



**Dudley Safeguarding
People Partnership**

**Dudley Safeguarding Children Partnership Group
Annual Report 2022/23**

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1. Foreword from Independent Scrutineer (Vicky to write)



It is my pleasure to welcome you to the annual report of the Dudley Safeguarding Children Partnership Group. This report covers the period between April 2022 and March 2023. It reflects the safeguarding commitments of all partners, as we work to achieve our intentions as set out in our strategic plan.

Independent scrutiny provides assurance by reflecting and reporting on the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children, including arrangements to identify and review serious safeguarding cases. It is part of a wider system which includes inspectorates' single assessments and Joint Targeted Area Inspections (JTAs.) My role is to consider how effectively arrangements work for children, families, and practitioners, and how well partners provide strong leadership. I act as a critical friend to the partnership and challenge through ongoing appraisal of the partnership's work in line with Working Together 2018 and the Wood Review of multi – agency safeguarding arrangements 2021.

This report was prepared by the DSPP Business Support Unit on behalf of the Partnership and recognises the progress the DSPP has made throughout the year and the challenges that remain that we will continue to address in 2023/24. I have reviewed the contents and, as the Independent Scrutineer, I can say that the contents are an accurate report of the activities of the Partnership and its Sub-Groups. It highlights the areas where progress has been made and what we need to focus on in 2023/24 and beyond.

There is a strong commitment from the Multi – Agency partnership to work together on agreed priorities and the Executive is well attended by senior leaders in organisations. I provide a report to each Executive meeting with an overview of scrutiny activity during the quarter with recommendations for the Executive to consider. I have undertaken two bespoke areas of scrutiny on behalf of the Executive during the year, one with Russell Hall hospital where I met with the Safeguarding Team and spent some time with Maternity services and the second meeting frontline police officers to consider how they understood and were supported regarding safeguarding issues they dealt with in their day to day work.

Dudley Safeguarding Children's Partnership Group has good representation from across the Children's Workforce and last year we strengthened involvement of our education colleagues. There is increasing evidence of the partnership holding each other to account through a culture of high support and high challenge.

We have continued to make progress throughout the year but recognise that there is still more to be done to ensure our partnership works effectively to ensure Dudley's children are appropriately supported to achieve their potential. We have improved our multi – agency data sets to help us understand where we need to focus our resources but know we need to do more and to ensure we can do this the Executive have agreed to fund a data post to support the work of the DSPP. We have changed

our approach to auditing to ensure we really understand what good looks like for children and focusses less on process and more about whether we are making a difference.

The focus of the partnership on Restorative and Trauma informed practice is illustrated clearly in the two case studies at the end of this report and this approach has been strengthened by the move towards the Family Safeguarding Model which has recently gone live in Dudley. Family Safeguarding brings together all of the professionals working with the family into one-multidisciplinary team. The professionals involved include social workers, domestic abuse specialists, substance misuse workers, mental health practitioners, and psychologists, all working together to address compounding issues of domestic violence and abuse, parental substance use and parental mental health. I am looking forward to reporting on the impact of this way of partnership working in the next annual report.

What's Next for the Partnership? Issues of Note and Risks to be Dealt With

Over the next 12 months we recognise that we need to strengthen our multi – agency response to children and young people who are exploited both criminally and sexually. To support this we recognise that we need to undertake a piece of work to really understand our ‘problem profile’ and what this means in terms of how we best deploy our collective resources to safeguard these vulnerable young people.

We need to ensure our multi – agency audit processes provide assurance on the quality of safeguarding practice in Dudley and our sub – groups deliver on our strategic plan. We need to ensure that the learning from Local Safeguarding Practice Reviews is embedded in practice and is having the desired impact of ensuring that children in Dudley are safer as a result.

I will be undertaking a scrutiny exercise to understand issues in relation access to Mental Health services for our children on young people on behalf of the Executive. As part of this work I want to hear directly from children, young people and their families about what is working well and how we need to improve as well as hearing from frontline practitioners about the challenges they face and how we can improve multi -agency working.

It will be helpful to understand the impact of the Family Safeguarding Model and how this strengthens our ‘Think Family’. approach to working with children and young people.

We will need to ensure that we respond as partnership to new Statutory Guidance and particularly Working Together 2023 when it is published. The partnership will need to ensure that it has a good line of sight on how Family Help is improving outcomes for children and families in Dudley. The partnership will need to review their priorities ready for the year 24/25 in light of this.

Whilst there is much to do, I am confident that Dudley’s Safeguarding Partnership will rise to the challenge and our practitioners will continue to work tirelessly to ensure our children are safeguarded.

I look forward to updating you on our progress and the difference we are making in our next annual report.

2. About the DSCPG

2.1 The Annual Report

Welcome to the Dudley Safeguarding Children's Partnership Group's annual report. This document provides an overview of the effectiveness of services in place to safeguard children across the Dudley Borough. The information relates to the period 1st April 2022 – 31st March 2023.

The report will be available on our website via [the DSCPG page](#) and will be shared with our partners for dissemination. The report will also be shared with the Health and Wellbeing Board, Dudley Safeguarding Adults Board as well as a copy shared with the Child Safeguarding Practice Review Panel and What Works Centre for Children's Social Care within seven days of being published.

2.2 Our Statutory Safeguarding Partners

Our Statutory Safeguarding Partners are responsible for the co-ordination of the safeguarding services in Dudley. They are a strategic leadership group with joint and equal responsibility for ensuring everyone works together to promote the welfare of children in Dudley.

In Dudley, our statutory safeguarding partners consist of the Chief Constable of West Midlands Police, the Chief Executive of Dudley Metropolitan Borough Council and the Accountable Officer for the Black Country and Black Country Integrated Care Board.

Each Chief Officer is given permission, under Working Together 2018, to delegate their functions to senior officers. In Dudley the senior officers are:

- Catherine Driscoll – Director of Children's Services, Dudley Metropolitan Borough Council
- Sally Roberts – Chief Nursing Officer (Designate), Black Country Integrated Care Board
- Anthony Tagg – Chief Superintendent, West Midlands Police

These senior officers meet formally on a quarterly basis as part of the Dudley Safeguarding People Partnership Executive (DSPP). The DSPP covers the life course, and the Executive membership also includes the Director of Adult Social Care for Dudley Metropolitan Borough Council. The Executive is chaired by the Independent Chair of the Dudley Safeguarding Adults Board who is also the Chair of the DSPP. The Independent Scrutineer for the DSCPG is also a member of the Executive.

