once authorised, including urgent payments outside the normal cycle where required.
- **Co-production:** An outline of Coproduction priority working groups and activity.

2. Recommendations

Scrutiny Committee is asked to:

- 2.1 Note areas of focused performance within the CQC assessment framework.

3. Background

- 3.1 The purpose of this report is to outline for the Committee areas of Adult Social Care performance covered within the CQC assessment framework: carers, safeguarding, sensory services, direct payments and co-production. The report summarises the key evidence, explains what the data means in practice, and identifies areas where further assurance is required.

Carers

- 3.2 Performance relating to carers' assessments has improved. During the reporting period of the last 12 months, 1,631 adult carers received a new assessment.
- 3.3 10 assessments were open at the time of reporting. Waiting Well arrangements are in place to maintain contact, monitor risk and enable support where an assessment cannot be completed immediately.

Measure	Current position
Adult carers receiving a new assessment in the last 12 months	1,631
Assessments completed within 28 days	98.65%
Assessments open at the time of reporting	10
Target timescale	28 days

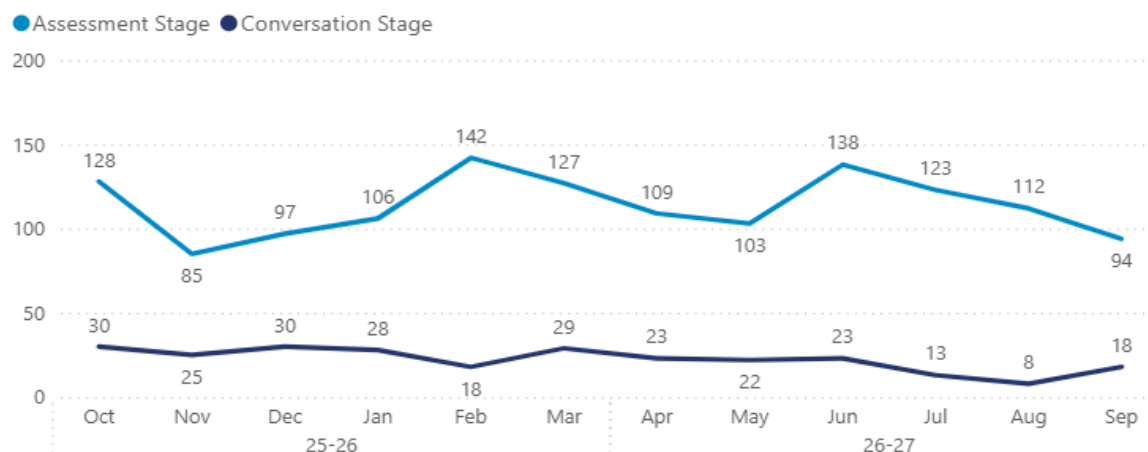
Stages of a Carers Journey

Stage	Purpose
Identify	Recognise unpaid carers and explore whether caring is affecting their wellbeing.
Carers conversation	Understand the effect of caring and provide timely information, advice and preventative support.
Assess, where required	Offer a statutory carers assessment where the carer appears to have support needs and accepts the assessment.
Plan support, where required	Link support to identified needs and outcomes, including replacement care where appropriate.

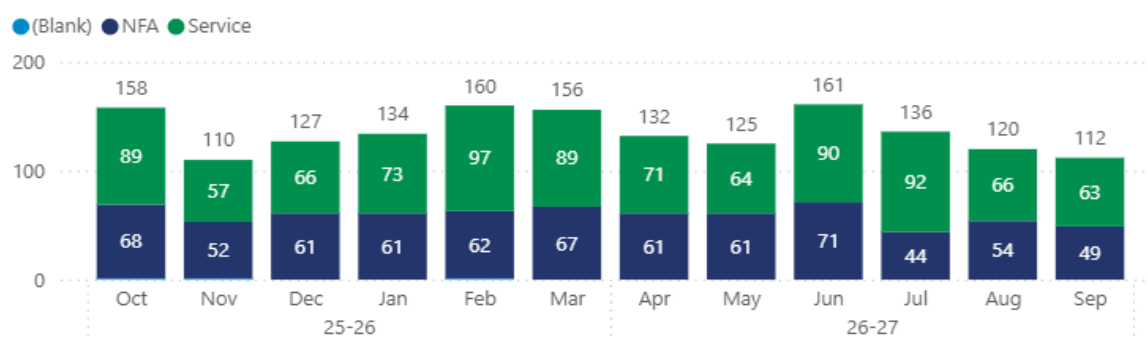
Review impact	Review whether support has made the intended difference and whether needs or risks have changed.
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Carers assessment performance.

Carer Assessments completed in Period



Carer Assessments completed in Period



Prevention and early support

- 3.4 The Council's approach recognises that not all carers require a formal Care Act assessment. Carers can access information, advice, emotional and peer support, contingency planning, digital resources and community-based assistance through the Carers Support Team, hospital-based support, the Carers Register, Mobilise and the Shropshire Wellbeing and Navigation Network (SWANN).
- 3.5 Digital support through Mobilise complements the Council's local and face-to-face offer and extends access for carers who may not previously have engaged with services, including working carers and people living in rural communities.

Reach and impact

Measure	Reported position
Carers supported since April 2024	10,200
Registered carers receiving support	4,315

Had not previously accessed support	81%
Living in rural areas	57%
Interactions outside normal working hours	59%
Weekend interactions	22%
Deeper engagement actions	21,500
Potential Carer's Allowance eligibility identified	More than £775,460

- 3.6 The data indicates increased reach and improved access, particularly outside office hours and across rural communities. Mobilise and Council Carers Register figures may overlap as they are separate registers.

Ongoing priorities

- 3.7 Further work will focus on the following actions. These are intended to strengthen assurance that support for carers is timely, equitable and clearly linked to the outcomes carers say matter to them:

What we need to do	What this means in practice	Target timescale
Make the link between the carer's needs and the cared-for person's plan clearer.	Review the Carers Assessment and Care Planning Process with the Principal Social Worker to Ensure we demonstrate how Carers needs are met through replacement care.	Within 9 months
Show more clearly what difference support makes for carers.	Fully consider there is a requirement to complete a Carers Support Plan and review that demonstrates how the carers need is being met through replacement care.	Within 9 months
Reach carers who may be less likely to come forward for support.	Strengthen engagement with seldom heard and minority communities, including carers who may face cultural, language, rural, digital or accessibility barriers.	Within 6 to 9 months
Improve equality and demographic information.	Collect and use better information about who carers are, so the Council can identify possible under-representation, inequality of access or different outcomes for different groups.	Within 6 months
Create a clearer outcomes framework for carers.	Set out the key measures the Council will use across the whole carers pathway, from identification and assessment through to support, review and impact.	Within 6 months
Use carers' own feedback to evidence impact.	Build routine ways of capturing what carers say has changed because of the support received, including feedback from reviews, surveys, complaints, compliments and co-production activity.	Within 6 to 9 months
Develop comparator information.	Work has already started on support the development of the new SACE questionnaire. Further work with regional colleagues and ADASS networks to understand how Shropshire compares with	Within 9 to 12 months

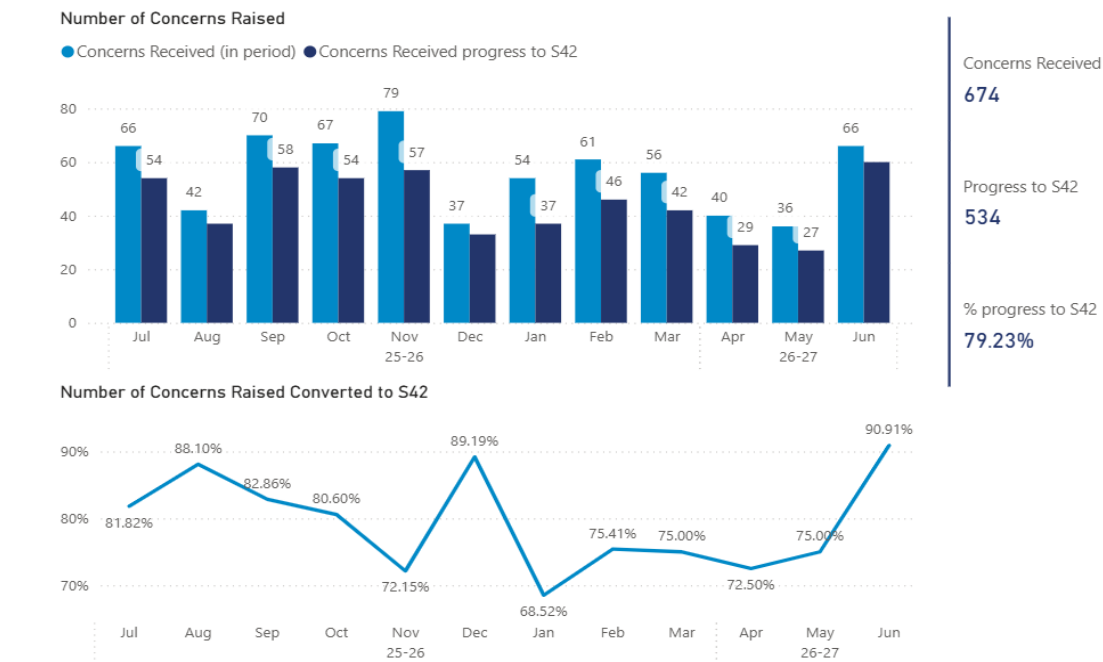
	other councils and to support future scrutiny reporting.	
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3.8 Overall, Shropshire has increased the reach and timeliness of support through statutory assessment, community-based support, hospital pathways, digital provision and partnership working. The next phase will further embed how we evidence outcomes and impact consistently alongside continued performance improvement.

Safeguarding

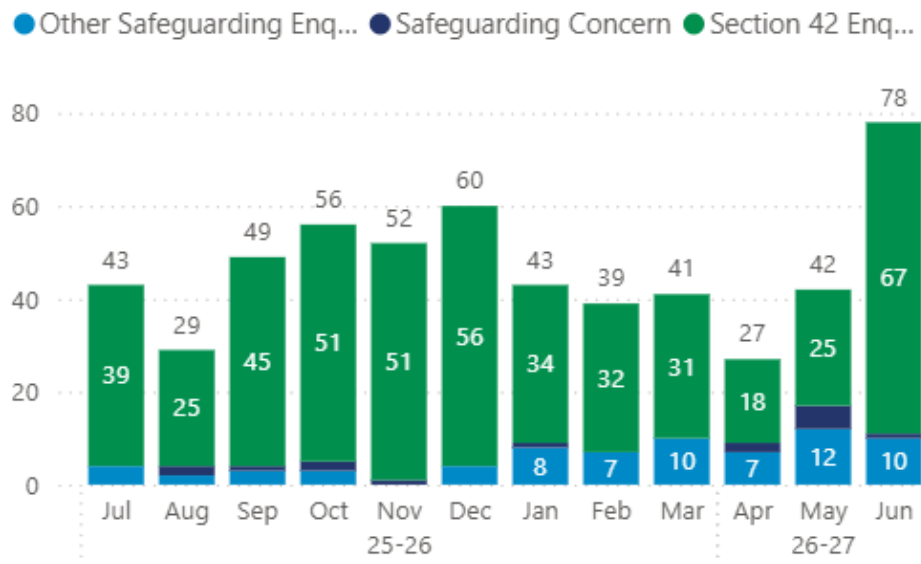
3.9 Safeguarding performance evidence submitted to CQC demonstrates sustained improvement over the past 12 months. The continued delivery of a same-day response model has enabled the service to operate without a waiting list, alongside consistently strong performance in Making Safeguarding Personal and increased completion rate for Section 42 enquiries.

3.10 Section 42 of the Care Act 2014 requires a local authority to make, or arrange for, safeguarding enquiries when it has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves because of those needs. Safeguarding evidence shows a prompt and risk-led response. During the 12-month reporting period, 674 safeguarding concerns were received and 534 progressed to a Section 42 enquiry, which represents 79.23% of concerns.



Safeguarding concern and Section 42 enquiry conversion, July 2025 to June 2026.

Safeguarding Concerns by Outcome

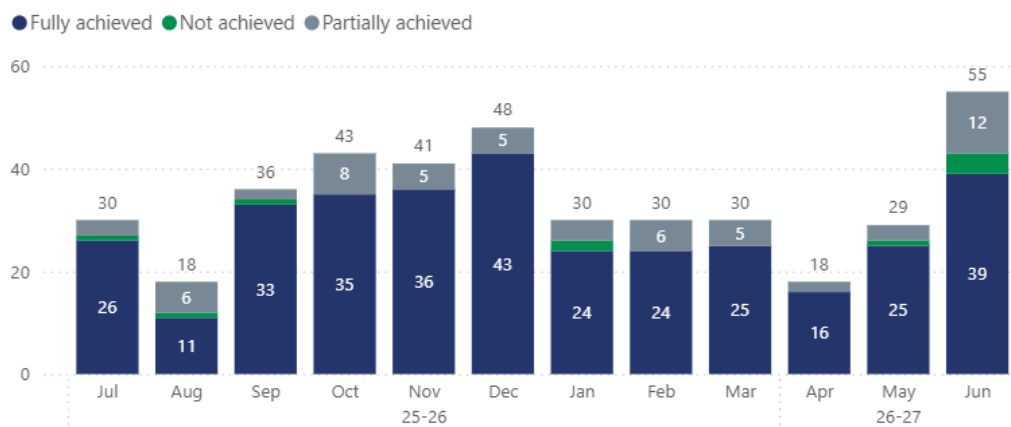


Safeguarding concern outcomes, July 2025 to June 2026.

3.11 Domestic abuse is the largest safeguarding category, accounting for almost one-third of safeguarding enquiries. Emotional/psychological abuse, financial abuse and neglect also represent significant volumes. Our approach to domestic abuse focuses on strengthening prevention, early identification, practitioner confidence and coordinated partnership responses through the Shropshire Domestic Abuse Partnership Strategy 2026–2029. It is trauma-informed, shaped by lived experience and centred on reducing harm, improving support and achieving better outcomes for survivors.

3.12 We have seen an increase of safeguarding enquiries. The number of completed safeguarding enquiries increased substantially, from 227 in 2023/24 to 440 in 2024/25. This trajectory continued in 2025/26, with a further 9% increase in completed enquiries with the graph below showing concluded enquires between 01 July 25 to 30 June 26

SG Enquiries concluded



- 3.13 Safeguarding demand has continued to increase during the reporting period. In response, the service has strengthened case progression management, oversight and assurance arrangements to support timely enquiry completion, effective risk management and improved service responsiveness.
- 3.14 Shropshire continues to embed Making Safeguarding Personal, ensuring individuals' views, wishes and desired outcomes are consistently considered throughout safeguarding enquiries and evaluations. Overall, 97.55% reported that their desired outcomes were fully or partially achieved, while 2.45% said they were not achieved.

Referral Enquiry Type Desc	SG Concerns Concluded (in period)	SG Concerns Concluded Outcomes Asked	SG Concerns Concluded Fully Achieved	SG % Concerns Concluded Fully Achieved	SG Concerns Concluded Partly Achieved	SG % Concerns Concluded Partly Achieved	SG Concerns Concluded Not Achieved	SG % Concerns Concluded Not Achieved
Other Safeguarding Enquiry	70	46	33	71.74%	11	23.91%	2	4.35%
Section 42 Enquiry	474	362	304	83.98%	50	13.81%	8	2.21%
Total	544	408	337	82.60%	61	14.95%	10	2.45%

Sensory services

- 3.15 Sensory services waiting times have reduced from 612 in November 2023 to 383 in 2024 and 144 in 2026. This occurred alongside increased demand and the team actively widening outreach to groups who may be less likely to come forward for support. This includes:
- Outreach to farming communities
 - Whitchurch Hearhere Group: hard of hearing group
 - Hard of Hearing Group, Shrewsbury
 - Marton Community Coffee Morning & Health Check
 - Armed Forces Support Group, Shrewsbury
 - Age UK dementia and carers groups: Shrewsbury and Pontesbury
 - Live Well With Hearing Loss with Community Resource: four countywide sessions each year; next session: Market Drayton
 - Hearing Professionals Meetings: three sessions per year
 - See Hear Remember exhibition at Theatre Severn
- 3.16 The service has completed process reviews, Waiting Well checks and community outreach, and has identified changes with activity that did not need to sit within the sensory team. The team continues to consider how demand can be met, including engagement with voluntary and community sector organisations.

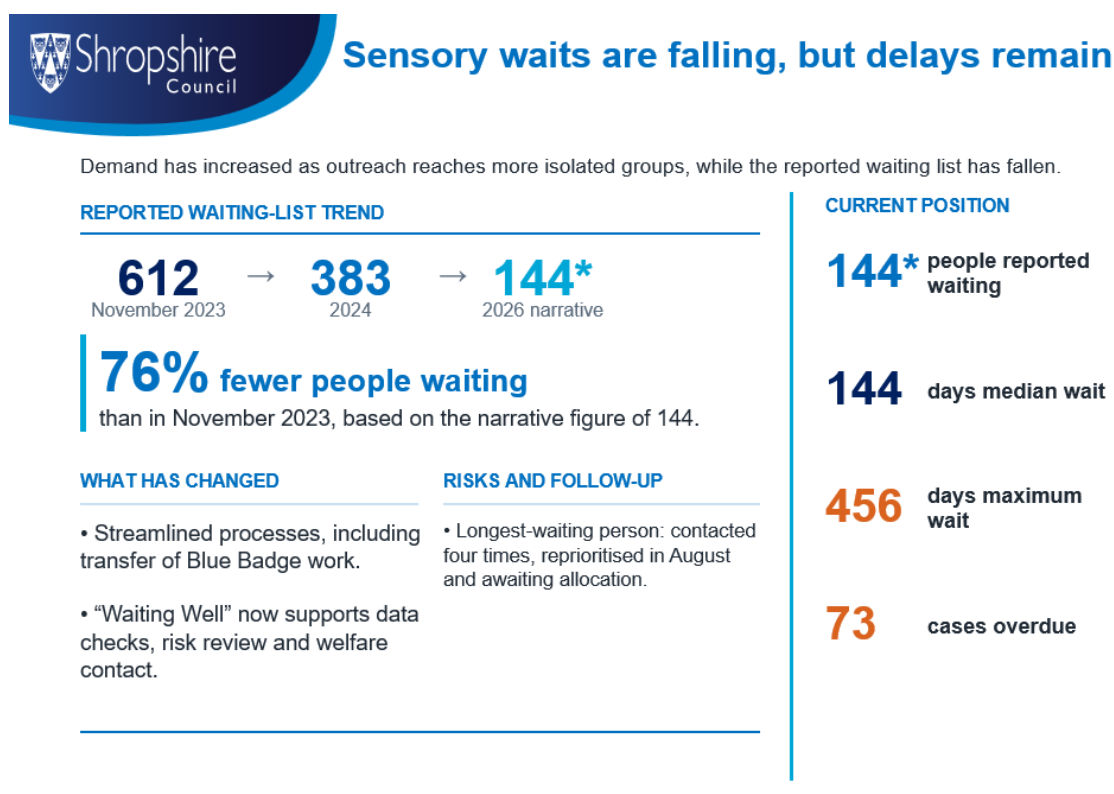
Measure	Position
Waiting list in November 2023	612
Waiting list in 2024	383
Waiting list in 2026	144
Latest waiting list snapshot	145
Median days waiting	144
Maximum days waiting	456

Overdue	73
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Table 6. Sensory service waiting-list improvement and current waiting-list snapshot.

3.17 Waiting Well checks identify residents whose needs or risks have increased after referral, enabling earlier allocation where required. The Sensory Team continues to review how people with lower-level needs and risks can remain connected to appropriate support. Current examples of low-level support are:

- Those seeking rehabilitation support or mobility training who are managing safely with existing support networks.
- Requests to register sight or hearing loss
- Requests for low-level support where no risks have been identified for example: conversation aids or hearing TV (HI), task lamps, UV shields, TV glasses, talking clock (VI)
- Requests for replacement equipment
- Requests for demonstrations of equipment



Direct payments

3.18 During the 12-month reporting period there were 97 new direct payment starts and 29 closures. Direct payments support choice and control. Once a support plan is authorised, set-up is already under way, including completion of paperwork and sourcing a personal assistant, activity or other support. Payment is then arranged through the normal four-weekly cycle, with urgent payments available outside that cycle where required.

Evidence point	Reported position
New starts in 12-month period	97
Closures in 12-month period	29

Reported wait after authorisation	No wait; direct payment starts once authorised
Payment cycle	Four-weekly payment run
Urgent exceptions	Payments can be made outside the standard cycle where required, for example to pay a personal assistant.
Further reporting area	End-to-end time from first request or assessment to authorisation and first usable payment is not yet shown.

Direct payment pathway evidence and further reporting area.

- 3.19 As part of the wider transformation of personal budgets, work will develop a consistent end-to-end measure from first request or assessment through to authorisation and first usable payment of a direct payment, providing clearer oversight of timeliness and the person's experience across the whole pathway. Delays before authorisation may arise while support is sourced or arrangements are completed. Further reporting will therefore establish the full pathway, including how pre-authorisation waiting periods are monitored, reasons for delay and the experience of people living in rural areas, including their ability to recruit personal assistants or source suitable support.
- 3.20 Alongside direct payments, Individual Service Funds provide an additional route for people to exercise choice and control over how their care and support is arranged. More Shropshire residents are using this flexible alternative which we have to recognise when considering the Direct Payment numbers. The Council will continue to develop both approaches through its transformation programme, with future performance reporting focused on timeliness, take-up, experience and outcomes.

Co-production

- 3.21 We have adopted a whole-system approach to co-production, based on the principle of working alongside people rather than making decisions on their behalf. Through our Co-production Framework, People's Pool, Priority Working Groups and co-produced commissioning activity, people with lived experience, unpaid carers, providers and community organisations are involved in shaping services, strategies and improvements. Co-production is embedded across commissioning, operational practice, workforce development, quality assurance and governance, with a strong focus on inclusion, accessibility, shared decision-making.
- 3.22 Co-production remains central to continuous improvement, learning and transformation within Adult Social Care. Priority working groups bring together people with lived experience, carers and partners to help shape service development and improvement priorities. Alongside performance data, feedback and experience provide valuable insight into the impact of services and support the Council's wider understanding of outcomes for residents. This ensures people with lived experience, carers and community representatives have opportunities to influence strategic priorities, service design and improvement activity.

- 3.23 This approach has informed key developments including the All-Age Carers Strategy, All-Age Autism Strategy, and the emerging Adult Social Care Strategy. Co-production has also been used to develop these areas:
- developing the Adult Social Care Practice Framework;
 - co-producing individual assessments and support plans with adults and carers;
 - using the People's Pool to involve people with lived experience in projects;
 - shaping direct-payment services and the developing all-age direct-payment policy;
 - developing the supported-living framework;
 - informing commissioning, service design and communications; and
 - training social workers, commissioning teams, community teams and partner providers.
- 3.24 Partnerships are also using lived experience to shape responses to complex issues such as homelessness, rough sleeping and domestic abuse. Co-produced guidance for practitioners has been endorsed by the Safeguarding Adults Board, while the Shropshire Domestic Abuse Partnership Strategy 2026-2029 includes ongoing challenge and assurance through a Lived Experience Advisory Group.
- 3.25 Planned areas where co-production will support change:
- Priority Working Groups involving people with lived experience, carers and partners;
 - co-production throughout Adult Social Care transformation and service redesign;
 - continued development of the all-age direct-payment policy;
 - greater use of the People's Pool across projects;
 - earlier involvement from discovery through design and implementation;
 - inclusive engagement with rural communities and people facing digital or accessibility barriers; and
 - reporting that shows who participated, what was heard, what changed and the resulting outcomes.

4. Summary of Main Proposals

- 4.1 Overall, the evidence provides high-level assessment of performance across five areas reviewed. Carers' assessments are completed in a timely manner; safeguarding is supported by a timely, risk-led response model; sensory services have achieved a reduction in waiting-list volumes and average waits; and direct payment implementation is prioritised following authorisation. Co-production arrangements continue to develop and are essential to shaping and informing service change and continuous improvement. The next phase will focus on evidencing how improvements in activity and processes are translating into better outcomes for people, carers and communities, with improvements in equity, rural access, lived experience guiding service development and the demonstrable influence of feedback and co-production.

5. Key risks and Opportunities

Risk / opportunity	Mitigation / action	Strategic risk theme
Waiting times may lead to changing or unmet needs; reducing waits creates an opportunity for earlier intervention.	The Waiting well approach includes risk-based allocation, regular contact, escalation routes and routine review of waiting list size, age and outcomes.	Governance, performance and financial weaknesses.
Increasing and complex demand may exceed available capacity; prevention offers an opportunity to reduce escalation and long-term dependency.	Use demand forecasting, process review, management oversight, prevention and Community Independence Pathway activity to target capacity and resources.	Increasing demand for services and economic uncertainty
Incomplete or inconsistent data may limit assurance on end-to-end timeliness and outcomes.	New dashboards to reflect the assessment framework activity to support monitoring, assurance and decision making	Governance, performance and financial weakness
Co-production may not represent all communities or demonstrate impact; stronger involvement can improve design and trust.	Use the People's Pool and Priority Working Groups, include rural and digitally excluded residents, and record who participated, what changed and the outcomes.	Breakdown of critical contracts, providers or strategic partnerships
Safeguarding demand and complexity may affect enquiry timeliness; the same-day model provides an opportunity for early risk management.	Maintain same-day response, case-progression oversight, Making Safeguarding Personal and quality-assurance review of timeliness and outcomes.	Governance, performance and financial weaknesses.
		Increasing demand for services and economic uncertainty

6. Council Priorities

- 6.1 People have opportunities to thrive and be healthy at every stage of life: the report supports prevention, early intervention, independence, safeguarding, carers and person-centred support.
- 6.2 Communities are connected: local, community and digital support, together with co-production, help people remain connected and supported in their own homes and communities.
- 6.3 People live in safe and inclusive places with homes that meet their needs: safeguarding, sensory support, direct payments and Individual Service Funds promote safety, choice and control.
- 6.4 A financially sustainable Council with clear priorities: performance oversight, prevention and transformation support timely, effective and sustainable use of resources.
- 6.5 A workforce supported to excel: quality assurance, learning, supervision and co-production strengthen consistent practice and continuous improvement.
- 6.6 Overall, the report contributes to the Corporate Plan ambition that everyone has the opportunity to be healthy and thrive at every stage of life. It does this by focusing on timely support, reducing inequalities, maintaining independence, listening to lived experience and ensuring services remain safe and sustainable.

7. Financial Implications

- 7.1 This report seeks scrutiny and assurance rather than approval of additional expenditure. Actions arising from scrutiny may have workforce, commissioning, digital or community-capacity implications and should follow the Council's financial governance. Outcome evidence should accompany any claim that prevention or redesigned pathways improve use of resources.

8. Legal and HR implications

- 8.1 Not required for this report

9. Electoral Division Implications

- 9.1 Not required for this report

10. Health, Social (including “Child Friendly Shropshire”) and Economic Implications

- 10.1 Not required for this report

11. Equality and Diversity Implications

- 11.1 This report is a performance report, there no decision required from the People Overview and Scrutiny Committee which would require consideration of Equality and Diversity implications.

12. Climate Change, Biodiversity and Environmental Implications

- 12.1 No direct material climate effect arises from noting this report.
- 12.2 Any indirect effects are neutral to positive, as the emphasis on prevention, early information and advice, community-based support and digital access may reduce reliance on crisis-driven interventions and unnecessary travel. Overall, the report is consistent with the Council's climate objectives and does not give rise to adverse environmental impacts

13. Background Papers

- 13.1 Not required for this report

14. Appendices

- 14.1 No Appendices

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**Committee
People Overview
and Scrutiny
Committee**

Public

**Date and Time
21st October 2026
18:00**

Children's Safeguarding Partnership Annual Report 2025/26

Cabinet Member:	Councillor Andy Hall, Portfolio Holder for Children and Education	
Lead Director:	David Shaw – Director of Children's Services	
Service Area:	Service Area – Children's Services	
Report Author	Lisa Charles – SSCP Development Officer	
Officer contact details	01743 254251 and lisa.charles@shropshire.gov.uk	
Electoral Divisions Affected	All	
Key Decision?	N/A	
Cabinet Forward Plan	N/A	
Report considered by	N/A	

1. Purpose of Report

- 1.1. The annual report fulfils the statutory requirement under Working Together to Safeguard Children 2026 and provides a strategic account of how the Shropshire Safeguarding Children Partnership has exercised collective system leadership to safeguard and promote the welfare of children in Shropshire. It sets out how the statutory safeguarding partners — the Integrated Care Board, Local Authority and Police — have worked together with relevant agencies to align priorities, strengthen accountability and improve the effectiveness of multi-agency safeguarding arrangements.
- 1.2. The report assesses the Partnership's progress, impact and areas for further development during 2025/26. It draws together evidence on governance, national reform implementation, learning from reviews, performance and quality assurance, and priority delivery. It also sets out the Partnership's strategic direction for 2026/27, with a clear focus on early help, prevention, effective multi-agency practice and demonstrable improvement in outcomes for children and families.

2. Recommendations

The Committee is asked to;

- 2.1. Consider and note the annual report as evidence of the Partnership's strategic oversight, statutory compliance, progress during 2025/26 and continued focus on improving outcomes for children and families in Shropshire.
- 2.2. Consider and note the 2026/27 priorities and the Partnership's planned approach to implementation, assurance and impact measurement, recognising the importance of sustained multi-agency leadership in delivering system-wide improvement.

3. Background

- 3.1. The annual report provides assurance on how safeguarding partners have discharged their statutory responsibilities and used collective leadership to strengthen the local safeguarding system. It demonstrates how governance, scrutiny, performance oversight, learning and partnership activity have been aligned to improve the identification of risk, the quality of multi-agency practice and outcomes for children and families across Shropshire.
- 3.2. The report strengthens transparency by setting out the key decisions, strategic actions and governance arrangements led by the Lead Safeguarding Partners (LSPs) and Delegated Safeguarding Partners (DSPs). It provides elected members, practitioners, partner agencies, children and families with a clear account of what has changed, why it matters, and how the Partnership will continue to test whether activity is improving safeguarding practice and lived experience.

4. Summary of Main Proposals

4.1. This year the Safeguarding Children Partnership has focused on:

- Implementing Working Together to Safeguard Children 2026
- Implementation of National Reforms and Families First Partnership
- Continuing to strengthen the role of education partners with representation now at all levels of the Partnership structure
- Improving arrangements for performance and quality assurance, including independent scrutiny
- Delivering multi-agency learning and improvements as a result of learning from child safeguarding practice reviews (CSPRs)
- Delivering against our priority areas (neglect; child sexual abuse and exploitation)
- Shifting focus to early help, prevention and support for children and families

4.2 Looking ahead, the Partnership will need to maintain momentum while managing significant system change. Strategic priorities for 2026/27 are to embed national reforms, publish and implement the revised local thresholds document, strengthen early help and prevention, improve the multi-agency response to child sexual abuse, and increase the use of evidence, audit and independent scrutiny to demonstrate impact. The Partnership will use its governance arrangements to monitor delivery, manage risks, escalate barriers and ensure that improvement activity remains focused on the safety, wellbeing and lived experience of children and families.

5. Alternative Options

No alternative options are available as the production of the report is a statutory requirement.

6. Key risks and Opportunities

6.1. **Capacity to deliver statutory safeguarding functions.** The Partnership operates in a complex and changing safeguarding environment, with increasing expectations around scrutiny, data, learning and assurance. The Business Unit supports the Safeguarding Children Partnership, Adult Safeguarding Board and Community Safety Partnership. Current capacity is stretched, creating a strategic risk to delivery pace, resilience and the ability to evidence impact. Resourcing and delivery arrangements are therefore under review to ensure statutory duties, partnership priorities and improvement activity remain deliverable.

6.2. **Implementation of national reforms.** National reforms require sustained system leadership and coordinated change across early help, family help, thresholds, child protection, scrutiny and data sharing. This presents delivery risk, but also a significant opportunity to simplify pathways, strengthen

consistency of practice, improve earlier identification of need and sharpen the Partnership's collective accountability for outcomes.

Risk	Mitigation	Link to Strategic Risk
Delivery of statutory safeguarding functions	The SSCP is currently funded through a multi-agency budget detailed within the annual report. Resourcing and delivery is currently under review to ensure efficient and effective discharge of statutory duties.	Failure to safeguard vulnerable children
Implementation of national reforms including Working Together 2026 and Families First Partnership	Maintaining the integrated implementation plan and critical path. Complete locality and workforce readiness assessments. Deliver the Family Help Together framework training and capture feedback. Confirm Family Help and multi-agency child protection operating arrangements. Track dependencies, benefits, communications and risks through the designated governance route.	Failure to safeguard vulnerable children

7. Council Priorities

7.1. The annual report supports the Council's priority of 'Everyone has the opportunity to be healthy and thrive at every stage of life' by providing assurance that local safeguarding partners are working together to protect children from harm, promote welfare and improve outcomes for children and families. The focus on early help, prevention, national reform implementation, multi-agency practice, learning and scrutiny contributes to ensuring that children receive the right support at the right time and are able to be safe, healthy and thrive within their families and communities.

8. Financial Implications

8.1 The financial contributions are outlined within the annual report covering the partnership contributions and expenditure.

9. Legal and HR implications

9.1 The production of the report and delivery of the activity outlined are statutory duties of the Children's Safeguarding Partnership.

10. Electoral Division Implications

10.1 The report is applicable to all electoral divisions across Shropshire.

11. Health, Social (including "Child Friendly Shropshire") and Economic Implications

11.1. The annual report supports positive health and wellbeing outcomes by focusing on safeguarding, early help, prevention, family support, multi-agency working and learning from reviews. It recognises wider determinants of health, including family circumstances, neglect, exploitation, domestic abuse, parental mental health, substance misuse, rurality, education and access to services. By strengthening earlier identification of need, timely support and partnership assurance, the report contributes to reducing inequalities and improving outcomes for vulnerable children and families across Shropshire.

11.2. The views, experiences and interests of children are reflected through the Partnership's use of safeguarding reviews, audit, performance oversight, quality assurance and independent scrutiny to understand children's lived experiences and identify where practice needs to improve. The report demonstrates how this learning is acted upon through multi-agency improvement activity, strengthened early help and prevention, revised thresholds and national reform implementation. This supports Child Friendly Shropshire by ensuring children's safety, welfare and outcomes remain central to safeguarding decision-making and service development.

12. Equality and Diversity Implications

12.1 The report has considered equality implications through its focus on children and families who may experience increased vulnerability, disadvantage or barriers to support. Relevant protected characteristics include age, disability, race, sex, pregnancy and maternity, and religion or belief. The report also recognises rurality and access to services as important inclusion issues for Shropshire families.

13. Climate Change, Biodiversity and Environmental Implications

N/A

14. Background Papers

N/A

15. Appendices



Shropshire Safeguarding
Community Partnership

Children's Safeguarding Partnership Annual Report 2025-2026

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Fully clickable document



Shropshire Safeguarding
Community Partnership

Foreword



As the Lead Safeguarding Partners of the Shropshire Safeguarding Children's Partnership, we are pleased to present the Annual Report for the period April 2025 to March 2026. This report is published in line with the statutory responsibilities under the requirements in Working Together to Safeguard Children 2026 (WT26).

As Lead Safeguarding Partners we are committed to leading the Partnership to continually improve outcomes for children, young people and their families in Shropshire. We have taken this opportunity to reflect on our progress in delivering our priorities, assess our training activities and consider how agencies can best work together to safeguard children in Shropshire.

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Tanya Miles

Chief Executive
Shropshire Council

Simon Whitehouse

Chief Executive
Shropshire, Telford and Wrekin
Integrated Care Board

Richard Cooper

Chief Constable
West Mercia Police





Life in Shropshire



2nd largest Inland Council in England

1,235 square miles

Overall deprivation is low.

Two LLSOA's fall into the 10% most deprived deciles nationally, one falling within Harlescott Electoral Division and one in Monkmoor both in Shrewsbury.

Population size of

333,162

(Mid-year estimate 2025)

Population Density

Shropshire



1 person

per hectare

England



4.3 people

per hectare



27.1% aged 65+ compared to 19.1% in England (2025 MYE)



59,126 aged 0-17 or 17.7%, England 20.3% (2025 MYE)



182 schools of which 14 are independent and 17 are special independent



93% from white background, 93.3% with English as first language (Jan 2026)



36,988 pupils in state schools (Jan 2026)



19.4% of pupils eligible for free school meals, 26.5% England (Jan 2026).



Smallest state primary school – 21 pupils



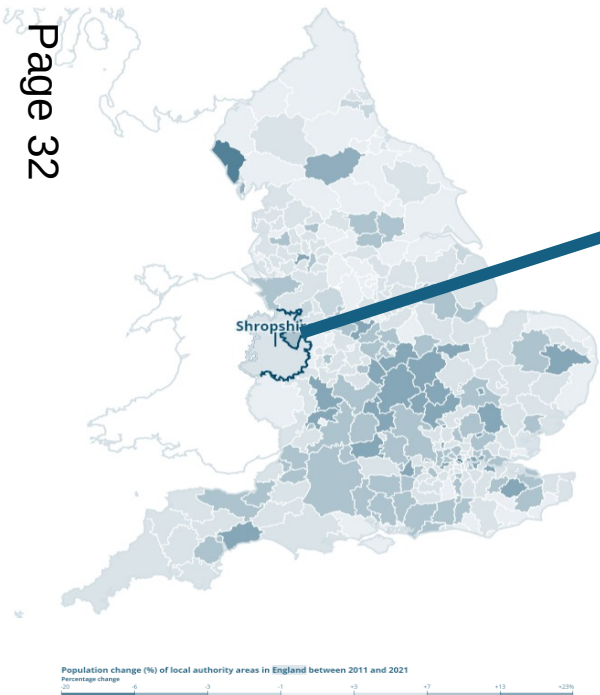
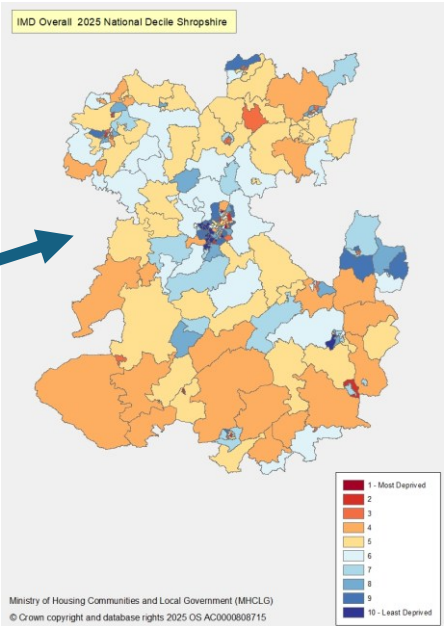
Employment rate of 79.3%, West Midlands 73.6% (March 2026)



Smallest state secondary school – 507 pupils



12.4% self employment rate in Shropshire, 8.1% West Midlands (March 2026)





Life in Shropshire

Challenges of Rurality

Shropshire is a diverse, large, predominately rural inland county with a wide range of land use, economic activities, employment and social conditions. The population has been increasing at a slightly slower rate than England. Much of the growth has been due to people moving to Shropshire due to its rurality. Shropshire has a relatively high concentration of people in the older age groups.

Unlike many rural areas the population of Shropshire is distributed across the county making Shropshire one of the most deprived counties for access to services

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- 98% of land is rural



- 3,240 miles of road.
- 91% rural roads



- 57.2% live in rural areas



- 6,100 pupils transported to school each day
- Using 140 operators
- At a cost of £18,000,000 per year



About Shropshire Safeguarding Children Partnership

Our shared vision

We started 2025-2026 with a shared vision for the Shropshire Safeguarding Community Partnership (SSCP) under its tri-partite arrangements which include the safeguarding of children, safeguarding adults and community safety.

The SSCP is committed to increasing the safety and resilience of people in Shropshire (including children and adults with care and support needs) and their communities; to reduce harm caused by abuse, neglect and other crime.

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What we do

Shropshire Safeguarding Children's Partnership is a range of partners coming together to safeguard children from abuse and neglect in Shropshire

Providing the foundation for the partnership are:

- our children, young people and their families, and;
- staff and volunteers working across social care, health and the criminal justice system.

The Partnership acts to seek assurance, scrutinise, challenge and ensure agencies are enabled to work together to achieve its vision



Priorities

From April to February the Partnership had 1 strategic priority which was **Improving Multi-Agency Practice.**

Working in partnership to embed the National Reforms, to include a focus on embedding good practice around professional curiosity and the lived experience of children and families.



Shropshire Safeguarding Community Partnership

Who leads the partnership?

Shropshire's Lead Safeguarding Partners (LSPs) are working with Telford & Wrekin Safeguarding Partnership to embed the arrangements required by Working Together to Safeguard Children 2026.

LSP meetings bring together local authority, Police and Health leaders working across both partnership areas.

Delegated Safeguarding Partners (DSPs) form the Safeguarding Executive Group. Both groups meet twice a year.

Full membership of the LSP, DSP and Children's Safeguarding Partnership groups are listed at the end of this report.

How the partnership is structured

The Children's Safeguarding Partnership began in July 2024, replacing the former SSCP Strategic Governing Group for tri-partite arrangements.

It continues to work alongside the Safeguarding Adults Board and Community Safety Partnership Board under the SSCP.

The next two slides show the partnership structure.



Shropshire Safeguarding
Community Partnership

One Business Unit supports four delivery functions.

A focused seven-post team brings together management, development, learning and administration.