The Safeguarding partners identify the agencies needed to work as part of the multi-agency safeguarding arrangements (MASA)¹ and they have a statutory duty to co-operate with the identified safeguarding arrangements. These agencies are represented on various workstreams and sub groups which report into the DSCPG. Over the past twelve months we have enhanced the involvement of education partners and ensured we have head teacher representation at the DCSPG as we recognise the important role of our schools and education settings in ensuring

¹ Known as 'relevant agencies'

children are safeguarded. We ensure that we have a wide range of partners at the meeting to ensure our safeguarding messages are shared and those that are not represented, receive regular updates.

2.3 Our Shared Vision

Safeguarding is fundamental to ensuring Dudley is a place of healthy, resilient and safe communities with high aspirations and the ability to shape their own future. These safeguarding arrangements build on a strong foundation of partnership working in Dudley borough. Our focus on ensuring coherence with partnership working foundations supports Dudley borough's 'Forging a Future for All' vision to 2030 which contains seven aspirations including a shared commitment to Dudley being 'a place of healthy, resilient, safe communities with high aspirations and the ability to shape their own future'.

Our shared vision reflects the life course Partnership approach. We believe that when support is needed, it is not often in isolation. To achieve our vision, the Partners will work together with all agencies to:

- Ensure the welfare and best interests of the person are at the centre of all we do.
- Treat everyone as valued partners.
- Believe change is possible and positively support parents and carers.
- Value difference, inclusivity and encourage engagement.
- Actively listen and take action in a timely and responsive way, avoiding unnecessary delay.
- 'Hear the voice' of frontline practitioners and take their views into account
- Be open and transparent in all that we do
- Support a working culture that challenges, scrutinises and uplifts the partnership

2.4 Our priorities 2022-23

DSPP priorities were reviewed in April 2022 and were agreed based on feedback from quality assurance activity and emerging local and national learning. The two priorities of neglect and exploitation have remained the same. The third priority is now 'Think Family' with a specific focus on transitional safeguarding.

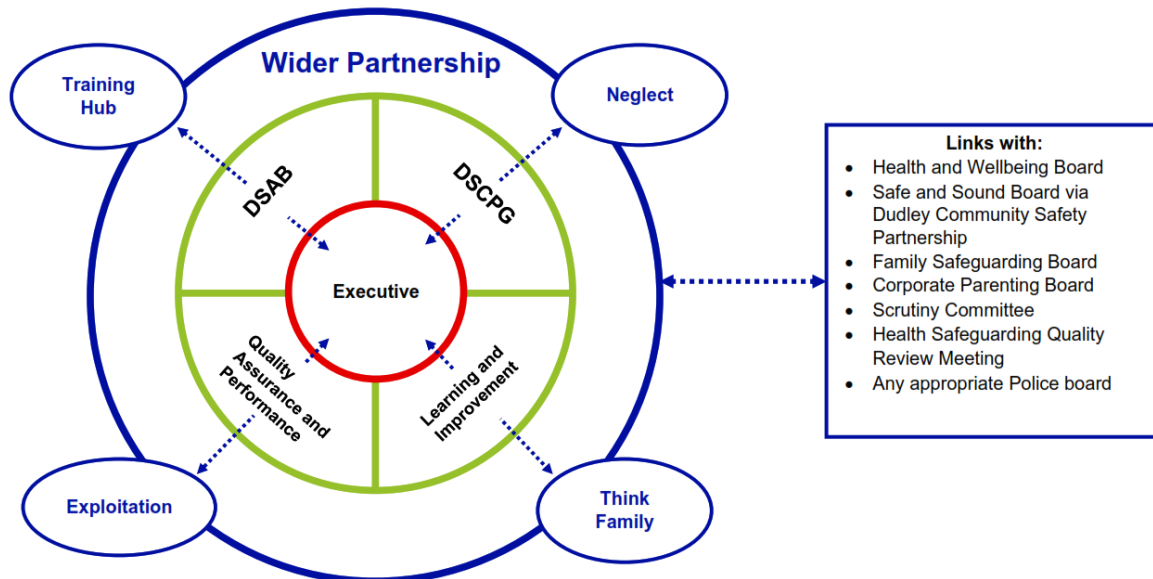
This third priority allows partners to be more flexible and adapt to emerging themes and trends.

1. Neglect across the life course
2. Exploitation across the life course
3. Adopting a Think Family approach

2.5 Our structure

We are a joint, life course Partnership which is overseen by an Executive group. Since reviewing our priorities, we have also revised our structure for the Partnership. This is so we strengthen our links with all agencies and other Boards in the Dudley

Borough. We are also keen to promote a culture of inclusivity regarding our safeguarding arrangements, utilising expertise and feedback across our Partnership. The effectiveness of this change will be discussed in this annual report. Below shows our structure for 2022-23:



2.6 Links with other Partnerships and Boards

We are members of the West Midlands MASA group and West Midlands Regional Procedures Group. This ensures we are up to date with the most recent changes as well as ensuring we work as effectively as possible with our cross-border partnerships. We recognise that many of our partners work across several local authority areas and therefore consistency in our safeguarding approach is paramount.

In addition to the regional groups, there are other groups which either carry out work on our behalf or provide us regular assurance. These groups include the Multi Agency Safeguarding Hub (MASH) strategic group and the Non Accidental Injury Forum (NAI). The NAI forum was established as a result of learning from our Serious Case Reviews/Local Safeguarding Practice Reviews.

The Child Death Overview Panel (CDOP) maintains links with the Partnership via their annual report as well as regular communication where there are specific emerging themes.

The DSCPG also works closely with Safe and Sound, Dudley's Community Safety Partnership, as we recognise that many safeguarding themes overlap for example, exploitation and domestic abuse. We also regularly provide updates to our health colleagues via the Safeguarding and Quality Review Meeting (SQRM)

This report will also be presented to the Health and Wellbeing Board.