SHROPSHIRE SAFEGUARDING COMMUNITY
PARTNERSHIP

BUSINESS UNIT
7 POSTS

**BUSINESS
MANAGEMENT**

Business Manager

1 post

DEVELOPMENT

Development Officers

2 posts

1 x Children

1 x Adults and Community Safety

**LEARNING +
DEVELOPMENT**

Co-ordinator

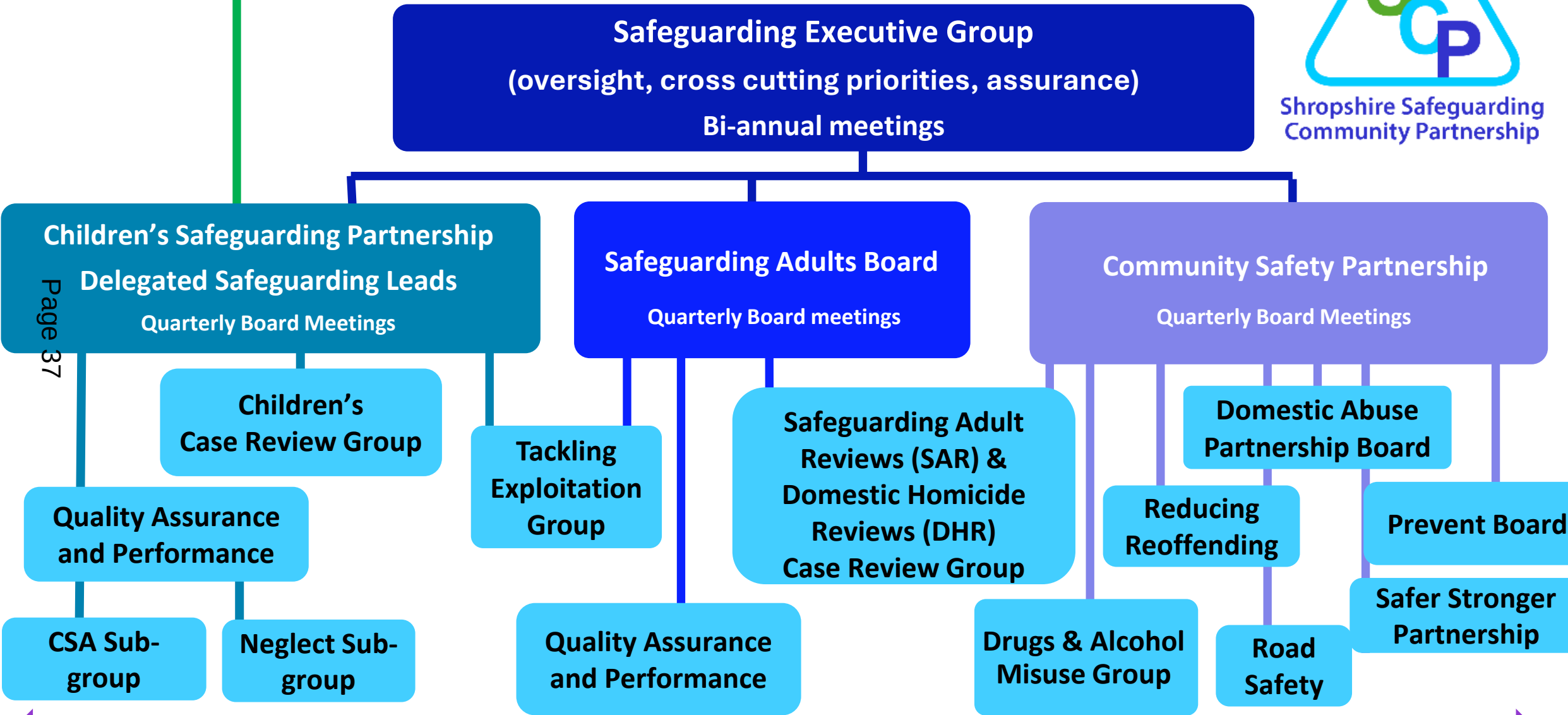
1 post

ADMINISTRATION

Administrative Support

3 posts

2 × 0.6 FTE · 1 × 0.8 FTE





FUNDING · 2025/26

Three partners provide 97.6% of the core budget.

A £440.540k core partnership budget is supplemented by £6,445 from colleges and dedicated school grants.

CORE PARTNERSHIP BUDGET

£440.540K

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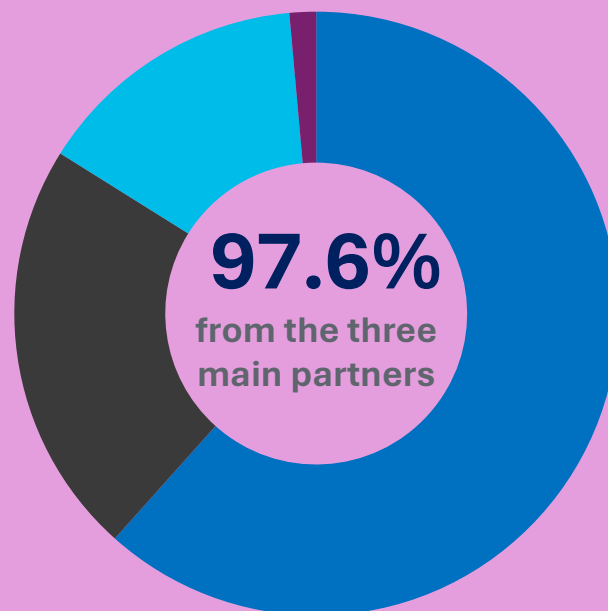
ADDITIONAL INCOME

+ £6,445

Local colleges and dedicated school grants

TOTAL IDENTIFIED RESOURCES

£446,986k



EXPECTED CORE INCOME

61.62%	Shropshire Council
	£272,014
22.28%	Integrated Care Board
	£98,348.00
14.68%	West Mercia Police
	£64,814.00
1.42%	Other partners
	£5,365

SHARED BUDGET

The same budget supports the Children's Safeguarding Partnership, Adult Safeguarding Board and Community Safety Partnership.



Implementation of National Reforms

During 2025/26, the Children's Safeguarding Partnership continued to prepare the local safeguarding system for the implementation of the national reforms set out within **Working Together to Safeguard Children** and the emerging **Families First Partnership** programme. The Partnership recognised that these reforms require a fundamental shift towards earlier intervention, stronger multi-agency collaboration, greater focus on whole-family working and improved shared accountability across agencies.

To support this transition, safeguarding partners established a series of multi-agency task and finish groups focusing on key implementation areas including workforce development, data and performance, communications, multi-agency responses and governance arrangements. Strategic leaders from across partner organisations were engaged to ensure that reform activity was embedded throughout the partnership structure and aligned with wider organisational transformation programmes.



Implementation of National Reforms

Work began on reviewing the local threshold document (now Family Help Together – A Framework for Action) to ensure that it reflected the principles of the families first reform, which would be published in June 2026.

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Click for Family Help Together –
A Framework for Action

Co-production

Following the Childhood Neglect Summit in April 2025, the Partnership committed to refreshing its Neglect Strategy through co-production with children, parents and carers.

Family involvement was seen as essential to understanding lived experience, the impact of professional language, barriers to support, and what helps build trust with families. This feedback has shaped a strategy that reflects real family life while keeping children's safety and wellbeing at the centre.



The refreshed strategy promotes a whole-family approach, aligned with Families First principles, recognising parental needs alongside the child's daily lived experience.

It emphasises early help, multi-agency working, strengths-based practice and timely escalation where concerns continue, helping practitioners recognise and respond to neglect before harm becomes entrenched.

[CLICK HERE](#)
Summary of
Childhood
Neglect
Summit



The Effectiveness of Our Partnership Arrangements



Independent scrutiny has provided robust challenge, strengthened governance and quality assurance processes, and supported safeguarding partners to translate learning into measurable improvement across the local safeguarding system

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Strengthened governance and accountability by challenging partner attendance and representation at safeguarding meetings, resulting in greater oversight of partner engagement and escalation of attendance concerns to senior leaders.

Improved escalation arrangements through independent challenge regarding the effectiveness and accessibility of the Escalation Policy, resulting in a comprehensive review and revision of escalation processes across the partnership

Supported improvement in learning dissemination, challenging low attendance at practitioner events and ensuring greater focus on how learning from reviews reaches frontline practitioners.

Provided challenge regarding quality assurance and performance monitoring, helping to identify gaps in partnership data and supporting the development of improved safeguarding datasets and dashboards



The Effectiveness of Our Partnership Arrangements



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Significant progress was also made in strengthening multi-agency oversight and assurance through the establishment of the Quality Assurance and Performance Group.

The group has provided improved coordination of audits, reviews, performance information and thematic learning to support delivery of the reform agenda.

This has enabled safeguarding partners to better understand emerging risks, identify areas for improvement and monitor the impact of change across the system.



The Effectiveness of Our Partnership Arrangements



Q U A L I T Y A S S U R A N C E
A N D P E R F O R M A N C E

A C T I V I T Y

The Partnership has carried out the following activity and will be convening a Quality Assurance & Performance Sub-group, to review and assess multi agency safeguarding practice on the front line and to support the embedding of local and national learning across the Partnership.

The group will be key to further develop and support our continuous improvement journey.

Audit Activity

The audits have been undertaken to assure the effectiveness of safeguarding arrangements in Shropshire this year:

- ✓ Child Protection Medical Audit
- ✓ Daily Sexual Abuse Consultation Audit
- ✓ Children of parents with substance misuse, domestic abuse and mental health issues present.

Audit Activity

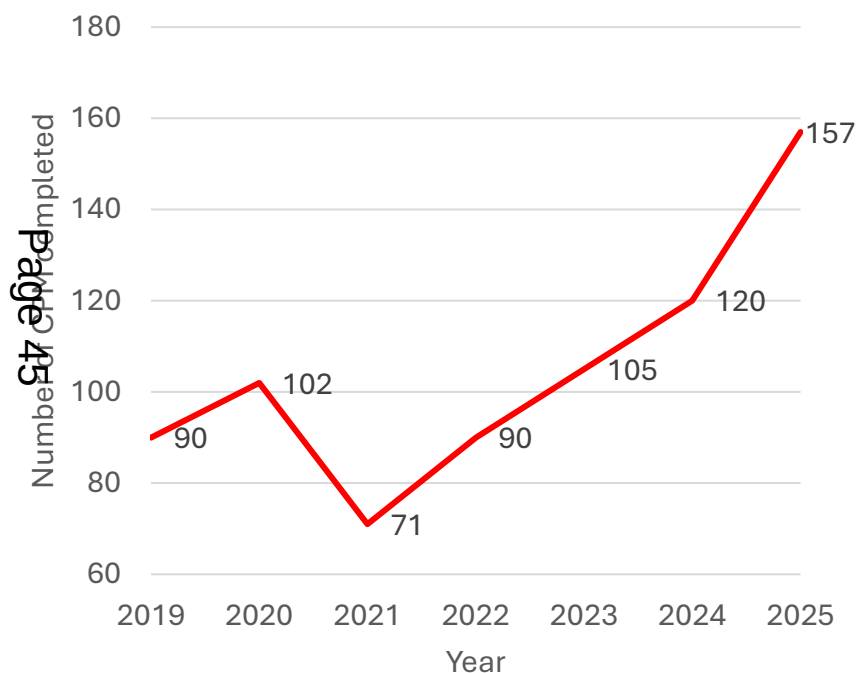
The following agencies completed their Section 11 audit:

- ✓ Healthwatch Shropshire
- ✓ MPFT
- ✓ West Mercia Police
- ✓ Public Health Shropshire
- ✓ Early Help-Shropshire
- ✓ Probation
- ✓ West Midlands Ambulance Service
- ✓ Housing – Shropshire Council
- ✓ Learning and Skills – Shropshire Council
- ✓ RJAHS
- ✓ SFR
- ✓ Partners in Care
- ✓ SATH
- ✓ Shrop Com
- ✓ ICB
- ✓ WMYJS



Child Protection Medical Audit

Number of CPM 2019 - 2025



Theme	Key finding	What this shows
Demand	CP medicals rose year on year, reaching 157 in 2025 .	Increasing demand on the service.
Sibling referrals	Sibling referrals accounted for 57% of assessments in 2025 .	Sibling assessments remain a significant part of activity.
Timeliness	29 audited assessments were completed within 24 hours of referral.	Strong compliance with timely assessment.
Clinical input	21 assessments were undertaken by consultants and 8 by supervised trainees .	Consultant oversight remains central, with supported trainee involvement.



Child Protection Medical Audit

Theme	Key finding	What this shows
Chaperone use	Use improved from 16% in 2023 to 31% in 2025 .	Progress made, but compliance remains low.
Report sharing	All reports were copied to GPs, but only 18% were copied to police.	GP sharing is consistent; police sharing needs improvement.
Report completion	20 reports were completed within 3 days; 5 exceeded this, and 4 did not record completion date.	Recording and completion times need tighter monitoring.
Family information	28 out of 29 families were not provided with information leaflets.	This is the clearest area of non-compliance.

Key areas to strengthen

- **Improve chaperone compliance** so progress continues beyond the current 31%.
- **Strengthen police report sharing** where this is required.
- **Improve report completion recording**, especially where dates are missing or deadlines are exceeded.
- **Ensure families receive information leaflets**, as this was the most significant area of non-compliance.

Daily Sexual Abuse Consultation



Sexual Abuse Consultation Audit Summary

Audit focus	To understand whether daily Sexual Abuse Consultations are helping COMPASS manage concerns appropriately and supporting senior social workers to make the right threshold decisions for families.
Why introduced	Implemented in 2025 following a learning review.
Sample period	January to March 2026.
Sample size	20 families: 10 sexually harmful behaviour and 10 sexual abuse.

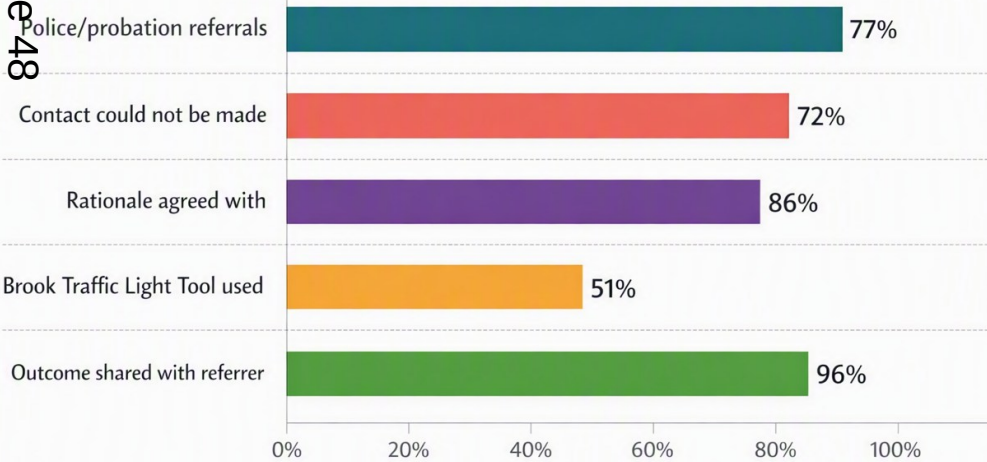


Daily Sexual Abuse Consultation



Sexual Abuse Consultation Audit: Key Findings (%)

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Key figures at a glance

Theme	Finding	What this shows
Referral source	77% police/probation, 22% schools, 1% family member.	Most referrals came from statutory partners.
Contact with alleged perpetrator's parent	In 72% of families, contact could not be made because police had not yet taken action and the parent was unaware of the allegation.	This limited what COMPASS could do at that point.
Senior social worker rationale	Where a rationale was provided before consultation, it was agreed with in 86% of families.	Decision-making was generally well-aligned when rationale was recorded.
Brook Traffic Light Tool	Used in 51% of families sampled.	Use of the tool was inconsistent.
Outcome shared with referrer	Referrer was provided with the outcome in 96% of families.	Feedback to referrers was strong.

This chart highlights the strongest areas of practice, including outcome sharing with referrers and agreement with recorded rationale, alongside areas to strengthen such as consistent use of the Brook Traffic Light Tool by Compass and the impact of limited contact before police action.

Daily Sexual Abuse Consultation

Overall finding

COMPASS is appropriately and robustly managing allegations of sexually harmful behaviour and sexual abuse through the consultation process.



Areas to strengthen

- **Clarify timing with police** where concerns are shared before police action has taken place, as this can limit COMPASS contact with families.
- **Increase consistent use of the Brook Traffic Light Tool** to support decision-making.
- **Continue sharing outcomes with referrers**, building on the strong 96% compliance.



MULTI-AGENCY CASE FILE AUDIT · APRIL 2025

Good practice is visible—but decisions need stronger evidence and follow-through.

Children of parents where substance misuse, mental health and domestic abuse are present

FOUR PRIORITIES FOR SAFER PRACTICE

- | | | |
|----|--|---|
| 01 | TRIANGULATE THE EVIDENCE | Test parental self-report against partner evidence and use chronologies. |
| 02 | RECORD RATIONALE & OUTCOMES | Record Domestic Abuse Risk Assessment and escalation decisions on agency records. |
| 03 | STRENGTHEN PATHWAYS | Improve access to Multi Agency Risk Assessment Conference and Clare's Law. |
| 04 | BALANCE RESPONSIBILITY | Support victims of coercive control; hold perpetrators responsible for children's safety. |

GOOD PRACTICE

Announced + unannounced visits • effective agency support • continuity of care • learning identified across the partnership



SYSTEM ACTION

Bring agencies together, test evidence and record next steps.

Timely escalation.
Clear ownership.
Visible outcomes.

Click to access
Multiagency Case
File Audit Learning

CLICK
HERE

Multi-Agency Case File Audit -
Children of Parents where Trigger Trio is Present
April 2025





Early help is designed around one family journey.

From local access to seamless family help, the model brings partners around the child sooner.

Page 51

01 LOCAL ACCESS	02 PARTNERS RESPOND	03 FAMILY-LED HELP	04 SEAMLESS OFFER	05 EARLIER IMPACT
10 teams provide local coverage across Shropshire’s urban and rural communities.	Schools, health, social care and voluntary partners identify needs early—and act together.	Support is built around the child and family: parenting, education, health and practical help.	Families First will bring targeted Early Help and Child in Need into one Family Help offer.	One story, one plan and one lead relationship—help wrapped around the family earlier.

This means... Local, preventative and family-led support—delivered through strong multi-agency partnership.



EARLY HELP · EFFECTIVENESS & IMPACT



Earlier help is reaching more families—and preventing escalation.

Stronger access, shorter interventions and very low step-up into statutory social care.

1,525

contacts into Early Help

33% increase

898

**families supported by
EHAST**

only 27 stepped up

1.2%

**repeat contacts into Social
Care**

5 of 412 contacts

80%

**parents rated the service 9
or 10**

consistent with last year

Page 52

WHAT CHANGED

- 2,627 contacts stepped down from Compass—up 6%.
- 975 new TEH families or episodes—up 6.5%.
- Average TEH intervention reduced from 134 to 101 days.

WHY IT MATTERS

- Families are supported earlier, closer to home and through co-located services.
- Only 3% of EHAST families moved to Targeted Early Help.
- TEH repeat contacts fell by 5.3 percentage points.



Hub-and-spoke access helps rural and isolated families connect to support without repeating their story.



EHASt turns a single front door into fast, low-escalation support.

Triage identifies need quickly, coordinates partners and resolves most support at the earliest stage.

+297%

increase in contacts

The central access point created one clear front door for families and professionals.

9 days

average EHASt intervention

Rapid response

3.75%

needed further Targeted Early Help

Support held early

1%

repeat contacts into Social Care

Escalation stayed low

ONE FRONT DOOR

EARLY TRIAGE

PARTNER RESPONSE

FAMILY RESILIENCE

Seamless statutory and voluntary-sector coordination builds practical, emotional and parenting support around the family—before needs intensify.



Transformation is shifting demand towards earlier help.

Quarterly referrals are below the previous year-end benchmark, while more need is being held through earlier support.

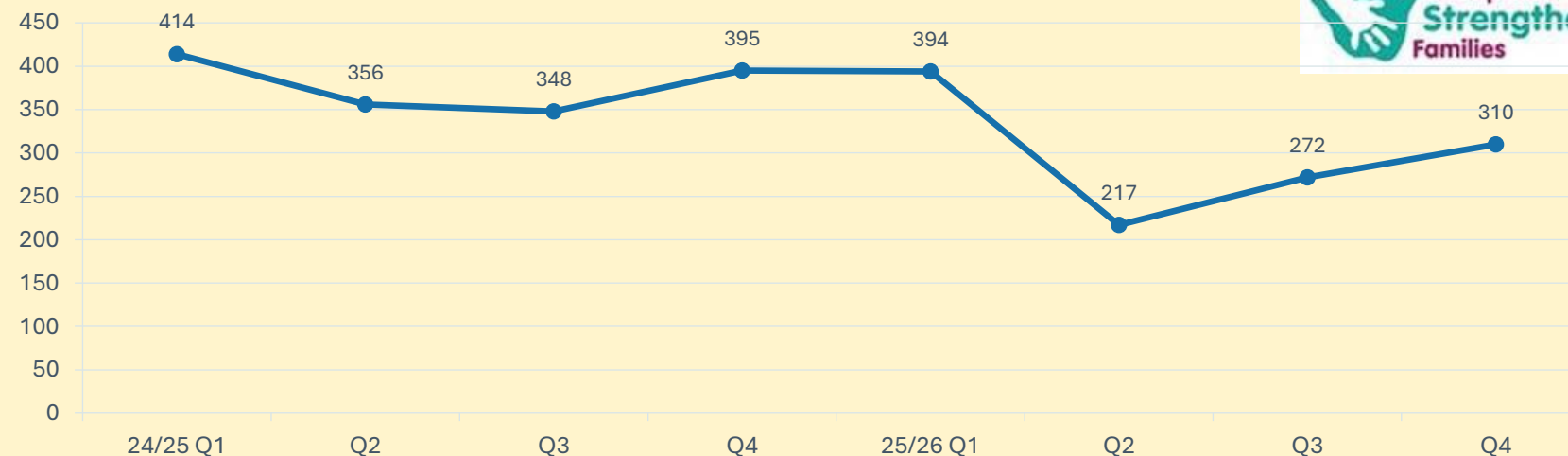
-22%

Q4 referrals

395 → 310

Page 54
2024/25 Q4 compared with
2025/26 Q4

REFERRALS · EIGHT-QUARTER TREND



EARLIER SUPPORT

Early Help interventions are increasing—more families receive help before needs escalate.

LOWER REFERRALS

The sharp Q2 fall reset demand; referrals remained lower through Q3 and Q4.

FEWER CARE STARTS

The wider data trend also shows fewer children beginning a looked-after episode.



63% of strategy discussions progressed to Section 47 enquiry.

Multi-agency information is translating into proportionate safeguarding action.

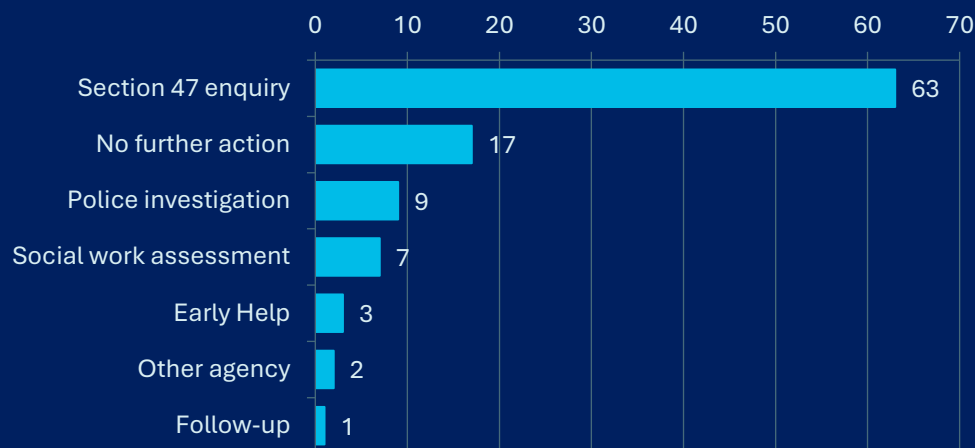
63%

progressed to a child protection Section 47 enquiry

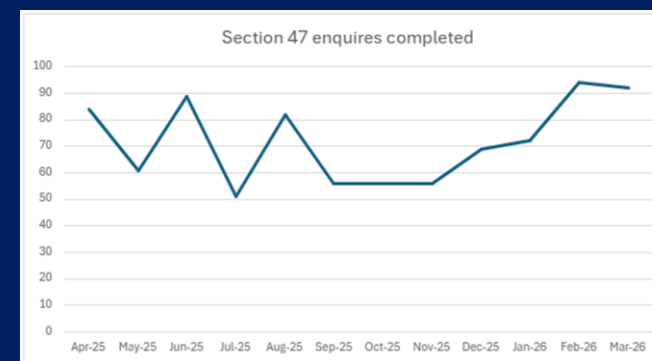
Page 55

The outcome profile shows most discussions moved to formal enquiry, with alternatives used where risk did not meet that threshold.

STRATEGY DISCUSSION OUTCOMES



MONTHLY SECTION 47 VOLUME



Demand varies through the year, with peaks around school-calendar transitions—reinforcing schools' protective role.

IMPACT Relevant agencies share the whole picture, agree risk and set the next safeguarding action together.



93% of conferences led to a child protection plan.

The strong conversion rate provides assurance that Section 47 decisions and conference referrals were well targeted.

93%

of initial conferences resulted in a child protection plan

Page 56

Families and the multi-agency conference group agreed that a plan was required to manage identified risk.

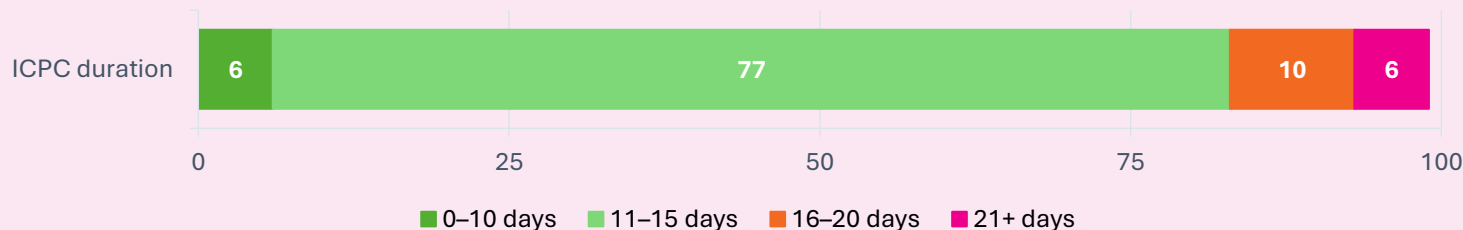
2% resulted in No Further Action

5% resulted in Provision of Services

83%

held within the 15-working-day statutory timescale

CONFERENCE TIMELINESS



Any likely delay is quality-assured with the conference service and social-work teams, with safety and risk plans recorded while the conference is secured.

This means... Robust referrals and timely conferences are turning shared risk assessment into protective action.



Children looked after fell from 717 to 665.

The year-end position marks a turning point after five years of rising demand.

665

children looked after

27 March 2026

-52

from the recent peak

717 to 665

35

UASC

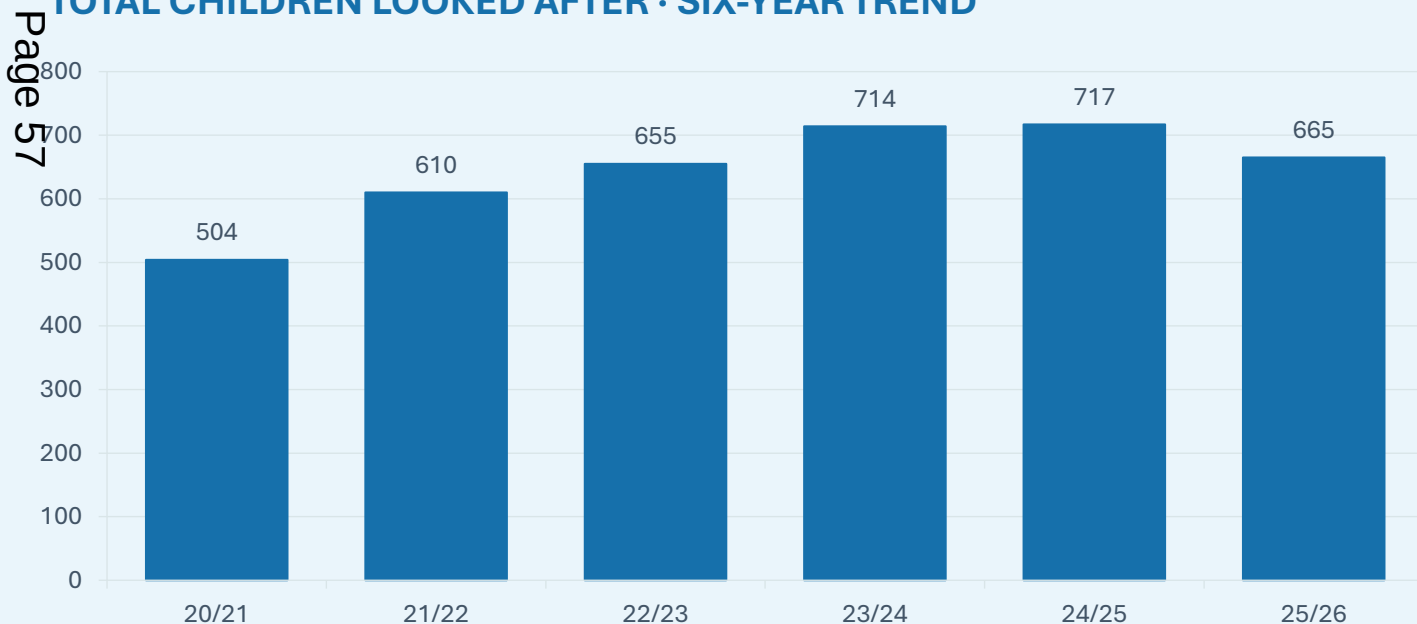
national transfer scheme

630

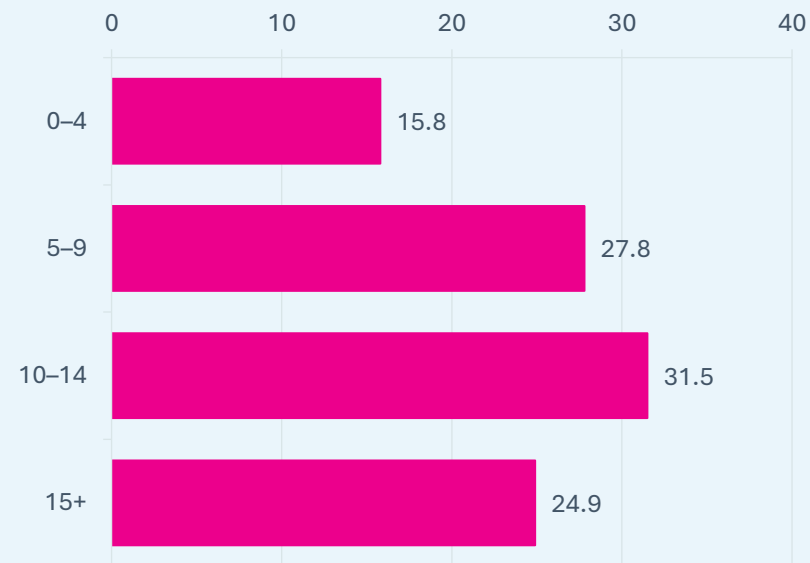
excluding UASC

daily position

TOTAL CHILDREN LOOKED AFTER · SIX-YEAR TREND



AGE PROFILE · 2 APRIL 2026





A family-first ambition shapes every care decision.

Corporate parenting aims to provide the love, stability, opportunity and lifelong links every child deserves.

Page 58



Children should grow up in a family wherever it is safe and possible.

01 FAMILY LIFE

Maintain or reunify children with birth families where safe; keep siblings and lifelong connections together.

02 SECURE BASE

Build stable attachments, trusted networks and support that lasts through adulthood.

03 EXCELLENT PROGRESS

Create ambitious, child-led plans—with long-term support when children return home or live with connected carers.

Plans follow each child's wishes and feelings—while permanence work actively prevents drift and delay.



Exits outpaced starts in 7 of 12 months.

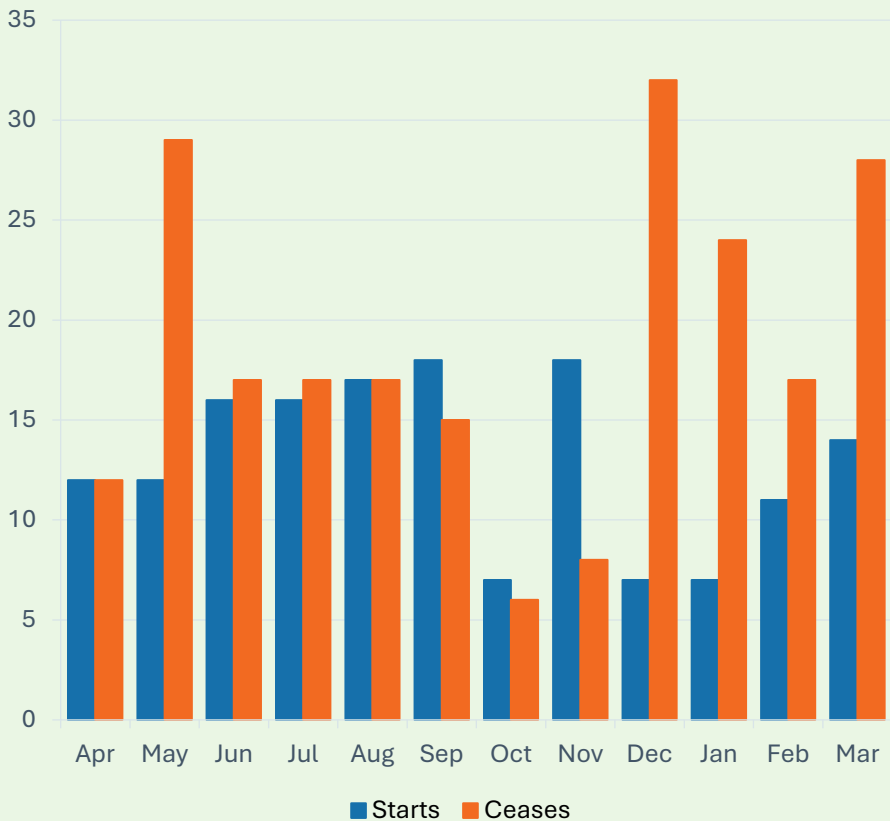
The latest pattern shows fewer care starts, more exits and a stronger focus on positive family outcomes.

7 / 12

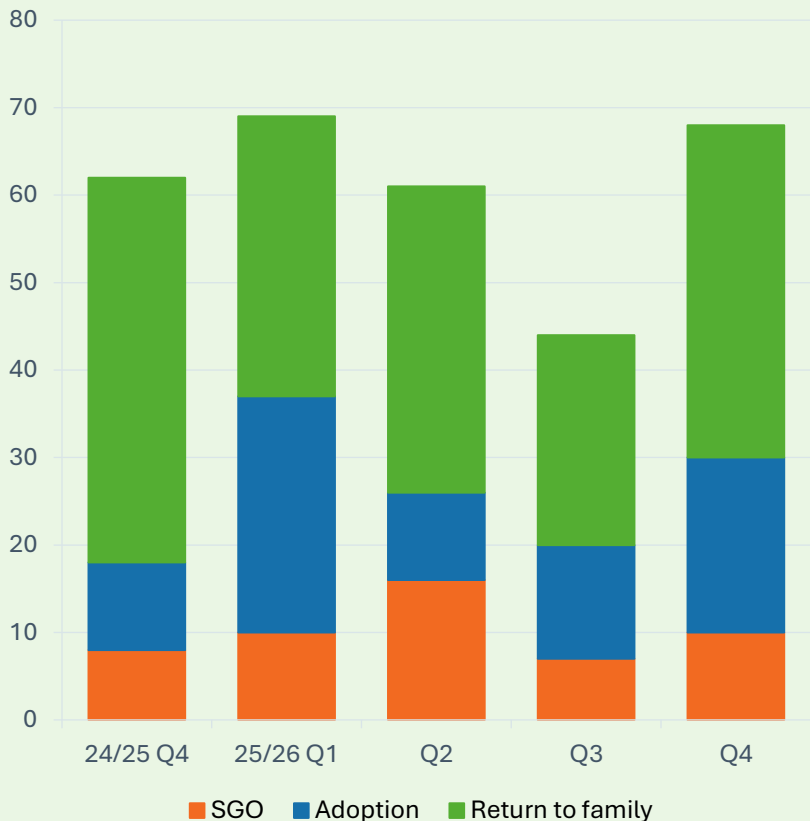
months with more
ceases than starts

Page 59
38%
of Q4 end reasons
were returns to
family

CLA STARTS & CEASES · MONTHLY



POSITIVE END REASONS · % OF QUARTER





CHILD SEXUAL ABUSE · MULTI-AGENCY RESPONSE

In 2025/26, national review recommendations became coordinated action across the partnership.

01

ANALYSE

Use evidence to sharpen priorities

- Data identified as a strategic improvement area
- National review recommendations translated into local action

02

QUALITY & ASSURANCE

Strengthen consistency across services

- Assurance and cross-border safeguarding
- Partnership working across education, health, police and local authority services

03

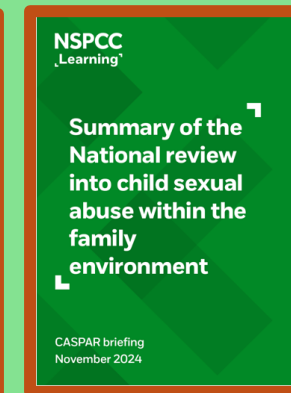
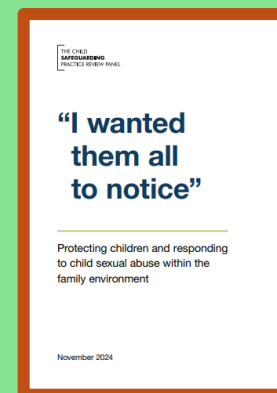
SHARE & LEARN

Move insight into frontline practice

- Practitioner learning
- Sarah's Law awareness
- Keep CSA visible as a partnership safeguarding priority

READ THE EVIDENCE

Select a cover to open



[CLICK ON REVIEWS TO ACCESS](#)

National review and practitioner summary

2026/27 FOCUS More work remains — plans are in place to strengthen the response to CSA.



Click for Child
Exploitation
TREES website



Page 61

1 of 27

local authorities selected
from 300+ for the Home
Office devolved NRM panel

Full Conclusive Grounds
autonomy supports faster,
locally owned decisions.

Faster decisions. Earlier intervention. Stronger disruption.

Shropshire has strengthened the full response—from identifying risk to making decisions and coordinating action.

[Links made with Independent Enquiry into Child Sexual Exploitation \(IITCSE\)](#)
[Police began to engage local hotels as part of Operation Makesafe](#)

[Click here](#)
Independent Inquiry
Telford Child Sexual
Exploitation

NATIONAL REFERRAL MECHANISM (NRM) DECISION-MAKING TRANSFORMED

38

NRM referrals
processed

vs 18 in 2024–25

+111%

increase in
referrals

reported year on year

~90 days

average fast-track
decision

vs more than 2 years

MULTI-AGENCY OPERATING RHYTHM

TWICE WEEKLY 359 risk assessments reviewed

EVERY TUESDAY 67 consultations · +37%

MONTHLY Missing reviews + CE Panel

TARGETED Disruption + mapping meetings

AWARENESS & PROFESSIONAL REACH

4 / 4 hotel scenarios missed the
signs—triggering training and
national learning.

290 visitors · 449 TREES views

Training expanded across CE, substance
misuse and AI.

Takeaway...

A faster, intelligence-led system is enabling earlier intervention and more coordinated safeguarding.



Most children stayed safely at home, school and in their communities.

Multi-agency support is managing risk around children—rather than relying on removal as the default response.



Page 62

100+

CHILDREN SUPPORTED

<10%

needed alternative accommodation

WHAT CHANGED FOR CHILDREN & FAMILIES

01	SAFER AT HOME	Risk is managed around the child; removal is not treated as the default safeguard.
02	FASTER RELOCATION	Housing partnerships enable families to move quickly with safeguards in place.
03	CONNECTED TO EDUCATION	Intervention has prevented permanent exclusion from school or college.
04	LESS CRISIS CARE	Children avoided local authority or residential care where home could remain safe.

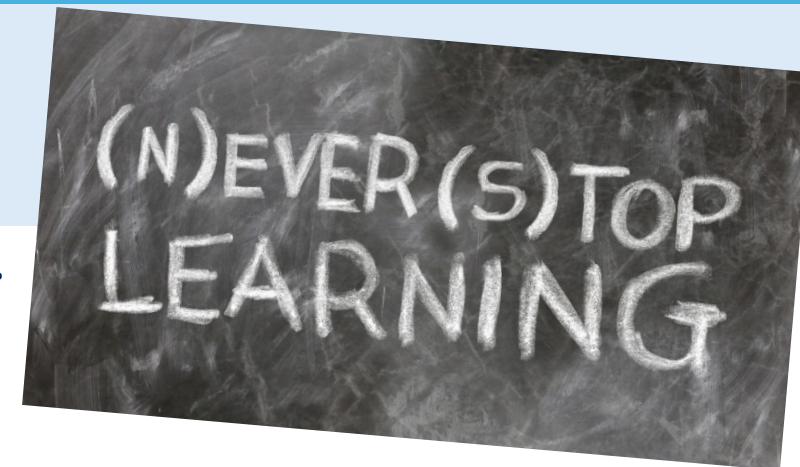


Learning from Child Safeguarding Practice Reviews

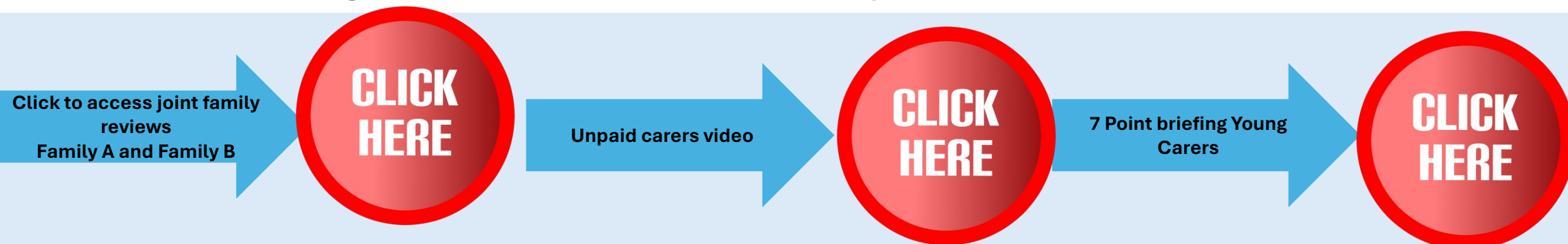


Shropshire Safeguarding
Community Partnership

- **SSCP published joint family reviews for Family A and Family B.**
- **A Shropshire school review is ongoing.**
- **The review relating to Ivy, a four-month-old baby, is ongoing.**
- **One new Rapid Review was undertaken (Did not progress to LCSPR)**
- **Local learning review related to Prevent is underway.**



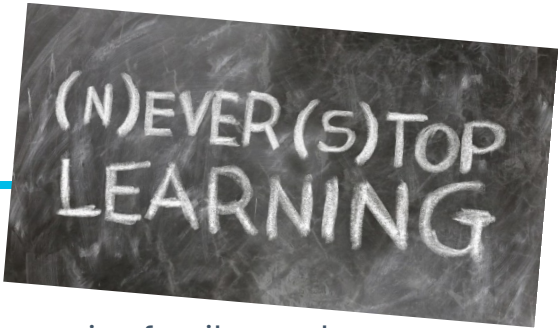
Page 63





Review learning is driving safer practice.

Published reviews, recurring webinars and practical resources are turning case findings into shared action across the partnership.



ACTIVITY AT A GLANCE

2	JOINT FAMILY REVIEWS PUBLISHED
4	ACTIVE REVIEW + RAPID LEARNING STRANDS
4	PRIORITY PRACTICE THEMES SHARED

LEARNING THAT IS CHANGING PRACTICE INCLUDES:

01	CONNECT RISKS EARLIER	Link self-neglect and child neglect when assessing family need and harm.
02	IDENTIFY YOUNG CARERS	Recognise caring responsibilities and connect children to practical support.
03	STRENGTHEN SUPERVISION	Act on safeguarding concerns when children are unsupervised in education settings.
04	PROTECT BABIES SOONER	Keep babies' vulnerability visible in timely multi-agency assessment and response.

What next... Review findings now flow into shared learning and frontline action; measuring practice change is the next step.