About Dudley

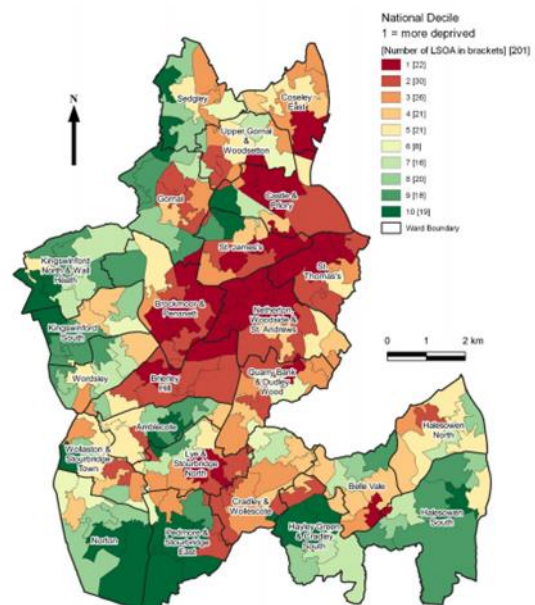
Dudley is a metropolitan borough formed in 1974. It is located on the edge of the West Midlands. Dudley is at the heart of the Black Country, which also includes the neighbouring boroughs of Sandwell, Walsall, and the city of Wolverhampton. The population has been growing at a modest but sustained rate in recent years, with around 10,500 more people living in the Borough in 2021 compared to the 2011 Census estimate.

3.1 Deprivation, Child Poverty and Family Income

A total of 75,030 children and young people aged 0 to 19 are estimated to live in Dudley Borough (Census 2021). This is 23% of the total population in the area.

The proportion of children and young people from minority ethnic groups is rising and in January 2023, they represented 27.4% of the school population up from 22.2% in 2016. The number of children for whom English is an additional language was 11.5% in January 2021 up from 11.0% in 2016.²

Both absolute and relative child poverty has remained an issue in Dudley with rates significantly higher than England. The most recent data available from 2021/22 shows that 21.2% of children in Dudley aged under 16 live in absolute low-income families and 27.1% within relative low-income families. For both measures, Dudley continues to have a significantly higher percentage than England with the recent trend increasing and getting worse. However, is not statistically significantly different to the West Midlands.³



Source: Indices of Deprivation 2019, MHCLG
Produced by: Intelligence Team, Dudley MBC, 2019
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In March 2023 there were 9,235 Dudley Borough residents claiming Universal Credit or Jobseekers Allowance. This is 4.7% of the working age population (aged 16-64), which is lower than the proportion 10 years ago in 2013 (5.4%). The proportion of West Midlands residents claiming is similar at 4.9%, England is lower at 3.8%.⁴

The mean gross annual wage for adult Dudley residents working full-time was £34,695 in 2022, below the national figure of £40,547 for England and below £36,855 for West Midlands⁵.

² Source: School Place Planning team/ School census

³ Source: Office for Health Improvement & Disparities. Public Health Profiles. [accessed 09/08/2023] <https://fingertips.phe.org.uk> © Crown copyright [2023]

⁴ Source NOMIS. [accessed 09/08/2023] <https://www.nomisweb.co.uk/>

⁵ Source: ONS. Annual Survey of Hours and Earnings 2022

The mean gross weekly earnings for full time adult employees in Dudley was £706 in 2021 (ONS annual survey of hours and earnings). This is lower than the West Midlands (£710) and England average (£766) ⁴.

3.2 Education, Employment and Training amongst Young People

The number of young people (aged 16-24) resident in Dudley borough claiming Universal Credit/Job Seekers Allowance (JSA) in March 2023 was 1,790. This number has remained stable since March 2022. This is a similar picture to England and the West Midlands⁴.

3.3 Health Inequalities

The infant mortality rate in Dudley is 4.3 per 1,000 live births for 2019-21. There has been no change in the rate from 2018-20. The Dudley rate is similar compared to the England value of 3.9 per 1,000 live births.²

Smoking status at the time of delivery in 2021/22 for Dudley is 9.4%, which is statistically similar to that for England (9.1%) and also the Dudley value for 2020/21, which was 8.8%.

Breastfeeding prevalence at 6-8 weeks for Dudley Borough Mothers is 43.4% (2021/22), this value is statistically significantly worse compared to the England value of 49.2%.

Breast milk being babies first feed is 64.4% (2020/21), this is statistically significantly worse compared to the England value of 71.7% for the same period.²

Dudley's Primary course immunisation coverage in the first year of life in 2021/22 was 94.6%, this an increase compared to 2020/21 (93.7%) and is similar the World Health Organisation (WHO) target of 95%. However, Dudley's proportion is higher compared to England's 2021/22 value of 91.8% ².

The proportion of Dudley Borough Reception children overweight (including obesity) in 2021/22 was higher in Dudley (24.0%) compared to England (22.3%) and similar to the West Midlands (23.7%). Excess weight in Dudley children has decreased from 27.1% in 2019/20. (Due to the Covid-19 pandemic 2020/21 data was not published) ².

Dudley's latest under 18 conception rate (17.3 per 1,000 for 2021) is statistically higher than for England (13.1 per 1,000) and the West Midlands (15.2 per 1,000). The trend both nationally and for Dudley is decreasing; in 1998 the value was 54.7 per 1,000 in Dudley which is a reduction of 68% compared to 2021 ².

The proportion of 9 and 11 year olds bullied at or near their school has remained above 25% over the last 10 years, results in 2022 show that 31% of primary school pupils said they had been bullied at or near school in the past 12 months.⁶

⁶ Source: Health Related Behaviour Questionnaire

3. Our data

We have a multi-agency dashboard that consist of high-level partner information. We are still improving our dataset, and this is regularly reviewed. We know we have more to do with this and will ensure it is revised in line with our priorities.

Indicator	2021/22 Q4	2022/23 Q4	Trend
Step-Downs from Children’s Social Care to Early Help	74	47	Neutral
Step-Ups from Early Help to Children’s Social Care	46	63	Neutral
% Re-referrals back to Early Help within 12 months	14%	25%	↑
Total Number of completed Early help Assessments (EHAs) as at Q4	2435	3133	↑
% of EHAs completed by Partners (not LA)	46.2%	59.6%	↑
No. of Children receiving Permanent Exclusion (by term not quarter)	38	56	↑*
% of new contacts that progressed to Social Work	20%	14%	Neutral
No. of Children in Need (at end of Quarter)	1468	1205	↓
No. of Children on Child Protection Plan (at end of Quarter)	317	252	↓
No. of Children Looked After (at end of Quarter)	585	588	↑
No. of first -time entrants (FTE) to the Youth Justice System	17	13	↓

* Data for spring term 2021-2022 academic year.

The launch of the Early Help Strategy and work by the Children’s Front door improvement groups, is seeing a positive impact across the partnership The total number of EHAs increased in 2022-23s, and we saw an increase in EHAs completed by Partner Agencies.