Local Child Safeguarding Practice Review summary



Shropshire Safeguarding
Community Partnership

1

Jasmine

Referral received in March 2022 for a 16-year-old looked-after child at risk of exploitation.

2

Child U

Referral received in August 2022 for a four-week-old baby with a suspected non-accidental head injury; LCSPR agreed after discussion with Child Safeguarding Review Panel.

3

Darren

Bruising was noticed after contact with father; medical examination identified multiple suspected non-accidental injuries.

Page 65

LCSPR
Cross-Border
Working Thematic

This thematic review includes the 3 children outlined and remains on-going. The learning will be published in next year's report.



Shropshire Safeguarding
Community Partnership

Local Child Safeguarding Practice Review (LCSPR)

Childhood Neglect Thematic Review



Page 66

LCSPR
Neglect
Thematic Review

1

Family 1 (previously known as The Powell children)

A large family moved to Shropshire in 2019 with the children on child in need plans. Police arrested father/step-father in 2023 due to allegations of sexual abuse and found the home overcrowded, dirty and cluttered, with concerns about home education and prolonged emotional, physical and sexual harm, and neglect.

2

Family 2

A large family known to Early Help practitioners due to concerns about the children often being unkempt, hungry, with recurrent headlice and frequently unwell. In May 2024 one of the children had a large, infected burn on their foot and no medical attention had been sought.

3

Family 3 (child previously known as Peter)

Police made a Rapid Review referral following reports of shouting and screaming from the family home. During a police visit, Police witnessed Peter's mother letting him out of a wardrobe; he had visible injuries. When asked about the injuries, Peter stated that he had fallen off his bike.

The thematic review includes the three families outlined and remains ongoing. Learning will be published in next year's report.



Shropshire Safeguarding
Community Partnership

Local Child Safeguarding Practice Review (LCSPR) Child Sexual Abuse Review



1

Family 1 (previously known as The Powell children)

A large family moved to Shropshire in 2019 with the children on child in need plans. Police arrested father/step-father in 2023 due to allegations of sexual abuse and found the home overcrowded, dirty and cluttered, with concerns about home education and prolonged emotional, physical and sexual harm, and neglect.

The review remains ongoing. Learning will be published in next year's report.



CHILD DEATH OVERVIEW PANEL / CDOP

Quarterly insight.

Shared learning.

Page 68

The Children's Safeguarding Partnership Board receives quarterly reports on child deaths to share information, themes and trends, and feedback from mortality workshops.

01 **SHARE**
information

02 **SPOT**
themes + trends

03 **LEARN**
workshop feedback

READ THE
CDOP ANNUAL REPORT
2024–25 →

**CLICK
HERE**

Explore the full learning in the 2024–25 annual report.



Partnership Highlights - Spotlights

[Home](#)[About us](#)[Useful Links](#)[Partnership Priority Areas](#)[Procedures](#)[Contact the Business Unit](#)

Previous Spotlight Sessions Learning Materials

Page 69

[About us](#)[Shropshire Safeguarding Community Partnership Learning & Development](#)[SSCP Learning Events: Learning from Case Reviews in Shropshire](#)

As a result of an independent safeguarding diagnostic review in 2024, Shropshire Safeguarding Community Partnership hosted a series of Spotlights sessions which were on key themes from learning in venues across Shropshire in April, May and June 2025 for professionals, managers and stakeholders from partnerships, services and settings across the county.

This was an opportunity for a wide range of 80-120 relevant people, including professionals and senior leaders, to attend as part of their professional development as well as contributing to future policy and practice.

**CLICK
HERE**

Spotlight Padlet safeguarding resources are available by clicking here



Neglect changes childhoods.

Any child can experience neglect; some face greater risk, and the effects can be long-term.

Page 70

The graphic is a light blue rectangular box with a thin border. At the top left is the Shropshire Safeguarding Community Partnership logo, which consists of a stylized 'S' and 'CP' inside a triangle. To the right of the logo, the text 'Invitation to Shropshire's Childhood Neglect Summit' is written in a pink, sans-serif font. Below this, the tagline 'Ensuring children thrive, and tackling childhood neglect' is written in a smaller, orange, sans-serif font. The main body of the graphic contains three lines of text: 'Participants: Open to all frontline practitioners and managers, and strategic managers working with children and families.', 'Venue: Ellesmere College, SY12 9AB. Parking available on site.', and 'Date: Wednesday 9th April 2025 Summit 09:00 – 13:30'. At the bottom, a small line of text says 'Book on by using the link in this email. Refreshments provided, feel free to bring your own lunch.' Below the text is a colorful illustration of a diverse group of people, including children and adults, standing on a green field with a blue sky in the background.

Invitation to Shropshire's Childhood Neglect Summit

Ensuring children thrive, and tackling childhood neglect

Participants: Open to all frontline practitioners and managers, and strategic managers working with children and families.

Venue: Ellesmere College, SY12 9AB. Parking available on site.

Date: Wednesday 9th April 2025 Summit 09:00 – 13:30

Book on by using the link in this email. Refreshments provided, feel free to bring your own lunch.

104

multiagency attendees

[Access the summit resource Padlet →](#)

The Childhood Neglect Summit moved from shared insight to coordinated action:

- 01** Learn from research and good practice in identifying, preventing and tackling neglect.
- 02** Share Shropshire experience and build a whole-family, multiagency view.
- 03** Identify strengths, gaps and opportunities to improve the system response.
- 04** Agree the next steps for stronger leadership and practice across Shropshire.

CLICK
HERE



SSCP NEGLECT SUMMIT EVALUATION

Strong experience. Clear intent to change practice.

One-page summary of 38 evaluation responses

38

responses
strong evidence
base

95%

said objectives
were met

5% partly · 0% not met

100%

rated the summit
Good or Very Good
66% Very Good
34% Good

WHAT WORKED

Page 71

- 01 Multi-agency networking**
Most frequently cited; stronger professional connections.
- 02 Learning and insight**
Relevant, informative and thought-provoking.
- 03 Organisation**
Well planned, engaging and professionally facilitated.
- 04 Practical application**
Good-practice examples and tools ready to use.

IMPACT ON PRACTICE

- **Multi-agency working** Stronger collaboration, integration panels and partnership approaches.
- **Digital neglect** A significant learning point and an “eye-opener”.
- **Early intervention** Earlier recognition and greater use of universal support.
- **Professional curiosity** Challenge assumptions and explore children’s lived experience.
- **Practical tools** Use the Clock model and EHM processes in practice.
- **Knowledge sharing** Cascade learning across teams, schools and networks.

IMPROVE NEXT TIME

- 01** More time for presentations and discussion
- 02** More cross-agency networking
- 03** Consider a longer or full-day format

WHAT NEXT?

Participants wanted more of the content—not a major change. Feedback shows clear potential to strengthen safeguarding practice and outcomes.



Hidden Harm changes childhoods.

Any child can experience hidden harm; some face greater risk, and the effects can be long-term.



The spotlight moved from shared insight to coordinated action:

- 01 Learn from research and good practice in identifying, preventing and tackling hidden harm.
- 02 Share Shropshire experience and build a whole-family, multiagency view.
- 03 Identify strengths, gaps and opportunities to improve the system response.
- 04 Agree the next steps for stronger leadership and practice across Shropshire.

76

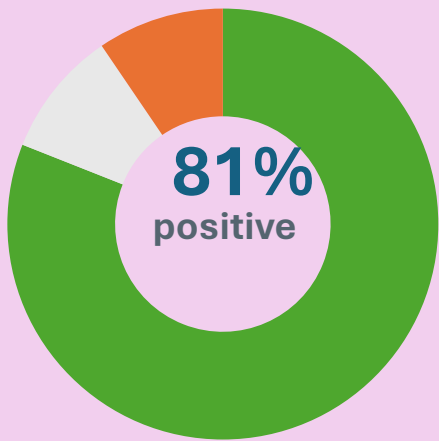
multiagency attendees

[Access the spotlight resource Padlet →](#)

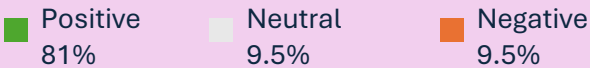
CLICK
HERE

EFFECTIVENESS

Workshop experience



21 open-text responses



IMPACT ON PRACTICE

Top themes reported across 78 open-text responses



NEXT Turn positive feedback into deeper practice change

01 Protect networking

Build in structured cross-agency discussion.

02 Add “what works”

Use practical case studies and prevention examples.

03 Sustain the learning

Share a referral toolkit and allow more reflection time.



Safeguarding children against modern day risks and abuse.

Any child may need safeguarding against modern day risks and abuse; some face greater risk, and the effects can be long-term.

Page 74



80

multiagency attendees

[Access the spotlight resource Padlet →](#)

CLICK
HERE

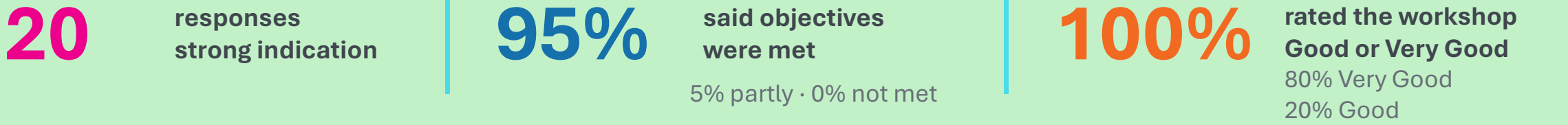
The spotlight moved from shared insight to coordinated action:

- 01 Learn from research and good practice in safeguarding children against modern day risks and abuse.
- 02 Share Shropshire experience and build a whole-family, multiagency view.
- 03 Identify strengths, gaps and opportunities to improve the system response.
- 04 Agree the next steps for stronger leadership and practice across Shropshire.



Excellent delivery. Digital risks need follow-through.

One-page summary of 20 evaluation responses



PARTICIPANT EXPERIENCE

- Page 75
- 42.9%

Positive learning

Informative, thought-provoking and engaging.
 - 21.4%

Collaboration

Valued working across services and sectors.
 - 21.4%

Improve

More time, manageable pace and more case studies.
 - 14.3%

Emotional response

Participants felt seen and heard; content also felt stark.

LEARNING & PRACTICE IMPACT

- 35%

 • **Online risks** Greater awareness of exploitation, social media and emerging harms.
- 20%

 • **AI impact** Concern about rapid change and implications for safeguarding.
- 17.5%

 • **Curriculum** Review digital literacy, RSE and e-safety; start earlier.
- 10%

 • **Collaboration** Share learning and connect schools with other sectors.
- 17.5%

 • **Development** Higher knowledge, confidence and stronger local networks.

PRIORITIES FOR NEXT TIME

- 01

Keep what works
Retain the format, speaker quality and facilitation.
 - 02

Create space to apply
Add discussion time, reflection and more local case studies.
 - 03

Extend reach & follow-through
Broaden representation; sustain networking; provide AI resources and cascade materials.
- This means...

The workshop is working; the next opportunity is to turn digital-risk awareness into sustained practice change.



Supporting children and families through earlier help.

Any child can experience hidden harm; some face greater risk, and the effects can be long-term.

Page 76



127

multiagency attendees

[Access the spotlight resource Padlet →](#)

CLICK
HERE

The spotlight moved from shared insight to coordinated action:

- 01 Learn from research and good practice in supporting children and families through earlier help.
- 02 Share Shropshire experience and build a whole-family, multiagency view.
- 03 Identify strengths, gaps and opportunities to improve the system response.
- 04 Agree the next steps for stronger leadership and practice across Shropshire.



Effective learning is driving more connected practice.

One-page summary of ratings, feedback and intended practice change

95.1% rated Good or Very Good

80.5% said objectives were fully met
19.5% partly met
0% not met

64.5% positive open-text sentiment
31 open-text responses

EFFECTIVENESS

Page 77

Ratings improve when learning outcomes are achieved.

- **45% · Networking** Strongest theme; exchanged local needs and Early Help offers.
- **30% · Knowledge** Cross-sector input strengthened awareness.
- **15% · Structure** Agenda and pace were praised.
- **10% · Delivery** Speakers and Pathfinder progress added value.

IMPACT ON PRACTICE

- **36.6% · Knowledge** Better awareness of services and family support.
- **22% · Application** More effective family work and service or training redesign.
- **14.6% · Language** More discussion-led assessment and constructive language.
- **14.6% · Collaboration** New networks and resource sharing.
- **12.2% · Opportunities** Gaps identified; future Families First thinking.

PRIORITIES

- 01 Make networking intentional**
Use facilitated sessions, themed tables or agency breakouts.
- 02 Create space to process**
Shorten presentation blocks; add reflection and discussion.
- 03 Embed practical change**
Add cases, tools and GDPR guidance; reinforce shared Early Help language.

What does this mean?

Effective and valued. Protect reflection time and convert insight into consistent multi-agency and community action.



LEARNING FROM CASE REVIEWS WEBINARS



MULTI-AGENCY

TRAINING

LEARNING + DEVELOPMENT

Shared learning. Stronger practice.



Shropshire Safeguarding
Community Partnership

APRIL 2025–MARCH 2026

SSCP Learning and Development Co-ordinator facilitated multi-agency webinars reached 1,036 learners.

Reported attendance reached 72.4% of 1,431 bookings.

1,431

BOOKED

1,036

ATTENDED

87

CANCELLED

308

NO-SHOWS / UNACCOUNTED

WEBINAR BREAKDOWN

WEBINAR	SESS.	BOOKED	CANCELLED	NO-SHOWS / UNACCOUNTED	ATTENDED
DA: Intrafamilial	3	262	16	57	189
DA: Homicide and suicide	3	229	19	68	142
DA: Why men don't come forward	3	200	14	62	124
Case reviews: Voice of person	4	311	24	93	194
REPORTED TOTAL	—	1,431	87	308	1,036

Note: No Responding to Self-Neglect webinars took place in 2025/26.

Source: training webinar booking and attendance data



Webinars strengthened safeguarding practice.

Practitioners reported greater awareness, confidence and clearer action across four themes.

WHAT CHANGED IN PRACTICE

- | | | |
|----|--------------------------------|---|
| 01 | RECOGNISE HIDDEN HARM | Spot stigma, fear, coercive control and non-physical abuse. |
| 02 | MAKE DISCLOSURE SAFER | Listen without judgement; ask direct questions and create safer disclosure. |
| 03 | APPLY CURIOSITY | Triangulate information, challenge assumptions and escalate concerns. |
| 04 | CENTRE LIVED EXPERIENCE | Centre children, adults and families—including harder-to-reach voices. |
| 05 | COORDINATE THE RESPONSE | Share information promptly; refer, signpost and coordinate support. |

FOUR WEBINAR LENSES

WHY MEN DON'T COME FORWARD

Challenge gender assumptions; improve inclusive signposting.

HOMICIDE & SUICIDE

Connect risk, safe disclosure and coordinated support.

INTRAFAMILIAL ABUSE

Recognise hidden family dynamics, including child-to-parent abuse.

VOICE OF THE PERSON

Keep lived experience—and learning, not blame—central to reviews.

SYSTEM PRESSURES Capacity • thresholds • fragmented systems • housing • waiting lists • service access

THIS MEANS

Continue targeted webinars to build knowledge, confidence and consistent practice.



SSCP Learning and Development Co-ordinator facilitated Raising Awareness in Safeguarding and Protecting Children.

Training is building confidence to spot risk -and act sooner.

50 responses from the 3-hour course | April 2025–March 2026

50

PARTICIPANT
RESPONSES

Page 80

3 hours

RAISING AWARENESS
COURSE

Feedback shows
knowledge moving into
day-to-day practice.

WHAT PARTICIPANTS LEARNT

01

RECOGNISE

Abuse, neglect
& changing risk

02

QUESTION

Use curiosity
& ask well

03

LISTEN

Centre children's
voices

04

ACT

Report, escalate
& signpost

05

CONNECT

Share information
& use local support

HOW LEARNING WILL CHANGE PRACTICE

EARLIER RECOGNITION

More vigilant to emerging
safeguarding risks.

CONFIDENT DECISIONS

Ask, record, report and
escalate appropriately.

SHARED IMPROVEMENT

Strengthen policy, signposting
and colleague learning.

TRAIN THE TRAINER

7 trainers attended the
2-day prerequisite

Feedback points to greater confidence, refreshed knowledge and more
engaging delivery—building safeguarding capacity within organisations.



MULTI-AGENCY

TRAINING

LEARNING + DEVELOPMENT

Shared learning. Stronger practice.

SSCP RAISING AWARENESS OF SAFEGUARDING AND PROTECTING CHILDREN

TRAINING POOL DELIVERY · APRIL 2025–MARCH 2026



Training Pool members reached 3,141 people.

Across 182 sessions, safeguarding awareness training was highly valued across the partnership.

SCALE & REACH

3,141

STAFF & VOLUNTEERS REACHED

Page 81

182

SESSIONS DELIVERED

Member-reported delivery within their own organisations.

WHAT PARTICIPANTS VALUED

01	INTERACTIVE LEARNING	Engaging delivery and opportunities to discuss practice.
02	LOCAL CONTEXT	Real-life examples made safeguarding issues relevant.
03	PROFESSIONAL CURIOSITY	Greater confidence to recognise risk and ask difficult questions.
04	PRACTICAL RESPONSE	Clearer understanding of how to respond, report and escalate.
05	REFLECTION	Space to connect learning with day-to-day responsibilities.

PARTNERSHIP REACH

Education settings • Childcare • NHS & health organisations • Shropshire Council • Social Care • Early Help • VCSA Organisations • Housing

What does this mean? Training Pool members are strengthening knowledge, confidence and safeguarding practice.

Indicative data: not all trainers submitted returns; consistent engagement and reporting remain priorities.



Partnership Focus for 2026/27



Shropshire Safeguarding
Community Partnership



Page 82

- ✓ NSPCC CSA Snapshot
- ✓ Implementation of National Reforms (including the publication of a revised Threshold Document)
- ✓ Supporting partners to respond to changing legislation -Mandatory Reporting of Child Sexual Abuse (Crime and Policing Act), Information Sharing (Children's Wellbeing and Schools Act).
- ✓ Multi-agency practice improvement



Shropshire Safeguarding
Community Partnership

Partnership Membership 2025–2026



Lead Safeguarding Partners

Agency	Job title
Shropshire Council	Chief Executive
Shropshire, Telford & Wrekin Integrated Care Board	Chief Executive
West Mercia Police	Chief Constable

Delegated Safeguarding Partners

Agency	Job title
Shropshire Council	Director Children's Services
Shropshire, Telford & Wrekin Integrated Care Board	Chief Nursing Officer
West Mercia Police	Shropshire Local Commander

Shropshire Local Authority Departments

Agency	Job title
Shropshire Council – Public Health	Operational Lead Health Protection
Shropshire Council – Children's Services	Service Manager Early Help
Shropshire Council – Children's Services	Assistant Director Children's Services
Shropshire Council – Education	Head of the Virtual School and Access to Education
Shropshire Council – Education	Head of Education Quality and Safeguarding
Shropshire Council – Education	Assistant Director – Education and Achievement
Shropshire Council – Housing	Head of Service – Housing, Resettlement & Independent Living
Shropshire Council	Performance Analyst

Shropshire NHS Trusts and Services

Shropshire, Telford & Wrekin ICB	Designated Nurse for Safeguarding Children
Robert Jones and Agnes Hunt Orthopaedic Hospital Trust	Named Nurse for Safeguarding Children
Midlands Partnership NHS University Foundation Trust	Head of Operational Safeguarding
Shropshire Recovery Partnership	Team Manager
Shropshire Community Health Trust	Head of Safeguarding
Shrewsbury & Telford Hospital NHS Trust	Safeguarding Lead for Children
Shrewsbury & Telford Hospital NHS Trust	Lead Safeguarding Midwife

West Mercia Police and Youth Justice

Agency	Job title
West Mercia Police	Detective Superintendent
West Mercia Youth Justice Service	Head of Service

Probation Service

National Probation Service	Head of Service
----------------------------	-----------------

Other Services

Shropshire Fire & Rescue Service	Temporary Area Manager
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Independent Scrutiny

Shropshire Council Cabinet Member	Portfolio Holder
	Independent Scrutineer



Earlier help and shared learning are strengthening safeguarding.

Across governance, assurance, frontline support and workforce development, partners are acting earlier, coordinating better and turning learning into practice.

KEY EVIDENCE

£439.1k	TOTAL IDENTIFIED RESOURCES
1,525	EARLY HELP CONTACTS
665	CHILDREN LOOKED AFTER AT YEAR END
3,141	TRAINING POOL REACH

THE REPORT IN SIX MOVES

01	PLACE + PARTNERSHIP	Rurality makes access and coordination essential; shared governance links children, adults and community safety.
02	GOVERNANCE + REFORM	Independent scrutiny, revised escalation and quality assurance strengthened accountability and Families First readiness.
03	ASSURANCE + PRACTICE	Audits confirmed good practice while targeting evidence, chaperoning, recording, tools and follow-through.
04	EARLIER HELP + PROTECTION	Contacts rose 33%; 63% of strategy discussions led to Section 47 and 94% of conferences to protection plans.
05	EXPLOITATION + CSA	Devolved NRM decisions, TREES and CSA partnership work enabled faster action and kept more children connected.
06	REVIEWS + LEARNING	Case reviews, spotlights, webinars and training strengthened curiosity, safer disclosure and coordinated practice.



Safeguarding information for Shropshire

**Includes: Important Safeguarding Contacts . Support Services .
Definitions of Abuse . Signs and Indicators . Useful Websites .**

[Safeguarding Definitions and Contacts SSCP](#)

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Shropshire Safeguarding
Community Partnership



[Leave this site now »](#)

[Report a concern »](#)

[Home](#) [About us](#) [Useful Links](#) [Partnership Priority Areas](#) [Procedures](#) [Contact the Business Unit](#)

Safeguarding Definitions and Contacts

[Home](#)

[About us](#)

[Shropshire Safeguarding Community Partnership Learning & Development](#)

[Safeguarding Resources for Adults and Children](#)

[Safeguarding Definitions and Contacts](#)

The safeguarding information in these documents is updated regularly and includes: Shropshire contact numbers if you are concerned about abuse or neglect; support services and organisations; definitions, signs and indicators of abuse; and learning and development opportunities.

Related Documents

- > [Safeguarding Adults Identification Definitions And Contacts](#)
- > [Safeguarding Children In Shropshire. Contacts Links And Definitions](#)

**CLICK
HERE**

Email SSCPBusinessUnit@shropshire.gov.uk with any queries or feedback about this document: Children's Annual Report 2025 - 2026



CDOP	Child Death Overview Panel
CIN	Child in Need
CLA	Children Looked After
COMPASS	Shropshire front-door service for children's safeguarding and support
CP	Child Protection
CPP	Child Protection Plan
CSA	Child Sexual Abuse
DHR	Domestic Homicide Review
DSP	Delegated Safeguarding Partner
EHASt	Early Help Access Service Team
ICB	Integrated Care Board
ICPC	Initial Child Protection Conference
IITCSE	Independent Inquiry into Telford Child Sexual Exploitation
LCSPR	Local Child Safeguarding Practice Review
LSP	Lead Safeguarding Partner

MARAC	Multi-Agency Risk Assessment Conference
MPFT	Midlands Partnership NHS Foundation Trust
NRM	National Referral Mechanism
RJAH	Robert Jones and Agnes Hunt Orthopaedic Hospital
SAR	Safeguarding Adult Review
SaTH	Shrewsbury and Telford Hospital NHS Trust
SFR	Shropshire Fire and Rescue Service
SSCP	Shropshire Safeguarding Community Partnership
ST&W	Shropshire, Telford and Wrekin
TEH	Targeted Early Help
TREES	Together Reducing and Ending Exploitation in Shropshire
UASC	Unaccompanied Asylum-Seeking Child
VCSA	Voluntary, Community and Sector Assembly
WMYJS	West Mercia Youth Justice Service
WT26	Working Together to Safeguard Children 2026



Shropshire Safeguarding
Community Partnership

Family Help Together

A Framework for Action

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Click on the number to take you to the page, return here by clicking



Fully clickable document – webpages and pictures are hyperlinks - text hyperlinks are blue



Welcome: Our shared responsibility



Shropshire Safeguarding
Community Partnership

Our vision: Every child in Shropshire thrives in a safe, supportive home where families feel empowered, and where communities and services work seamlessly together to improve their lives.

Our shared purpose in Shropshire is to keep children safe, supported and able to thrive.

This framework explains what practitioners who work with children must do when they're worried about a child, how to get help, and how we work together across the system. It sets out how we notice concerns, share information, make decisions and respond when risks increase.

Safeguarding must be inclusive, anti-racist and anti-discriminatory with practitioners understanding how poverty, disability, culture and identity shape a child's life, and ensure support is fair and respectful.



Our promises to children and families

We will:

- **Put children first and act quickly if they are unsafe**
- **Value parents and wider family as partners in decisions**
- **Be open and honest about what is happening and why**
- **Treat everyone with dignity and respect**
- **Share information clearly and promptly**

Everyone who works with children in Shropshire must use this framework in their policies and day-to-day practice. We will keep updating it as we develop national changes such as the Families First Partnership.

Delegated Safeguarding Partners:

David Shaw

Director of Children's Services
Shropshire Council



Emma Whitworth

Shropshire Local Commander
West Mercia Police



Vanessa Whatley

Chief Nursing Officer
NHS Shropshire, Telford and Wrekin

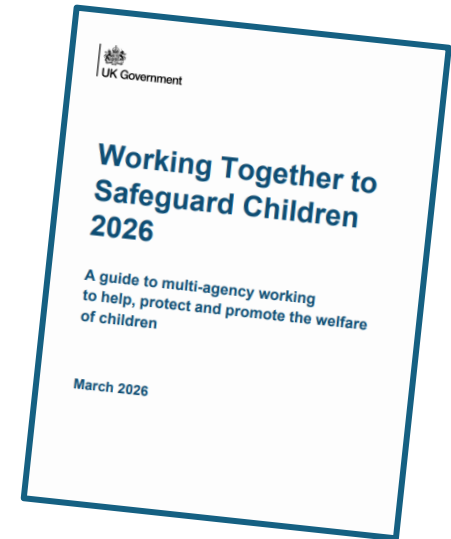




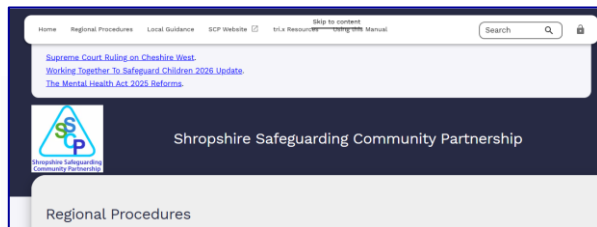
The way we work

The way we work can make a life changing difference for children and their families. [Working Together to Safeguard Children 2026](#) clearly states that effective safeguarding depends not only on what we do, but how we do it: the relationships we build, the conversations we have, and the way we work together seamlessly across the end-to-end system.

In Shropshire, we are committed to a way of working that is: child-centred; relationship-based; respectful; trauma-informed; strengths-focussed; curious and evidence-based; inclusive and anti-racist and; multi-agency.



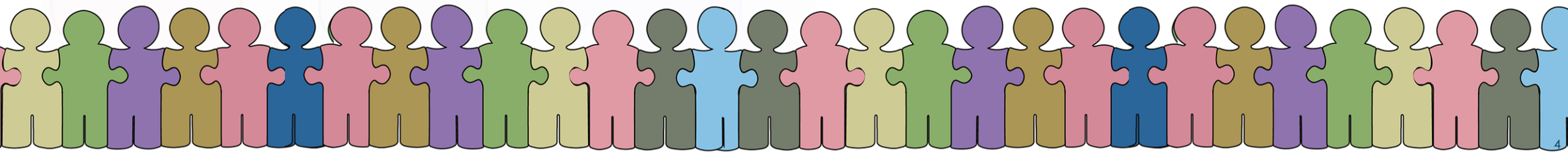
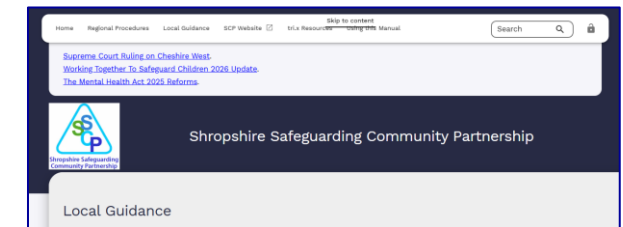
Children say they want “adults to notice when something isn’t right, listen to us, respect us and stay with us. We want them to understand us, act on what we say, keep us involved, explain decisions, speak up for us, help us get support and keep us safe.”



Practitioners are expected to:

Access and understand The West Midlands
Regional Safeguarding Procedures

[Regional Procedures](#)
[Local Guidance](#)





Parents and carers told us that support works best when practitioners take time to build trust. They value empathy, respect and genuine curiosity. They do not want to feel blamed or judged. They want practitioners to understand what is happening around the family, including the pressures they face, the strengths they have and the people who support them. Good support is creative and flexible. It is trauma-informed and adapts to what each family needs.

Families want to feel heard, understood, and us to work with them as their partners.

To make a meaningful difference, practitioners working with the same child and family must work as one team to:

Collaborate

Share information early, build a full picture of the child's lived experience, and involve parents and carers as partners.

Learn

Use evidence, share perspectives, and reflect together on what life is like for the child.

Resource

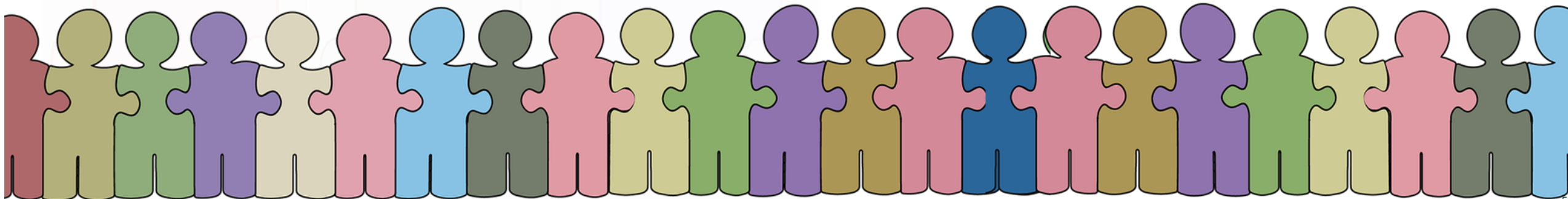
Build strong relationships across agencies and disciplines so children receive coordinated support and protection.

Include

Recognise the differences between, and respond to, circumstances when families are experiencing adversity due to poverty, stress or discrimination and situations when children are experiencing harm due to abuse or neglect.

Mutual challenge

Challenge assumptions, address racism, adultification and discrimination, and resolve differences in a restorative and respectful way.





Our Blended Practice Model

(page 1 of 4)



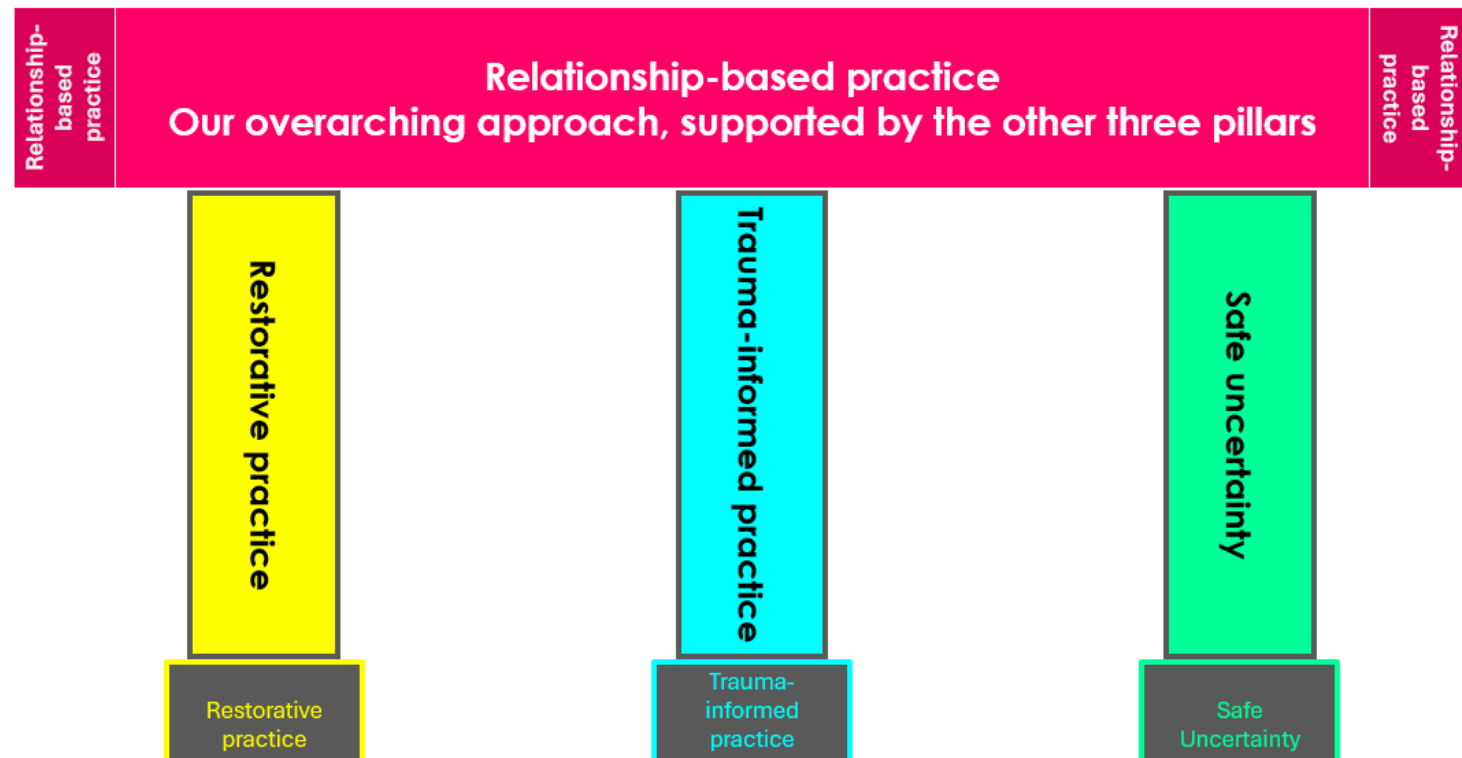
“One shared way of working across Shropshire”

Our blended practice model brings together four complementary approaches, so children and families experience consistent, child-centred support across the whole system.

Relationship-based practice is our overarching way of working. This is supported by the principles of restorative practice, trauma-informed practice and safe uncertainty.

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This model helps practitioners build trust, understand the child's lived experience, and respond confidently, proportionately and at the right time.

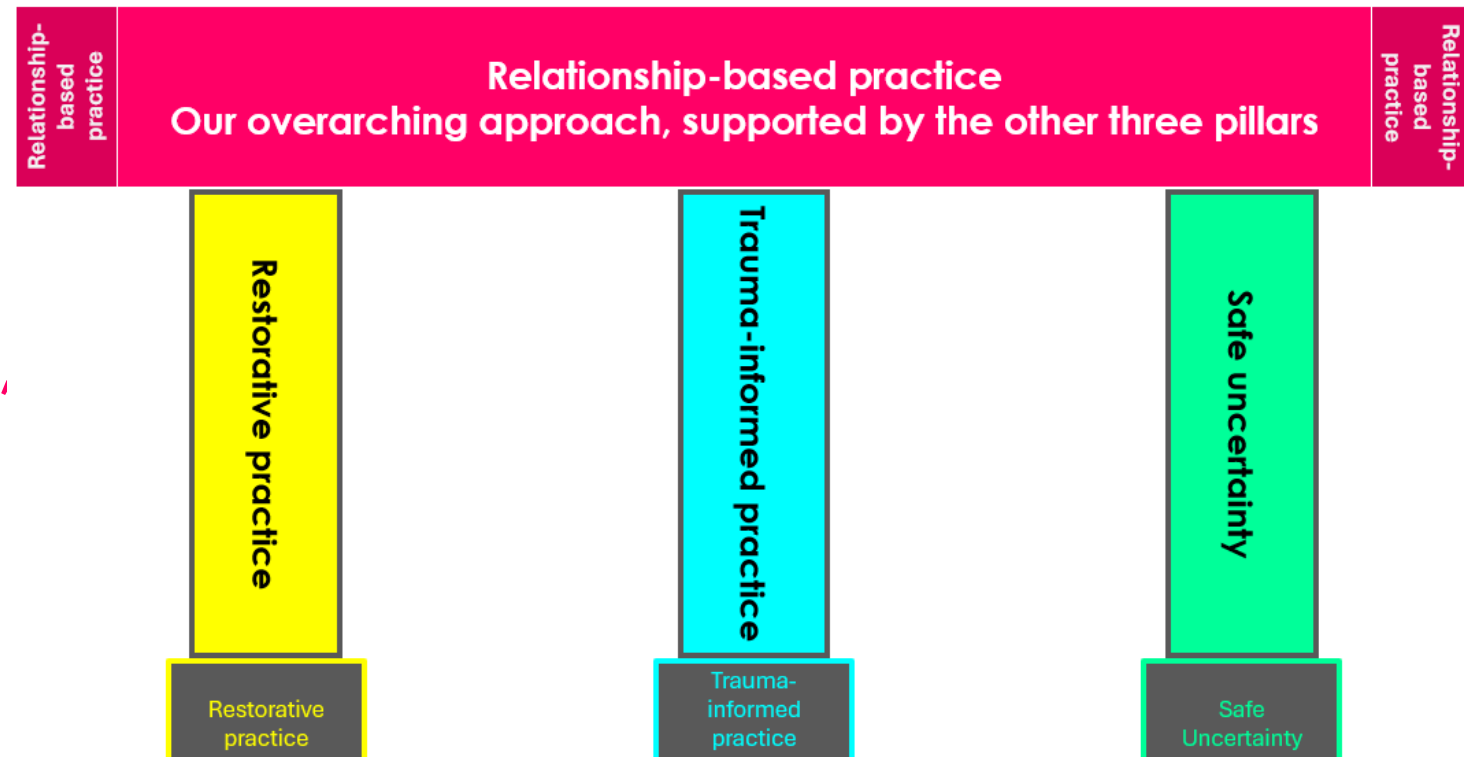




Using a relationship-based approach, supported by restorative, trauma informed and safe uncertainty principles, so children and families experience consistent, child centred practice.

This approach reflects our values, strengths and the Families First Partnership vision.

It is trauma-informed, anti-racist and anti-oppressive, with a whole-system focus on context, pressures and barriers rather than blame, while keeping children, families and their networks at the centre of every decision.



Rolling out this model depends on good training, reflective supervision and ongoing support for all practitioners.

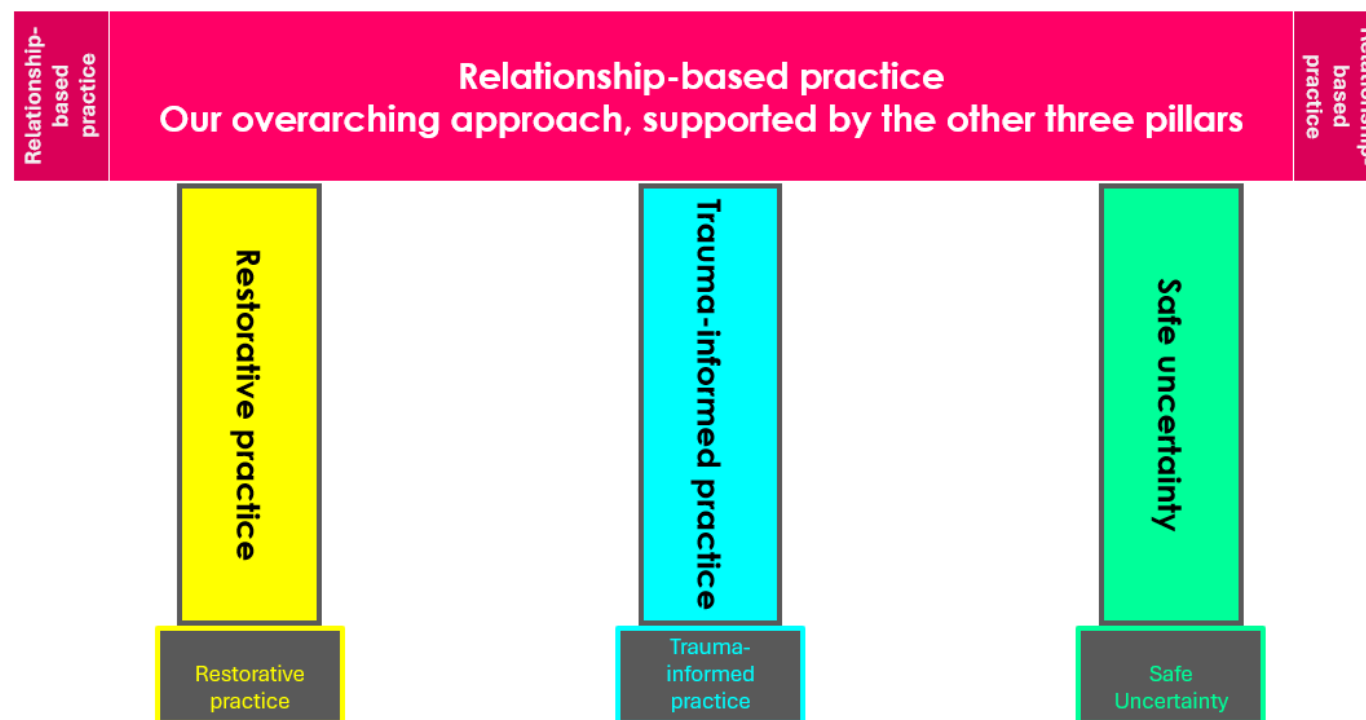


Relationship-based practice

This is our overarching approach, supported by the other three pillars.

This means practitioners:

- Build trust through consistency and reliability
- Spend time understanding the child's lived experience
- Notice patterns, strengths and stressors
- Keep the child's voice central in all decisions





Relationship-based practice

This is our overarching approach, supported by the other three pillars.