The number of children who were supported with an Early Help Family Plan increased from the previous year. Additionally, 93.8% of closed Early Help Cases that received an intervention were not open to Level 4 Services within 6 months after closure. This further evidences that the Early Help system is increasingly effective at successfully supporting families at level 1 or 2 of Dudley’s Level of needs.

Understanding and applying the Threshold Document has been identified as one area for development both within the Front Door and across the partnership and the DSCPG, The document was revised at the end of the reporting period (March 2023) therefore we will update on this impact of this in our next report.

The number of families stepped down to Early Help remains steady, The data suggests that the regular monitor and review of Children on Child In Need (CIN) is effective to ensure that robust planning is in place for these children enabling children to receive the support and step-down to Early Help in a timely and sustainable way.

As of 31st March 2023, there were 252 children subject to child protection plans; (317 as of 31st March 2022) Over the course of the 12 months in this reporting period, a total of 627 children had been subject to a plan (698 2021-2022); therefore, both the end of year total and 12-month figures have decreased this year. This is in line with the general decrease in the number of ICPCs being requested by the Local Authority. This was predicted given the month-on-month trend and is understood as an outcome of working with families more restoratively at the Child in Need stage and reducing the need to enter into Child Protection. A further decrease is expected with the development of Family Safeguarding model during 2023.

The most common feature for our children who are subject to child protection plans is a concern in relation to emotional abuse. This has seen a slight decrease in the past year as the principal category and is slightly more likely for our children than for those with our statistical neighbours.

The Youth Justice Board data indicates a decrease in First Time Entrants to the youth justice system compared to the previous year, showing Dudley is a safe place for children to grow up. This will have been contributed to by the strengthened prevention and diversionary activity undertaken by the youth justice service (YJS):

- The YJS has continued to engage in schools all over the borough to deliver topical based intervention to children of all secondary ages.
- The YJS undertook a project aimed at supporting children transitioning between schools and year groups by providing them with intensive mentoring alongside assessments for special educational needs support.
- Turnaround Programme: This Ministry of Justice funded initiative has enabled the YJS to target a cohort of children early on in their potential offending/anti-social behaviour journey by, with a focus on familial support being offered.
- The work of the YJS is to apply a 'Child First' way of thinking and to appropriately divert children away from the criminal justice system. This is in addition to the valuable work completed by services in the council and partner agencies with communities to support children and help them lead a crime free life.

Progress against our priorities

During 2022 – 2023 Dudley Safeguarding People Partnership has fully embedded the new subgroup structure which has proved beneficial in progressing our priorities. To support this DSPP held its first Annual Conference on 5th July 2022 where the partnership priorities were formally launched.

Joining us were keynote speakers Dez Holmes, Director at Research in Practice and Professor Michael Preston-Shoot, Emeritus Professor of Social Work at the University of Bedfordshire. Dez spoke about developing a transitional safeguarding approach and Michael spoke about learning from self-neglect SARs, research and people with lived experiences.

Facilitating the day were AFTA Thought, an organisation who use drama to bring learning from recent CSPRs and SARs to life.

Priority 1 – Neglect across the Life course:

We know from our data that there has been a reduction in children on Children Protection Plans for Neglect, a slight increase in step ups to children social care from Early Help but we have seen a decrease in children on Child in Need Plans. Which suggests that more families are receiving the right help at the right time.

	Q1	Q2	Q3	Q4
Assessments with a factor of 'NEGLECT'	178	152	126	98
Total Assessments	1123	1053	836	742
% with a factor of NEGLECT	15.9%	14.4%	15.1%	13.2%
CP Plan starts with a category of Neglect	26	44	38	21

The subgroup has strong partnership leadership with the ICB Designated Nurses chairing the subgroup and overseeing the Neglect work plan for the Partnership.

What we did:

- We have revised our Children’s neglect strategy and formally launched this in November 2022 which ensures we have a multi-agency response to cases of neglect or suspected neglect. The number of children on child protection plans during quarter 4 of the reporting period was at the lowest for the year which evidences early signs of the strategy being embedded.
- We developed a cost-of-living resource web page in response to the National challenges around the rising cost of living, the resources were requested of the subgroup who all helped to populate ways to support children and adults in the Dudley borough
- We have continued to work with the NSPCC regarding the roll out of the Graded Care Profile 2A. We know that early identification of neglect and attachment issues are paramount to give all children the best start in life. . Dudley are the first area in the UK to identify families and provide support before the baby is born via this pathway. A new GCP2 antenatal pathway has been developed to embed the GCP2A tool as a universal prevention screen at every maternity care contact. We are working with our partners to ensure that this is embedded in practice through supervision for example and monitoring its impact via the quality assurance sub group.
- We have continued to deliver Graded Care Profile 2 (GCP2) training as our preferred method for recognising child ‘neglect’. 138 new practitioners were trained in GCP2. From the reports seen the tool is predominately completed by local authority staff. 55 GCP2 assessments were undertaken on 65 children from 30 families.
- Public Health commissioned a trainer to deliver adolescent neglect training with 36 receiving this training during the period. This training will continue into the next year. Some feedback from delegates included;
 - *‘I now have a greater understanding of adolescent development and feel I have a toolkit to support me with working with that age range’*

- *‘The course was very informative and well delivered I was able to improve my knowledge and understanding’*
- The voluntary sector provided a range of services delivering support for families in poverty, at risk of neglect; including outreach and family support. 5,152 children and young people registered for Dudley’s Holiday Activity and Food programme, accessing a total of 16,126 sessions supplied by 72 different providers. All sessions included free enriching activities and at least one meal. HAF works with community providers to enable families to build relationships that can be sustained beyond the HAF delivery period.
- A Safer Sleep Guidance for the Early Years sector is in development with an audit and charter for the sector to adopt.
- The Know More Campaign has been revised to update key public health messages to contribute to reducing child mortality. These have been approved by Black Country CDOP.
- The partnership has an ICON implementation group. ICON has been presented at the GP Safeguarding Forum by the Named GP and Designated Nurses.
- A Position statement was developed for Was Not Brought and Did Not Attend to ensure we have a consistent approach to children and adults not attending for their appointments this will support professional curiosity where neglect could be a feature in a child or adults life.
- We developed a number of safer7s to promote key issues such as Affluent Neglect, Child Neglect, ICON & GCP2

Priority 2 – Exploitation across the life course:

We know that there are vulnerable children at risk of exploitation in our Borough. We have a dedicated Exploitation Hub in Dudley which leads on the response when children and young people are at risk of exploitation .