CLICK
Relationship
-based
practice

Restorative practice	Trauma-informed practice	Safe uncertainty
Working with families as partners.	Understanding how trauma, stress, discrimination, adversity and past experiences affect how children and adults behave, cope and communicate.	Staying open-minded and avoid making assumptions, so decisions are based on evidence.
This means that practitioners: ▪ Use respectful challenge ▪ Support shared problem-solving ▪ Repair relationships where safe ▪ Are open about worries, expectations and next steps	This means practitioners: ▪ Help families feel safe, understood and involved ▪ Reduce shame, fear and blame ▪ Stay curious about what sits behind behaviour ▪ Understand pressures, triggers and unmet needs	Ask: What do we know? What don't we know? What do we need to check? ▪ Consider different explanations for what we see ▪ Use supervision and multi-agency discussion to test thinking ▪ Are clear about the next safest steps

CLICK
Restorative
practice

Click
Trauma-
informed
practice
Video 8:41

CLICK
Safe
uncertainty



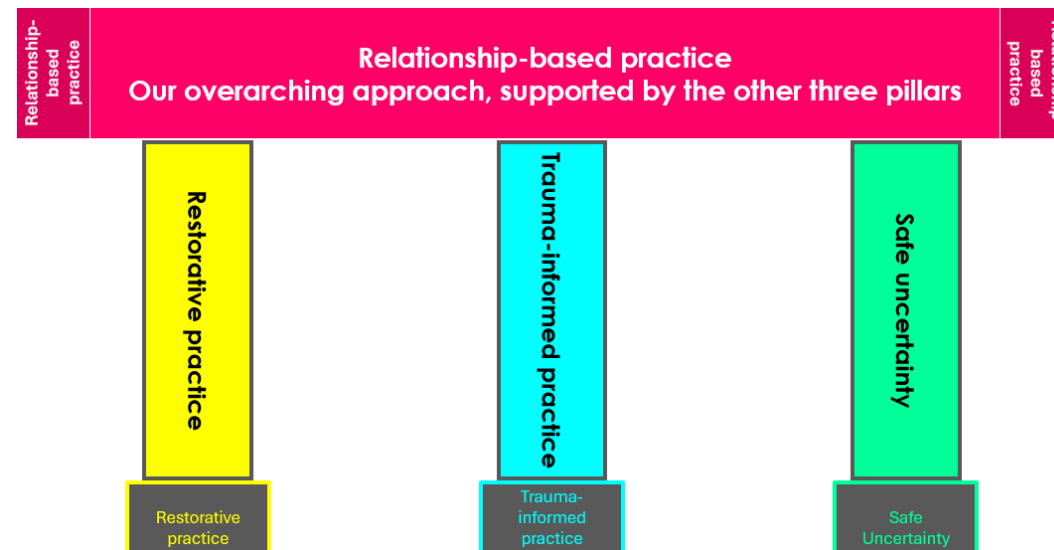
How the blended model applies across our system of support

(page 1 of 4)

Everyday support and advice, and getting extra help

- Use relationship-based and restorative approaches to build engagement and understand what matters to the child and family, and agree a proportionate plan where needed
- Use trauma-informed practice to create safety, reduce shame, and recognise how stress, adversity or discrimination may affect how families present
- Use safe uncertainty to check assumptions early: what do we know, what don't we know and what we need to check so that decisions are based on evidence rather than assumptions

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Continued...

How the blended model applies across our system of support

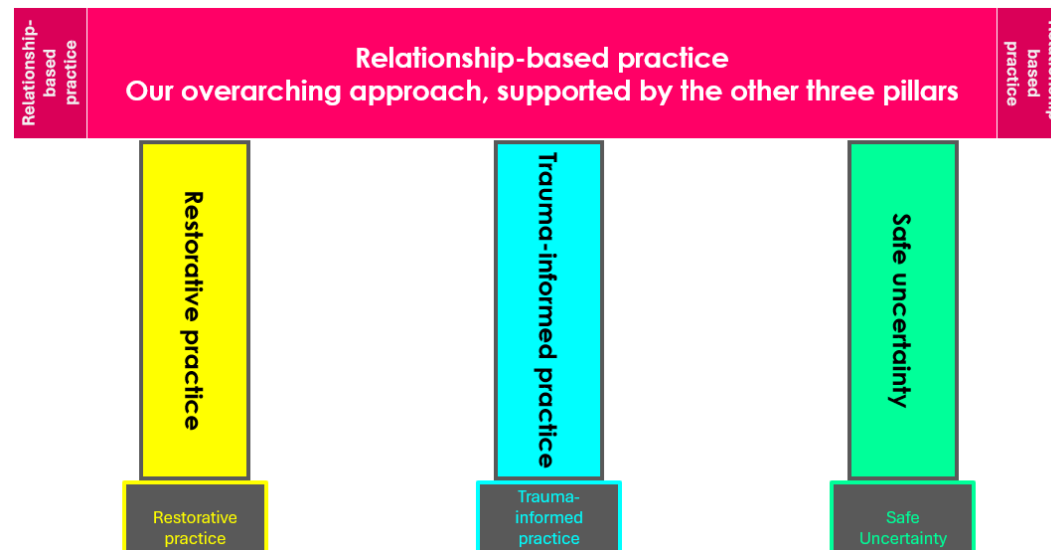
(page 2 of 4)



Getting Family Help

- Continue to use relationship-based and trauma-informed principles together to understand the child's lived experience, notice patterns, strengths, and stressors and explore what might be driving behaviour or difficulties
- Use restorative approaches with families to agree "what needs to change" using respectful challenge and shared problem-solving
- Use safe uncertainty to explore different explanations for what is happening, including situations where progress appears unclear or inconsistent; use supervision and multi-agency discussion to test thinking, identify barriers and agree the next safest steps

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Continued...

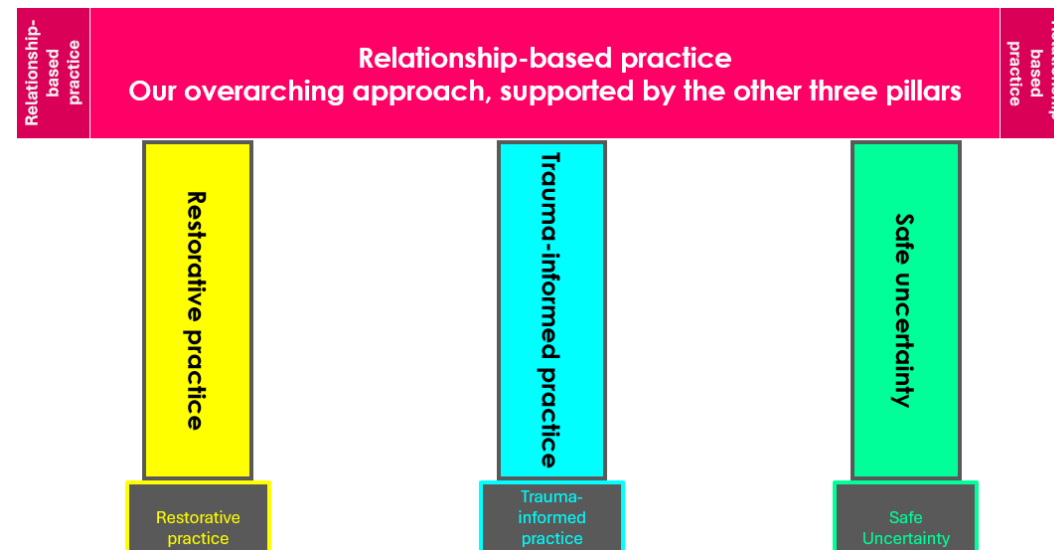
How the blended model applies across our system of support (page 3 of 4)



Child protection (high or multiple needs)

- Use relationship-based and restorative-based principles to maintain respectful, honest relationships but be clear that the child's safety comes first, particularly where there is risk of significant harm
- Use trauma-informed practice to understand how trauma, fear, discrimination or past involvement with services may affect how families respond. This helps avoid bias and blame
- Use safe uncertainty to support timely analysis, strong oversight and challenge, and decisive action when needed. Practitioners stay curious, avoid assumptions, and are clear about the next safest steps

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Continued...



How the blended model applies across our system of support (page 4 of 4)

Our non-negotiables

These apply to everyone who works with children and families:

- Act immediately when a child isn't safe - safety must come first
- Share information early so everyone sees the full picture
- Use supervision and multi-agency discussions to check our thinking together
- Be clear when concerns must escalate to statutory assessment or child protection
- Record why decisions were made and what evidence was used, and what would change the plan

These expectations ensure that children and families experience consistent, confident and coordinated support across the whole system.





Information sharing duty

(page 1 of 2)

Share early to protect a child

The duty applies when information may help another practitioner or organisation to...

Worries must never delay action.

Never assume someone else will pass on critical information.

Share relevant information early to build the full picture of a child's lived experience - including information about connected adults or children when it may help.

01

Respond proactively - or to a safeguarding request

The duty applies in both directions.

02

Understand need, lived experience or risk

Share what is relevant to assessment and decisions.

03

Act early as well as protect from harm

No statutory threshold is required: emerging concerns and extra help count.

The Data Protection Act 2018, UK General Data Protection Regulations (GDPR) and Data (Use and Access) Act 2025 support safeguarding information sharing.

Consent is not required when sharing is necessary to safeguard and promote a child's welfare.

Sharing enables practitioners to

U

UNDERSTAND

needs & lived experience

A

ASSESS

risk or need

D

DECIDE

support or protection

A

ACT

to safeguard

H

HELP EARLY

before problems escalate



Continued...

Information sharing duty

(page 2 of 2)

Where safe and feasible, explain **what** is being shared, **with whom** and **why**.
Transparency builds trust - but must never delay protection.

Never withhold solely because...

- ✗ consent has not been obtained
- ✗ a parent disagrees with sharing
- ✗ a practitioner feels unsure or uncomfortable
- ✗ there are concerns about data protection alone

Do not inform when telling could...

- ! increase the risk of harm to a child
- ! obstruct or interfere with a police investigation
- ! place another person at risk of injury or serious harm
- ! contravene Family Court rules or orders

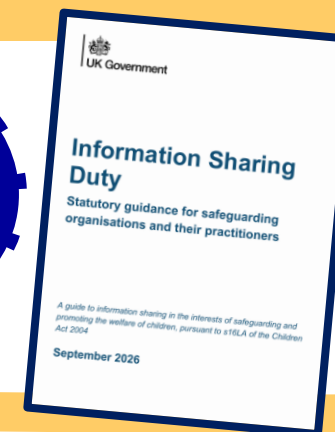
RECORD THE DECISION

Record the child's voice, family views, practitioner analysis, decisions and disagreements.
If you decide not to inform the child or parent, record when, why and the basis for that decision.

Be transparent - unless it creates risk

If unsure, seek advice from your organisation's safeguarding lead.

A 10-step guide to sharing information to safeguard children ico.



Sharing with law enforcement



Enabling Family Help Together

All families need support at different times. This support can come from family, friends, volunteers, private services like childcare, or public services such as family help and social work. Every family's situation is different and needs change over time, so the type of support must adapt too. Early, proportionate help makes the biggest difference for children and families.



Support should always be based on good evidence and shaped by the views of children and their families.

Practitioners must consider how risks or uncertainties affect a child's safety and wellbeing.



What to do if you are worried about a child:

- If a child is at immediate risk of harm or needs urgent medical attention, call 999.
- If you think a child in Shropshire is being harmed or at risk, contact First Point of Contact (FPOC) 0345 678 9021
- For non-urgent concerns please use the [Children's Referral Portal](#)
- Families can also speak to schools, health visitors, GPs or trusted community organisations.

In Shropshire, we have adapted the i-THRIVE model to reflect our local values. It is intentionally non-rigid so support can flex with a child's changing needs through a seamless, end-to-end system which aligns with the Families First Partnership vision (illustrated on the next page).





The Family Help Together approach Shropshire model



- Families whose needs are met by family and friends, the wider community, childcare or education settings, and community health services.
- Some support from a universal service may be needed to prevent needs from escalating. The majority of our children fall into this category.

What to do?

- Access support in your community, use the
- [Family information Service](#)
- [Healthier Together](#)
- [The SEND local offer](#)
- [Family Help Services](#)

Getting everyday advice and support

Family agreement for support is needed

Click Information Sharing page

Getting extra help

- Children with emerging or additional needs that can be met by one service or by services working together.
- Support is usually short-term but may escalate if not addressed.

What to do?

- You are the people and organisations that will be giving this support, use:
- [Circle of Support Tools](#)
- [Professionals' information](#)
- and support services

Family agreement for support is needed

What to do?

- If a child is at immediate risk of harm or needs urgent medical attention, call 999.
- Call First Point of Contact (FPOC) 0345 678 9021.
- For non-urgent concerns, use the [Council's Referral Portal](#)

Child protection (high or multiple needs)

Family agreement for support is preferred

Getting Family Help (targeted early help and child in need)

What to do?

- Talk to the family and complete a [Family Help Assessment](#)
- If needed [Request help and support via Council's Referral Portal](#)
- [For Child in Need \(Section 17\) referral use Council's Referral Portal](#)

- Children with multiple needs requiring a coordinated multi-agency response.
- A lead practitioner (Family Help Coordinator) builds relationships, completes a single multi-agency Family Help Assessment and coordinates the plan.

Family agreement for support is needed

Information sharing for safeguarding and promoting welfare may still take place without family agreement where appropriate.

Getting everyday advice and support

CLICK HERE
The Family
Help
Together
Approach

At some point, all children and families will need advice or support.

This can come from a range of people and places like family and friends, the wider community, childcare or education and community health services (like family doctors (general practitioners), health visitors, school nurses and midwives).

Page 104 In Shropshire children, families and practitioners can find out more information about who and what support is available from:



- The [Family information Service \(FIS\)](#) which give families the information and resources they need to help their family life run a little smoother

Getting
everyday advice
and support





Continued... Getting everyday advice and support



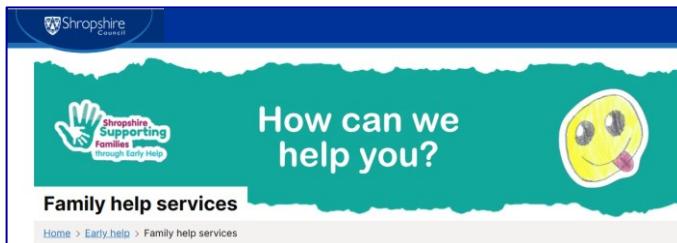
These resources help families find support early, before problems escalate



- [Healthier Together](#) which provides advice for parents, young people and pregnant women and resources to support healthcare practitioners



- [The SEND local offer](#) which is a single place for information, services, and resources for children and young people aged 0-25 with special educational needs and disabilities (SEND), their families, and the practitioners who support them



- The [Family Help Services](#) webpage which signposts children and families to information, services, and resources (both virtual and in local communities) in Shropshire

Getting
everyday advice
and support





[CLICK HERE](#)
The Family
Help
Together
Approach

Getting extra help

Sometimes, children and families will need some extra help when they are experiencing problems or difficulties in their lives or when they need more than what is available to them from everyday advice and support.

Often, they can get this extra help from their wider family and informal support networks.

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However, they can also choose to have a conversation with a trusted person or organisation to help them to get the extra help that they need.



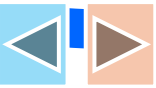
Extra help should start with a conversation that explores:

- what extra help they want or need
- what is working well
- what the child and family are worried about
- what support they already have

**Getting
extra help**



[CLICK HERE](#)
Getting
everyday help
and support
pages



Continued...

Getting extra help

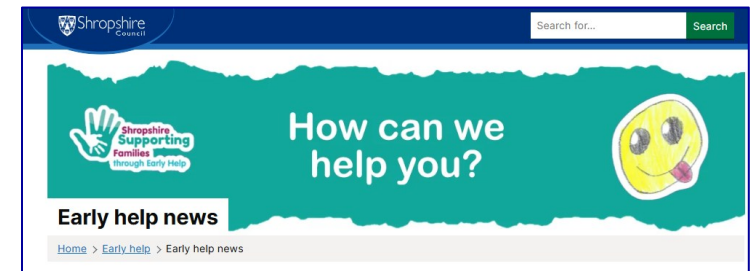
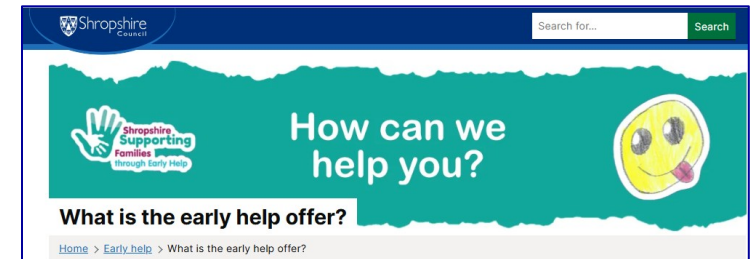
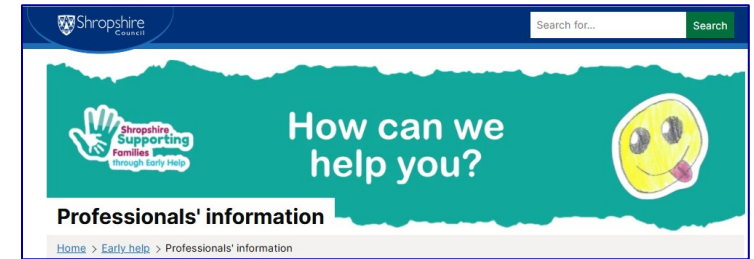
CLICK HERE
The Family
Help
Together
Approach

Conversations may involve other practitioners or trusted people in the family's network, so families do not have to repeat their story.

Practitioners should use [local tools and resources](#) to agree a plan and connect families to the right support.

Practitioners are expected to:

- Understand the local [offer](#)
- Stay up to date through the latest [news](#) and Locality Networks.



Getting
extra help





Getting Family Help

Getting Family Help (targeted early help and child in need)

Some families experience multiple needs that require a coordinated, multi-agency response, support may come from a wide range of statutory, and/or specialist services.

Family Help focuses on understanding the child's lived experience, building on strengths, and providing the right support at the right time.

Page 108

Family Help brings together targeted early help and Child in Need support under section 17 of the Children Act 1989 into one seamless offer, so families experience consistent relationships, clear planning and support that is flexible rather than rigid as their needs change.

A lead practitioner (Family Help Coordinator) builds a trusted relationship with the family, completes a single multi-agency assessment, and coordinates a single plan with the "team around the family" and also offer Family Group Decision Making (FGDM) services.

This ensures that help is family-led, joined-up, proportionate and responsive.



Continued...

Getting Family Help

CLICK HERE
The Family
Help
Together
Approach

Getting Family Help
(targeted early help
and child in need)

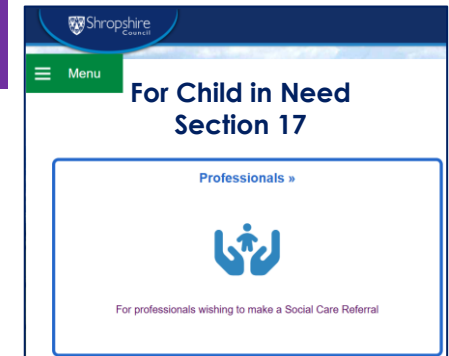
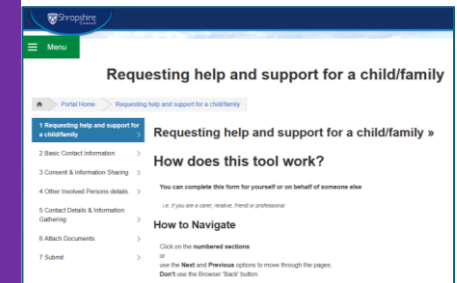
CLICK HERE
Getting
everyday help
and support
pages

CLICK HERE
Getting
extra help
pages



The lead practitioner (Family Help Coordinator) should:

- Talk with the family to understand their worries, strengths and what matters to them
- Use local tools and resources to complete a Family Help Assessment and if needed coordinate a multi-agency family help plan [local tools and resources](#)
- Request support if needed via the [Request for Help and Support](#)
- For Child in Need (section 17) use [Council's Referral Portal](#).



Practitioners are expected to access and understand The West Midlands
Regional Safeguarding Procedures:

[Regional Procedures](#)
[Local Guidance](#)

Child Protection (high or multiple needs)

CLICK HERE
The Family
Help
Together
Approach



A small number of children have high or multiple needs, disadvantages, or risks that are so significant, that they require specialist or statutory intervention to keep them safe.

**Child protection
(high or multiple
needs)**

Practitioners must act when a child is suffering, or is likely to suffer, significant harm, sometimes even by other children.

This includes harm at home, in foster or residential care, in the community, or online.

This harm can include physical, emotional or sexual abuse, neglect, domestic abuse, criminal or sexual exploitation, trafficking, online abuse, or being influenced by extremist ideas.



Continued...

Child Protection (high or multiple needs)

CLICK HERE
The Family
Help
Together
Approach



Click
Information
Sharing
page

If a child is at immediate risk of harm

OR

needs urgent medical attention, call 999.

THEN

Call First Point of Contact (FPOC) 0345 678 9021.

If you think the child is not in immediate risk today, use the
[Children's Referral Portal](#) (non-urgent concerns)

Referrals through Children's Referral Portal are regularly monitored Monday to Friday

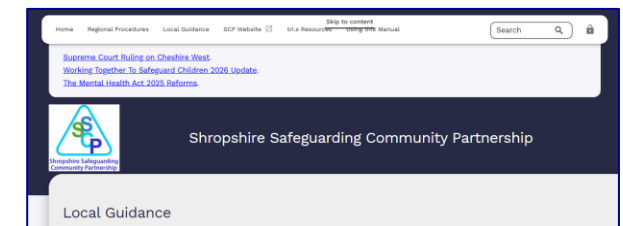
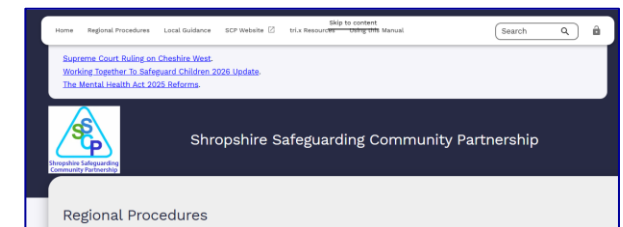
Child protection
(high or multiple
needs)

Page 111



Practitioners are expected to access and understand
The West Midlands Regional Safeguarding
Procedures:

[Regional Procedures](#)
[Local Guidance](#)





Understanding Needs - Decision-making

Understanding what life feels like for a child is the starting point for all our work. The "what a child might experience" indicators (from page 29) help practitioners build a picture of the child's life: what is going well, what is causing worry, and what may be changing over time.

The indicators are not a checklist or a judgement about parents; they are a tool to support thoughtful, curious conversations with children, families and other practitioners.



Page 112

This helps you understand what life feels like for the child and decide what support is needed using one shared approach across Shropshire to collectively consider strengths and needs during decision-making. The aim is to ensure every family can access the right help at the right time, with a strong focus on early intervention to prevent problems from escalating.

The decision-making matrix (on page 28) brings together four factors that help us understand what the child needs:

[CLICK HERE](#)
Decision-making
Matrix

Frequency and duration:

how often something is happening and for how long

Severity:

how serious or intense the concern is

Impact:

how the child's safety, wellbeing, development or relationships are affected

Safeguarding risk:

why this matters now and whether the child may need protection



Continued... Understanding Needs - Decision-making

[CLICK HERE
Decision-making
Matrix](#)

Practitioners must consider cumulative harm — worries or unmet needs that build up over time. Even if single incidents seem low-level, their combined effect can seriously impact a child's safety, wellbeing or development. Patterns matter as much as individual events.

These factors help practitioners understand whether the child needs everyday advice and support, extra help, Family Help, or a statutory safeguarding response. The highest need reached across the four factors guides the support required.

Page 113

Strengths are an essential part of this picture. They do not remove risk, but they help practitioners understand what is keeping the child safe, what is working well, and what can be built on in planning.

Strengths also help explain why a child may not need statutory support, even when there are concerns.

Decision-making should always be shared wherever possible. Practitioners should record the child's voice, the family's views, practitioner analysis, and any areas of disagreement.

This supports transparency, helps children and families understand how decisions were made, and ensures that plans are clear, proportionate and strengths based.





Decision-making Matrix

Factor	Getting everyday advice and support	Getting Extra Help	Getting Family Help*		Child Protection
			Targeted Early Help	Child in Need	
How often is this happening?	Never / One-off	Occasional	Persistent concerns that require coordinated support	Persistent and multiple needs where the child's development is being significantly impaired	Constant / escalating
How severe is it?	Mild	Moderate	Significant but manageable with multi-agency support	Significant and likely to worsen without statutory oversight	Severe / acute
What is the impact on the child?	Minimal	Noticeable	Harmful but not yet causing significant impairment	Harmful with clear evidence of significant impairment to health or development	Serious harm / trauma
What is the safeguarding risk?	None / no immediate risk	Emerging risk	Clear needs, but no clear safeguarding risk	Clear safeguarding risk, but not immediate; statutory assessment required	Immediate protection required
* The two Getting Family Help columns for targeted early help and Child in Need (section 17) support triage at the integrated front door. Families should however still experience a single, seamless Family Help offer.					

This decision-making matrix is designed to support confident, timely and consistent decision-making across Shropshire. It encourages practitioners to stay curious, test assumptions, and use supervision and multi-agency discussion to build a full picture of the child's lived experience. It also ensures that when risks escalate, practitioners act quickly and decisively to keep children safe.

CLICK HERE
My voice is heard

CLICK HERE
I am achieving

CLICK HERE
I am healthy and happy

CLICK HERE
I am supported

CLICK HERE
I feel safe

CLICK HERE
I have independence

[Regional Procedures](#)
[Local Guidance](#)



My voice is heard. What a child might experience indicators (page 1 of 6)

Strengths and protective factors	Needs and risks
Page 115 • I feel listened to because adults give me time • I can say how I feel without worrying about reactions • I understand what's happening because things are explained in ways that make sense to me • I know who to talk to when I'm worried • My family helps me express myself and ask my views • I have someone I trust who helps me share my feelings	• I need clearer explanations about decisions or plans • I need help to speak up or adults to check in with me • Others speak for me even when I want to speak myself • I feel my views are ignored or minimised • I agree to keep the peace or feel pressured to agree • I feel unsafe sharing my feelings • Adults tell me not to speak to professionals, hide the truth or to keep secrets • Adults get angry or retaliate when I speak up or share how I feel

[Regional Procedures](#)
[Local Guidance](#)

CLICK HERE
I am
achieving

CLICK HERE
I am healthy
and happy

CLICK HERE
I am
supported

CLICK HERE
I feel
safe

CLICK HERE
I have
independence

These indicators should be used in conjunction with the Decision-making Matrix on page 28

CLICK HERE
Decision- making
Matrix



Strengths and protective factors	Needs and risks
Page 116 • I enjoy learning and feel proud of my work • I get help quickly and it works for me • I understand my learning and what is expected • I attend regularly and feel part of my class • I feel confident in class and improve with guidance	• I need extra help to learn or get back into routine • My attendance is slipping and starting to affect progress • I struggle with concentration or behaviour and everyday support isn't enough • I suddenly struggle to concentrate, sit still or follow instructions because I am worried about things at home • I show big emotional reactions at my early years or educational setting (anger, crying, shutting down) that are unusual for me • I am on a reduced timetable, or at risk of suspension • I feel left behind or unsafe at school • I am not attending education despite support, and this is causing serious harm to my development (educational neglect) • I am missing from education and not receiving a suitable education • I have repeated suspensions or exclusions and there is no clear plan to return safely

[Regional Procedures](#)
[Local Guidance](#)

CLICK HERE
My voice is
heard

CLICK HERE
I am healthy
and happy

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I am
supported

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I feel
safe

CLICK HERE
I have
independence



Strengths and protective factors	Needs and risks
- I am a baby and adults notice my cues (crying, feeding, sleeping, settling) and respond quickly in nurturing ways - I am soothed when I am upset, and adults help me feel calm and safe - I have safe, predictable routines that help me feel secure - Adults enjoy spending time with me, playing, talking and interacting - I show signs of secure attachment (for example, I seek comfort from my caregiver and settle with them) - I feel cared for and supported emotionally - I get to my health appointments, even before I am born, and parents notice when my health changes - I can talk about my feelings and use safe ways to cope - I make healthy choices about food, activity and relationships - I live in a stable home with enough food, clean clothes and a safe environment	- I am a baby and my cues (crying, feeding, sleeping, settling) are not noticed or responded to - I am a baby and adults struggle to soothe me or become frustrated when I cry - I am a baby and my weight, growth or development is not as expected and professionals are worried - I am a baby and I am left for long periods without comfort, interaction or supervision - I am a baby and adults do not seek medical help when I am unwell or injured - I am a non-mobile baby, and I have unexplained bruising, marks or injuries - I have repeated or multiple injuries (for example bruises or fractures) that raise concerns about my care or supervision - I struggle with emotions or relationships which is affecting my wellbeing - I need help getting to appointments or with medication - My parents don't always notice health changes or follow advice - I don't get help for my disability or illness - My home is unstable or unclean and affecting my health - I use harmful coping strategies or hurt myself when overwhelmed - I am regularly hurting myself and sometimes trying to end my life - I am using drugs or alcohol in ways that put me at significant risk - I am not receiving essential or timely medical treatment, and my health is in danger - My parents/carers seek unnecessary medical interventions for me (possible fabricated or induced illness) - I have been in hospital for three months or more and professionals are worried about my care or home environment - I am over 13 and experiencing repeated pregnancies or sexually transmitted infections (STIs) that are not appropriate for my age - There are indicators that I may be at risk of Female Genital Mutilation (FGM)

[Regional Procedures](#)
[Local Guidance](#)

CLICK HERE
My voice is
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I am
achieving

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I feel
safe

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I have
independence

CLICK HERE
Decision- making
Matrix



Strengths and protective factors	Needs and risks
• I feel loved and valued by my family • I have routines that help me • I get calm guidance and am encouraged to make positive choices • My parents' model positive behaviour and resolve problems constructively • I have positive relationships and feel comfortable at home	• I need reassurance or help understanding family stress • Supervision is inconsistent and I sometimes feel unsafe • I feel worried when adults argue or behave unpredictably • I help care for others and it affects my wellbeing • I feel alone, unsupported or treated unfairly • I worry about money or separation at home • My parents/carers have asked someone who is not related to me to care for me for over 28 days (private fostering) • I do not seek comfort from my parent/carer when I am upset, or I avoid them • I cling excessively to adults because I do not feel safe • I show distress when routines change because I rely on predictability to feel safe

[Regional Procedures](#)
[Local Guidance](#)

CLICK HERE
My voice is
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I am
achieving

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I am healthy
and happy

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I feel
safe

CLICK HERE
I have
independence



I feel safe. What a child might experience indicators (page 5 of 6)

Page 119

Strengths and protective factors	Needs and risks
• I feel safe at home and know who to talk to • Adults notice when I'm worried and help me feel safe • I am helped to understand risks and make safe choices • My home is clean and stable with hazards managed • I am supervised appropriately at home and in the community	• I need help understanding danger or making safe choices • I show concerning behaviour or language (sexual, aggressive or discriminatory) • I freeze, hide, flinch or become very still when adults raise their voices or move suddenly • I avoid certain adults or places and cannot explain why • I become withdrawn, overly compliant or unusually quiet when I am worried • I show sudden changes in behaviour (for example, aggression, regression, fearfulness) that do not match my age or situation • I show sexualised behaviour or language that is not appropriate for my age or development • There are hazards in my home • Adults use substances unsafely and it affects my care • I spend time unsupervised in unsafe places or with adults or other children that are unsafe • I feel scared by conflict or unsafe adult behaviour • I see or hear adults in my home being abused, threatened or hurt, and I may also be at risk of being hurt • Someone is having sex with me, and I am under 13 (rape of a child under 13) • I behave in sexual ways that make others uncomfortable or unsafe • Unknown adults come and go from my home in ways that frighten me • I go missing for long periods and my family do not try to find me • I am involved in criminal activity or spending time with older adults in unsafe places who are exploiting me • I have carried a weapon or been involved in violence • I am involved in harmful sexual behaviour towards other children (child-on-child)

[Regional Procedures](#)
[Local Guidance](#)

CLICK HERE
My voice is
heard

CLICK HERE
I am
achieving

CLICK HERE
I am healthy
and happy

CLICK HERE
I am
supported

CLICK HERE
I have
independence

These indicators should be used in conjunction with the Decision-making Matrix on page 28

CLICK HERE
Decision- making
Matrix



Strengths and protective factors	Needs and risks
• I try new things safely with adult guidance • I understand risks and can make choices with support • I take age-appropriate responsibility that builds confidence • I have safe places to explore and develop independence	• I struggle to recognise danger at home, school, online or in the community • I rely on unsafe influences or seek guidance from unsafe people • I take risks without realising dangers or feel pressured by others • I lack safe opportunities to explore or develop independence • I feel controlled or used by adults or other children • I am forced to be independent in ways that put me at risk (left to look after myself or others unsafely) • I am controlled, coerced or exploited by adults or other children • My independence is used to involve me in unsafe or illegal activities • I have arrived in the UK without my family or with an unsuitable adult to guide or protect me

Page 120

[Regional Procedures](#)
[Local Guidance](#)

CLICK HERE
My voice is
heard

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I am
achieving

CLICK HERE
I am healthy
and happy

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I feel
safe



Harm outside the home (extra-familial harm) (page 1 of 3)

Some children experience abuse or exploitation outside the home, including those in residential or foster care.

This is often referred to as extra-familial harm and can occur in peer groups, schools, communities, public spaces and online.

Practitioners should consider risks from peers (bullying, exploitation, gang association), community contexts (unsafe spaces, online harm) and public/online environments.

Harm may be caused by children or adults, acting alone or in groups. It includes criminal exploitation, serious violence, modern slavery and trafficking, online harm and child sexual exploitation and influences of extremism that may lead to radicalisation.



[CLICK HERE](#)
Decision- making
Matrix

[Regional Procedures](#)
[Local Guidance](#)



Continued... Harm outside the home (extra-familial harm) (page 2 of 3)

Some children are at greater risk, including those with special educational needs and disabilities (SEND), children missing from home, care or education, children in care, and those with previous experiences of abuse or neglect.



Page 122

Parents and carers are often very worried about their child's safety outside the home. Their concerns should be taken seriously, responded to without blame or judgement, and by working with them as partners in safeguarding.

Help and support for children in Shropshire can be found here [How can we support children who might be being exploited?](#)



Information can be found here [Safeguarding children not in school](#)



**CLICK HERE
Decision- making
Matrix**

[Regional Procedures](#)
[Local Guidance](#)

Concerns can also be reported via:
[Children's Referral Portal](#)



Continued... **Harm outside the home (extra-familial harm)** (page 3 of 3)

All children need a safeguarding response, including children who may be harming others.

We also need to be aware of adultification - where a child is seen as older or more able to cope than they really are. When that happens, their needs can be misunderstood and missed, and they may not get the help or protection they need.

This is something we see more often for Black children, children from minoritised backgrounds, children in care, and children involved with youth justice.

As practitioners, we need to stay curious and look at the full context of what is happening in a child's life. That means thinking about things like coercion, trauma, adversity, and the impact of SEND, and understanding how those factors may be affecting their vulnerability.

Information can be found here [Black, Asian and Mixed Heritage children](#)



[Regional Procedures](#)
[Local Guidance](#)

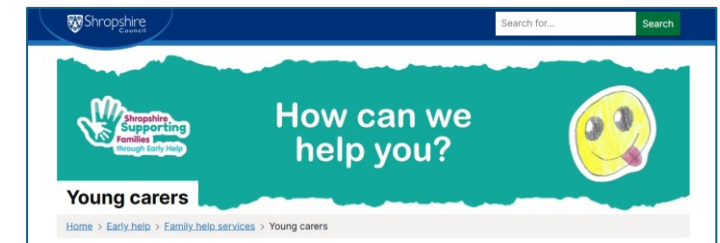
Children with specific needs or in special circumstances

Some children will need us to think a bit more carefully about their circumstances and the support around them.

This includes children with special educational needs and Disabilities (SEND), young carers, children in care, care leavers, children living away from home, and children who are homeless.

These children may face extra challenges or vulnerabilities, so it is important that we take those into account when assessing need, risk and support.

Information can be found here [Young carers | Shropshire Council](#)



The key message is that we need to recognise those additional circumstances and make sure our response is right for the child's situation.



[Regional Procedures](#)
[Local Guidance](#)



Children who have special education needs and disabilities (SEND) and their carers

Children with special educational needs and disabilities (SEND) are children first and should be able to access everything they need from everyday advice and support that is available to them.

When we're thinking about children with SEND, it's important that we look at the whole picture and work alongside families to offer the right level of support at the right time.

We also need to recognise that some disabled children may be more vulnerable to harm, and their needs can change as they grow and as family circumstances change.

Early support is really important because it can stop problems from getting worse. Practitioners should know about [The SEND local offer](#) and the help, support and protection that can be given via community hubs and multi-agency teams.

Referral may be appropriate:

- Where the child's main needs relate to their disability OR
- Where parents request a section 17 Child in Need assessment via the [Council's Referral Portal](#).
- Where the child may be at significant risk of harm refer via the First Point of Contact (FPOC) 0345 678 9021



[Regional Procedures](#)

[Local Guidance](#)

When the needs of a disabled child are assessed, we also need to think about the carers and whether they need an assessment of their own ability to provide care, so that the right support can be planned around the family.



Child-to-Parent Abuse (CPA)

Child-to-parent abuse (CPA) involves patterns of behaviour where a child uses violence, coercion, intimidation or controlling behaviour towards parents or carers.

Page 126 All children, including those who may be causing harm to others, should receive a safeguarding response

CPA may be linked to unmet emotional needs, neurodiversity, trauma, exploitation or family stress.

Practitioners should assess risk, understand the child's lived experience, and coordinate support through Family Help or Child Protection pathways where required.

For further information see:

[Multi-Agency Policy: Child to Parent Abuse \(CPA\)](#)



[Regional Procedures](#)
[Local Guidance](#)

The image shows the cover page of a policy document titled 'Multi-Agency Policy: Child to Parent Abuse (CPA)'. It features the Shropshire Local Partnership logo at the top. Below the title is a table with the following information:

Date Completed	25 July 2023
Status	Agreed
Review Date	18 months
Approving Body/Group	Domestic Abuse Local Partnership Board
Date of Approval	11 August 2023

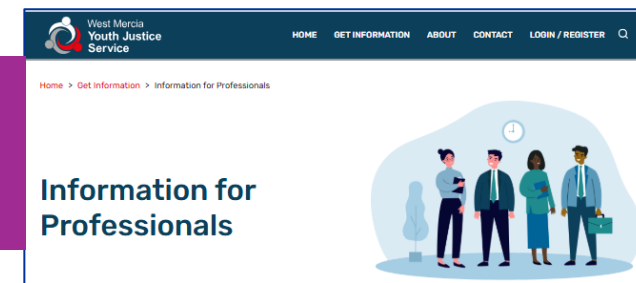
At the bottom of the page, it says 'Shropshire's CPA Policy' and the page number '1'.



Children involved in the Youth Justice System

[West Mercia Youth Justice Service](#) (WMYJS) work with children who come to the attention of the police. If a child is being assessed under section 17 or section 47, Youth Justice practitioners contribute to that assessment. Equally youth justice assessments take account of any assessment and plans that are already in place for the child, so that work is joined up and not duplicated. The service completes assessments for children across prevention, diversion, out-of-court disposals and statutory court-ordered work.

Page 127
For children who are not on a court order, a Prevention and Diversion Assessment is completed with the child and their family. This helps identify their needs, strengths and the support needed to reduce risk.



For children on statutory interventions, the assessment used is AssetPlus. This looks at offending behaviour, identifies strengths, and helps inform court reports and intervention plans that support the child's needs, safety and wellbeing.

- If a child becomes looked after because they are remanded to youth detention accommodation,
- Children's Social Care completes a full assessment and care plan.
- Reviews then follow the same process as they would for any other looked after child.
- Visits may also be carried out jointly with the youth justice worker to reduce duplication and support joined-up planning.





Managing professional disagreements

In safeguarding work, professionals will not always agree, and that is to be expected.

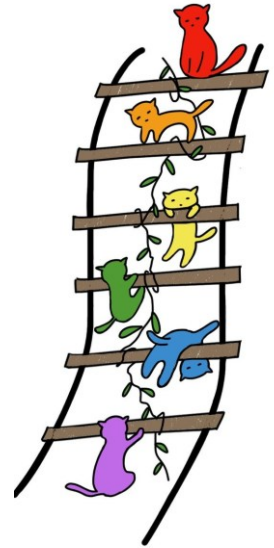
Different agencies and different practitioners bring different knowledge, experience and perspectives. Every practitioner's view should be heard, considered and treated with respect, even when we disagree.

Sometimes there will be concerns about decisions, actions, or when not enough action has been taken. When that happens, it is important that those concerns are raised early and discussed openly.

Escalation should not be seen as conflict or criticism.

Escalation is part of good safeguarding practice and shows a shared commitment to getting the best outcome for the child.

The focus should always stay on the child's safety and lived experience, making sure concerns are resolved in a timely and constructive way.



Page 128

What matters is that concerns are raised early, explored openly and resolved in a way that keeps the child's safety and lived experience at the centre.

All agencies need to make sure their staff feel supported and know how to escalate concerns about a child's welfare or if they disagree with a decision.

Staff should feel confident raising those concerns and using the

Multi-agency resolution / escalation procedure for professionals' disagreements or concerns when needed.



Further information

Includes: Important Safeguarding Contacts . Support Services . Definitions of Abuse . Signs and Indicators . Useful Websites .

[Safeguarding Definitions and Contacts SSCP](#)

Page 129



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Safeguarding Definitions and Contacts

 > [About us](#) > [Shropshire Safeguarding Community Partnership Learning & Development](#) > [Safeguarding Resources for Adults and Children](#) > [Safeguarding Definitions and Contacts](#)

The safeguarding information in these documents is updated regularly and includes: Shropshire contact numbers if you are concerned about abuse or neglect; support services and organisations; definitions, signs and indicators of abuse; and learning and development opportunities.

Related Documents

- > [Safeguarding Adults Identification Definitions And Contacts](#)
- > [Safeguarding Children In Shropshire. Contacts Links And Definitions](#)

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Agenda Item 9

People Overview and Scrutiny Committee Work Programme

COMMITTEE MEETING AGENDA ITEMS

Date	Topic	Responsible Officer	Portfolio Holders	Member Briefing	Task and Finish Group followed by a report to Committee	Report straight to committee	Previous topic of review - an update against the action plan
21-Oct-26	Children's Safeguarding Partnership 25/26 Report	DS	RH			☒	
21-Oct-26	Quarterly performance report Children's	DS	RH/AH			☒	
21-Oct-26	Quarterly performance report Adult's	NM	RH			☒	
Autumn/Winter 26	Children's Commissioning Report	LT	RH	☒		☐	
Autumn/Winter 26	Adults Transformation Plan	NM	RH	☒		☐	
13-Jan-27	Shropshire Council Social Care Market Position Statement (MPS) 2027 - 2030	LT	RH			☒	
13-Jan-27	Report of the SEND Transport Task and Finish Group	DS/AW	AH/RW	☐	☒	☐	
13-Jan-27	CQC Inspection Outcome	NM	RH			☒	
13-Jan-27	Children's Transformation	DS/NM	RH/AH			☒	
13-Jan-27	Quarterly performance report Children's	DS	RH/AH			☒	
13-Jan-27	Quarterly performance report Adult's	NM	RH			☒	
21-Apr-27	SEND Reform Plan	DS/NM	AH			☒	
21-Apr-27	Child Friendly Shropshire	DS	AH			☒	
21-Apr-27	Adults Transformation Plan	NM	RH			☒	
21-Apr-27	Quarterly performance report Children's	DS	RH/AH			☒	
21-Apr-27	Quarterly performance report Adult's	NM	RH			☒	

Other identified areas of interest from Committee discussions, including topics for briefings and potential Task and Finish Groups:

Planned Task and Finish groups	
SEND Transport	Underway and ongoing
Planned All Member Briefings	
All Member Briefing--Special Educational Needs (SEND)	06/10/2026
All Member Briefing-Families First Partnership	11-Nov
A National Plan for Homelessness	January
Other items for consideration	
Carers Support	
Adult Waiting Lists	
Market Workforce	

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