The Children’s exploitation subgroup is the group responsible for delivering this priority, it has strong partnership leadership with the Voluntary Sector and Police co-chairing the subgroup and overseeing the Children’s Exploitation work plan for the Partnership

What we did:

- Continued to hold a monthly Child Exploitation Operational Group to identify perpetrators, locations and high-risk victims of exploitation and work collectively across the Partnership. This provided a cohesive approach to supporting children and young people.
- DSPP undertook a detailed exploration of Exploitation in January -March 2023. The work plan is being progressed by the Exploitation Subgroup and overseen by the Children’s Quality Assurance Group. This gave assurance that the Local Authority Child Exploitation Team provide an effective service to children who are at risk of exploitation and their families, which was also highlighted in the October 2022 Ofsted Inspection, however the assurance work highlighted the need to strengthen the pathway for partners and we have already begun work to address this

- DSPP carried out a specific audit of the use of partnership Exploitation Screening Tools in March 2023 with the learning being implemented by the subgroup and will be reported in the next annual report.
- We promoted and shared the language matters document in terms of working with young people at risk of exploitation.
- We responded to low levels of uptake of the Exploitation Training by implementing a working group to undertake a specific learning needs assessment, this resulted in the course being revamped under a new name of Harm Outside the Home, the impact of this will be seen in the next annual report.
- Barnardo's and PHASE Trust continue to deliver direct support to children within the exploitation hub for referred children and young people.
- During the reporting period, 52 young people were supported by PHASE Trust 24 were Sexual Exploitation 24 (23 female and 1 male), 28 were criminal exploitation (22 male, 5 female and 1 transgender female)
- 80% of the 52 young people were evidenced to have reported a better understanding and awareness of their risks. This was measured using nationally recognized risk assessment tools, reports from referring statutory agencies and their own case studies. From these, we were also able to measure that 77% had displayed definite positive changes to their behaviour, leading to a reduction in their risk levels.
- Barnardos (Dudley base) have supported 32 young people around CSE. A direct quote from a young person who has received support from Barnardos;

"It has helped me with other coping strategies with self-harm and harming myself is not the only that can help me"
- The exploitation health forum was re-launched in Jan 2023, facilitated and chaired by the Assistant Designated Nurse. This forum ensures that health professionals are cited on exploitation themes and concerns across the borough.
- Public Health continue to subsidise sessions in education settings to raise awareness of exploitation with information on how to recognise exploitation and how and when to access help and support.
- Dudley's Safe and Sound Board (Dudley's Community Safety Partnership) have drafted a needs assessment and strategy in response to the new Serious Violence Duty. Mapping has been completed of support services, whilst a system wide commissioning group has been established to oversee procurement and contract management of local services.
- Safe & Sound Board, through its website, campaigns and meetings has raised awareness, sign posting to support and advice and reporting issues of how to report safeguarding concerns, Hate Crime, Modern Slavery, Prevent, Domestic Abuse, Sexual Assault and Abuse, VAWG, On-Line Harms, Fraud and Scams, personal safety and violence prevention.

[Priority 3 – Adopting a Think Family Approach](#)

Although there is no specific subgroup for this priority, the partnership has progressed this area in the following ways.

- The restructure of our priority groups for Neglect spans across the life course which addresses any cross-cutting issues.
- The chairs of both Exploitation Groups regularly meeting to discuss such issues of transition between children's and adults.
- Following on from the success of the DSPP conference held in July 2022, partners felt it would be beneficial to have more opportunities to enable more discussion on and progress the priorities of DSPP. In response to this DSPP and its partners organised and held a development workshop on 27 March 2023 with a theme of Think Family, which was well attended across the partnership.
- Feedback was excellent from delegates regarding the opportunity to connect and network, appropriate amount of time spent on each session and the format of the workshop, splitting it into two halves one for Neglect and one for Exploitation with a golden thread of 'Think family'
- By the end of the workshop members had contributed to the work of the sub groups by recognising achievements to date against the respective strategies, highlighting the areas that require development and identifying ways forward in terms of next steps for the groups and partners. The general feedback from each of the sessions was fed into the Exploitation and Neglect Subgroups.
- Work has been undertaken to support the Children's Services re-design which will be implemented in July 2023; this includes an Adolescent Safeguarding Team which is multi-agency and works on the principals within a Family safeguarding approach. The Dudley Exploitation Team will sit within this service
- Over the past 12 months DIHC & Dudley Group have continued its work to develop a safeguarding infrastructure across the life course and in doing so embed a Think Family approach. This has included the successful launch of a suite of safeguarding policies and procedures. The organisation has an overarching Safeguarding Children and Adults policy.
- The DIHC safeguarding team have delivered a short training package on Think Family within safeguarding supervision sessions, service, and team meetings, and a 7-minute briefing has been disseminated within the Trust. The Designated Team work across both adults and children, there is adult and children expertise in the team and utilise this to share learning from reviews, incidents and themes. This learning is shared via GP safeguarding forums and the Safeguarding Quality Review Meeting.

Children with Disabilities

The Children with Disabilities Team has now been a part of Children's Services for over 18 months and improvements in the service provision are now visible. All new referrals are now being reviewed on the date received and assessments are being allocated and completed in the 45-day timescale or earlier, with all children now being visited in line with their assessed care plan. All children and young people

open to CDT have an appropriately skilled allocated worker who is supporting delivery of their plan. There has been a significant change in the way we communicate with our young people and new workers have brought new concepts and tools to assist in capturing and recording children's voices in visits and plans, which will be an area of focus over the next 6 months and this work is being supported by the Dudley Centre for Professional Practice (CPP). Referrals are now being made for all 16 year olds to the Transitions team so Preparation For Adulthood (PFA) work can commence at an earlier stage and all 17 year olds who are eligible for a Care Act Assessment are now allocated to a Preparing For Adulthood (PFA) worker to help develop their Care Act plan. Three young people who were children in care have been transitioned to Adult Services, with provision of semi supported accommodation in place for two young people which meets their needs. Both young people were able to celebrate their 18th birthday with their house mates and family. The transformation in service delivery has been significant as has the impact on achieving better outcomes for our children and families, however we are clear that there are still areas of work which require further development and change

Other areas of progress that support our priority work:

- We reviewed our multi-agency threshold document to ensure the terminology reflects our right help, right time ethos.
- Development of an Integrated Front Door that enables children and families to receive support at the lowest effective level.
- We have strengthened the quality assurance arrangements from our Neglect and Exploitation subgroups to the Quality Assurance Subgroup by implementing 6 monthly assurance activity reports into the group.
- Education Outcomes have developed a Children Out of Sight strategy (COOS), with safeguarding embedded into this strategy.
- An operational working group is in place to discuss children not in school or with low or no attendance and link contextual safeguarding themes such as, exploitation and neglect.
- The Police have introduced a new internal guide (Aware) which covers the minimum standards of professional curiosity and recommended good practice for all officers when they encounter children. Aware mandatory training has been rolled out for all incidents involving children and has been helps officers build a better understanding of children at risk of significant harm.
- We reviewed our current multi agency audit process which is now entitled Multi-Agency Audit of Practice (MAAP), ensuring we focus on the quality of practice and the difference we make and analyse the findings and embed learning in our practice ensuring we have a shared understanding of what good looks like.
- A 'True for Us' piece of assurance work completed across the partnership which found there was a general consensus that decision making in the MASH is timely and agencies work hard to ensure that information sharing to inform initial decision making is robust, however the learning initiated further exploration of key themes of Exploitation and Initial Need and Risk.
- Dudley's Voluntary Sector have established a safeguarding leaders forum; a regular meeting with senior leaders in Children's social care, family

safeguarding, early help has supported dissemination of key information relating to safeguarding and collation of concerns/priorities.

4. LADO

The Designated Officer (DO) nationally known as the LADO (Local Authority Designated Officer) oversees allegations against adults in a Position of Trust (POT) who work or volunteer with children and young people.

As part of this role the LADO via training continues to raise the profile/Role of the LADO and of the Management of Allegations Process within the authority and to local partner agencies so they are better informed on how to manage matters which meet the following threshold criteria for LADO involvement.

i.e. Information which comes to light, which suggests an employee, volunteer or contractor has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

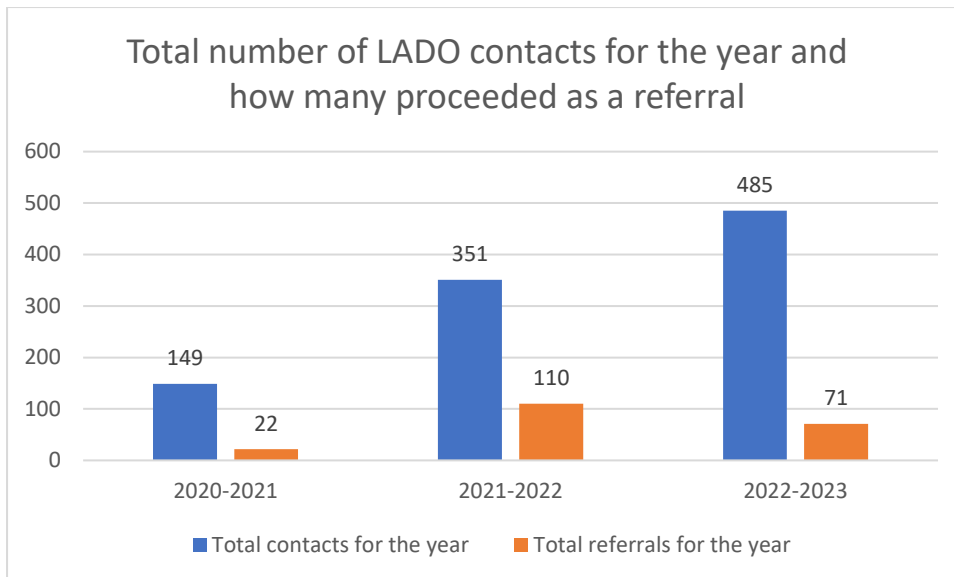
The main duties of the LADO are to:

- Manage individual cases – referral and investigations
- Provide advice and guidance
- Liaise with police and other agencies (Ofsted)
- Monitor progress of cases for timeliness, thoroughness, and fairness

During the reporting period, the LADO has continued to deliver the management of allegations multi agency training, ensuring that the work force in Dudley is appropriately trained to deal with this. Developing positive relationships with partner agencies is imperative in supporting the principles of retroactive practice and something the LADO continues to strive for. There is still work to be done around engaging faith organisations which is something we will update on in our next report.

LADO records were viewed by Ofsted during inspection October 2022. Feedback was as follows: *'The designated officer service in Dudley responds promptly and robustly to concerns about adults in a position of trust who present risks to children'*.

An aspect of the LADO role is monitoring the timeliness of case progression. All cases are expected to be concluded within 6 months and overall, this timescale continues to be met.



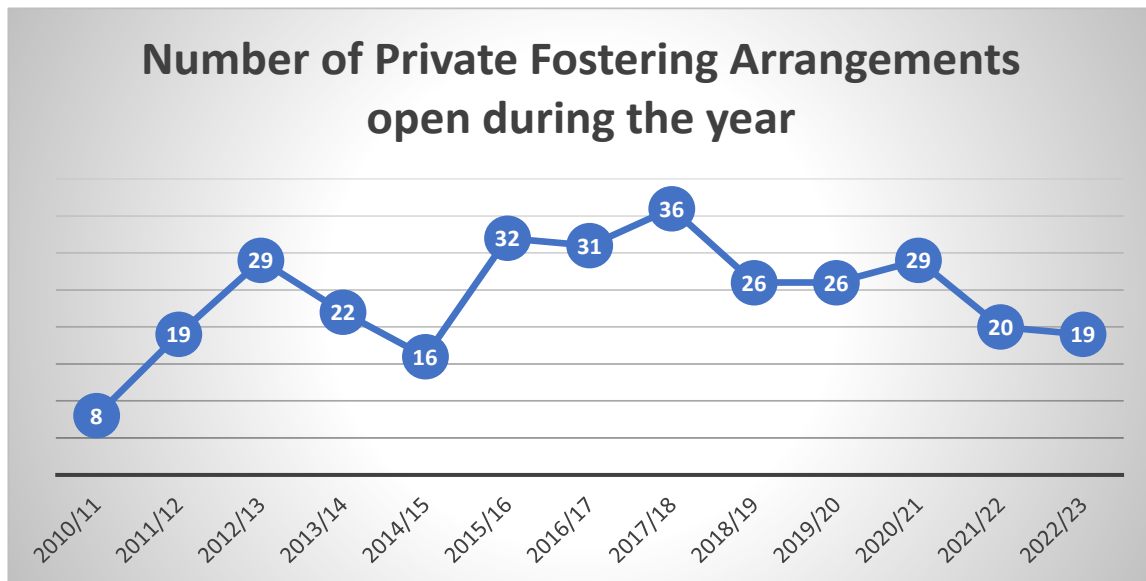
Whilst there has been an increase in agencies contacting the LADO service the referrals are less than the previous year, this could be as a result of more robust LADO analysis at initial point of contact which indicates the matter does not meet LADO threshold. For example, the LADO often receives contact from education and nursery settings despite their being no allegation against a named staff member, such as relating to a leadership and management issue. In this instance the LADO would liaise with the Safeguarding Lead in Education and or Early Years Child Care Co-ordinator and/or signpost the referrer as appropriate.

The introduction of the fourth criteria '***Behaved or may have behaved in a way that indicates they may not be suitable to work with children***' is often used by agencies when contacting the LADO for advice.

5. Private Fostering

The Private Fostering Regulations apply when children, aged under 16 years (18 if they have a disability) live with a person who is not a close relative for 28 days or more. The term 'close relative' has a specific definition within the Children Act 1989, it includes grandparents, brothers, sisters, uncles and aunts (whether of full or half blood or by marriage) and step-parents. Children living with people who are not close relatives, such as a cousin, great aunt or family friend need to be assessed and reviewed under the Private Fostering Regulations to ensure the placement is able to safeguard and promote his/her welfare.

Private Fostering arrangements are often confused with a child being fostered by an Independent Fostering Agency. This is not the case; a Private Fostering arrangement is one that is arranged by the parent (person with Parental responsibility) and not the Local Authority. Parents retain the responsibility to support their child, this includes financial support for the Private Foster carer.



From the Graph above since notifications were recorded, the number of Private Fostered children had increased then decreased within the Dudley Borough over the years, however it appears during the Covid Pandemic numbers had dropped, this would have been contributed to as children from overseas did not travel to the UK

It is evident that Children who are Privately Fostered can have complex needs including additional competing factors such as legal implications, social and Parental Responsibility (PR) issues, thus leaving this group of children extremely vulnerable. Through the ongoing commitment by the Directorate to have dedicated resources for Private Fostering it has been a positive year so far, not only in terms of statutory compliance but also with regards to the outcomes for children in Private Fostering arrangements. With a dedicated post the Private fostering worker can devote more time for awareness raising and training as well as offering a supportive/ protective service to carers and privately fostered children. This was recognised in the October 2022 Ofsted Inspection.

6. Learning from Reviews

Local Child Safeguarding Practice Reviews (LCSPR) are undertaken on 'serious child safeguarding cases' to identify what has worked well and learn lessons to improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children.

Not all incidents that are reviewed will meet the definition of a 'serious child safeguarding case' but may still raise issues of importance. This might include cases where there has been good practice, poor practice or where there have been 'near misses'. In these circumstances the Partnership will decide whether to conduct a local practice learning review or case audit to ensure that learning is captured and shared with the workforce.

6.1 Activity in this period:

Seven serious incident notifications were submitted to the National Child Safeguarding Practice Review Panel. This is an increase compared with last year where there were five.

The Partnership's Rapid Review Panel met to consider the circumstances of these notifications. Three reviews progressed to a Local Safeguarding Practice Review (LCSPR), with a further three following alternative review routes such as a Practice Learning Review and one did not meet criteria for review.

The themes included within the serious incident notifications are:

- Non-Accidental Injury
- Neglect
- Hidden or concealed pregnancy
- Child Criminal Exploitation
- Adulthood
- Domestic abuse

At the time of writing the LCSPR's are still in progress but immediate learning has been shared across the partnership as appropriate.

One Local Learning Review was published in 2022/23 relating to the previous reporting period, a summary of which can be found below:

Child Z

Child Z was brought into the Emergency Department by ambulance in moderate diabetic ketoacidosis (DKA). He was diagnosed with Type 1 Diabetes and admitted to the Paediatric Ward. Professionals raised concerns over neglect, delay in accessing medical attention, delayed developmental presentation, unkempt appearance and poor dental hygiene. Further concerns were raised while Z was in hospital around mother's inability to manage the complex demands of a child with diabetes and comprehend the potentially fatal consequences of any mismanagement of the treatment programme. There was not a causal link between the neglect Z experienced and Type 1 diabetes. The review acknowledged there may have been opportunities to intervene earlier, although this would not necessarily have prevented the significant event of hospitalisation for diabetes, the response to neglectful parenting may have been different.

The review identified multi-agency learning in relation to:

- Recognition of chronic and cumulative neglect
- Consideration of collective safeguarding history rather than viewing incidents in isolation
- Multi-agency review of cases where the length of hospital stay overrides what is considered a normal timescale
- Support for parents with learning difficulties
- Appropriate professional challenge and resolution

A Partnership action plan for this review has been completed, as part of this DSPP launched its amended Professional Challenge and Resolution process in April 2022. Also in November 2022 we launched DSPP's Child Neglect Strategy along with a relaunch of the Graded Care Profile2 training course to raise awareness and increase attendance.

Full details of the reviews and learning resources are now available on the [DSPP website](#).

There are action plans in place for these reviews and progress is regularly reviewed by the Learning and Development sub group.

To ensure this learning is embedded into safeguarding practice across Dudley it was agreed that a thematic learning plan will be implemented from April 2023. The thematic learning plan will be an opportunity for staff and partner organisations in Dudley to be made aware of the key learning from our quality assurance activity and case reviews along with offering information in relation to this learning.

It is hoped that each month it will enable organisations and individuals to feel more aware of local learning and how they can implement changes in their everyday practice, along with strengthening the key priority of 'Think Family'.

The thematic learning plan will be a combination of tools, procedures, information briefings, promotion of training and other learning opportunities. The themes of the learning plan will alternative between a children's, an adult's or a joint theme each month and they will be chosen from key themes from Dudley's local learning.

6.2 Learning from Audits

During 2022/23 DSPP re-evaluated the multi agency audit process, replacing the previous Multi-Agency Case File Audit (MACFA) with a Multi-Agency Audit of Practice (MAAP) process.

MAAP Audits will look at and scrutinise multi-agency practice from a random selection of cases to assess the quality of practice and lessons to be learned in terms of both multi-agency and multi-disciplinary practice. The following will underpin the MAAP Audit process:

- Focus on multi-agency and multi-disciplinary interventions and have a clear focus and clearly defined terms of reference
- An expectation that all agencies commit to the MAAP procedures
- Focus on current practice, considering interventions that have occurred within the last 12 months
- Consider interventions that are within the remit and work of local agencies
- Include a focus on the welfare of the child, other children living in the household, timeliness, communication and engagement with families or other significant adults

The intention of the MAAP Audit process is to carry out audits in a spirit of appreciative inquiry to "shine a light on what is working well in organisations and potentially engage all stakeholders in building conditions for best practice" (Bellinger and Elliot, 2011)

Audits provide a valuable opportunity to dip sample multi-agency practice on specific themes and for the partnership to assured about safeguarding practice.

DSPP conducted one MACFA in 2022/23 on the theme of **Domestic Abuse** and one MAAP on the theme of **Transitions for 16–17-year-olds with a diagnosed disability**.

There were areas of good practice and areas identified for improvement and these actions are monitored through the Quality Assurance and Performance sub group.

The audits highlighted the following key learning:

- Assessment and care planning to include a Trauma Informed Perspective when working with families who are experiencing Domestic Abuse needs to be strengthened, to respond to this both Children's Social Care and DSPP will put into place a comprehensive learning offer on Trauma Informed Practice.
- Direct work to establish an understanding of the child's perspectives and experiences that directly influences planning and decision making for them was inconsistent, this is an area of focus the partnership.
- Work with perpetrators of violence continues to be an area of development in challenging the behaviour of perpetrators and how they are engaged in meaningful intervention to change their behaviour and understand the impact on others.
- The coordination of child protection planning could be strengthened, key partners are not always aware of the plans for children and the interventions for families are not always focussed or smart.
- There was an identified need for transition planning to start at an earlier opportunity, this has resulted in a revision of the transition pathway commencing, led by Dudley Disability Service.
- There was some evidence of the use of the Multi Agency Escalation and Resolution process where families needed support, however this is inconsistent, to respond to this DSPP will be developing a course on Professional Curiosity and Escalation.

7. Multi-agency training and its impact

During the year we changed our approach of our offer of Learning and Development, the programme was amended to better reflect learning from our reviews and responded to local and national emerging themes. The learning offer was adapted to a blended approach of online learning events and the return of face to face training.

7.1 Key Developments

- The Learning and Development Strategy was refreshed for 2022-2024, this was streamlined to make it more focused on what we are trying to achieve and how.

- The first DSPP competency framework for safeguarding training in Dudley was developed in line with statutory guidance and national competency frameworks.
- The training plan was revised to ensure all training directly linked to DSPP priorities or local learning identified through case reviews and audit activity
- A full training needs analysis completed which will inform the 2023-24 programme.
- There has been more focus on training and development for education colleagues (Facilitated by the Safeguarding in Education Lead) this has included schools and education outcomes staffing. Through training and updates at each DSL Forum and the planned Education Safeguarding Conference in July 2023.

7.2 Training Data:

68 total training events (both adults and children courses) were delivered through the DSPP between 1st April 2022 and 31st March 2023.



We offered a total of 2068 places, of which 1106 were used, and out of that 849 delegates attended the courses.



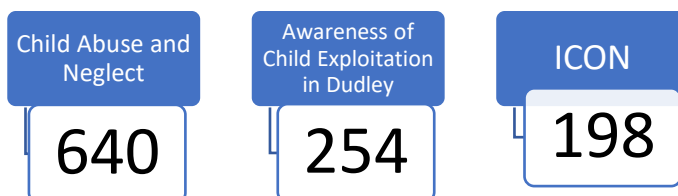
We found that 344 delegates cancelled their place prior to the course, mainly due to capacity, and 257 did not attend on the day, and again this was mainly due to operational service delivery issues.

70% of our training was half day or less and 30% was full day.

Delegates representing 48 different services or organisations have been able to network and build relationships on multi-agency training

Attendance at our training in relation specifically to our key priorities is as follows:

eLearning:



Training



Due to the low uptake of our Exploitation Courses, a working group from the Exploitation Sub Group was tasked with exploring this further.

Attendees reported improved knowledge following courses which will improve their practice:

“I have learnt how to use the GCP2 tool which will be an asset to my job role. The training content and provider were fabulous and very informative.”

Graded Care Profile2 Training

“this training has enhanced my knowledge and skills, allowed me to network with others and show me the formal procedures to follow”

Understanding the Management of Allegations in Dudley

“As a care experienced social worker who has their own ACEs, it really is important to have this type of training to be able to be better equipped to be able to work with families using the professional perspective first, which can then be informed by the personal perspective”

Introduction to Childhood Adversity and Trauma Informed Practice

7.3 Training Evaluations

What we can see from our data embedded in our Learning Management System is that (at this time of writing this report):

- 77.7% of people complete pre-evaluation
- only 59.4% of people complete post course evaluation
- only 12.5% of people complete post event stage 2

This suggests there is more work to do in measuring how our training is making a difference to practice in Dudley.

Learning Gain

Pre-booked average	Post Event Average	Learning Gain
3.01	4.30	1.29

Data collected from 01.04.2022 – 31.03.2023

Our learning gain figures show that our training is improving professional knowledge which will in turn improve safeguarding practice. We regularly ask for feedback on our courses to ensure we are delivering the right material to the right audience. We are part of a regional learning and development group which enables us to share best practice.

We have made significant progress on working with partners to develop and facilitate our courses which will be running from 2023-24.

We have started discussions on a regional level to enable Dudley to gain improved learning on practice improvement as a result of our training and awareness raising. The implementation and subsequent analysis of the thematic learning plan will also significantly address closing the loop in learning and improvement cycle.

8. Voice of the child

The DSPP does not have a single mechanism, currently, for recording the voice of the child. Instead, the Partnership seek assurances from partners that children are at the heart of everything they do and that they actively engage with them.

We have seen excellent examples of partnership engagement with young people. For example; A young person shared that his social worker always responds and is available when he needs him. He was very happy with the service; his housing and leave to remain status has been addressed with support. A parent stated that she finds the social worker supportive.

A further example is the dedicated work from the police CSE officer who helped build trust over a protracted period of time. This was essential due to offences disclosed by the victim and the seriousness of offending which was still taking place. As a direct result of the trust and relationship made with the young victim, verbal and physical evidence was secured which in turn led to a Crown Court trial. The offender was found guilty of all offences and sentenced to a lengthy jail term.

Moving forward, we will continue to use the information as assurance of our safeguarding practices across the Borough, but we recognise we need to do more to receive children and young people's feedback to influence and shape our work in the next twelve months.

9. Our priorities for 2023-2024

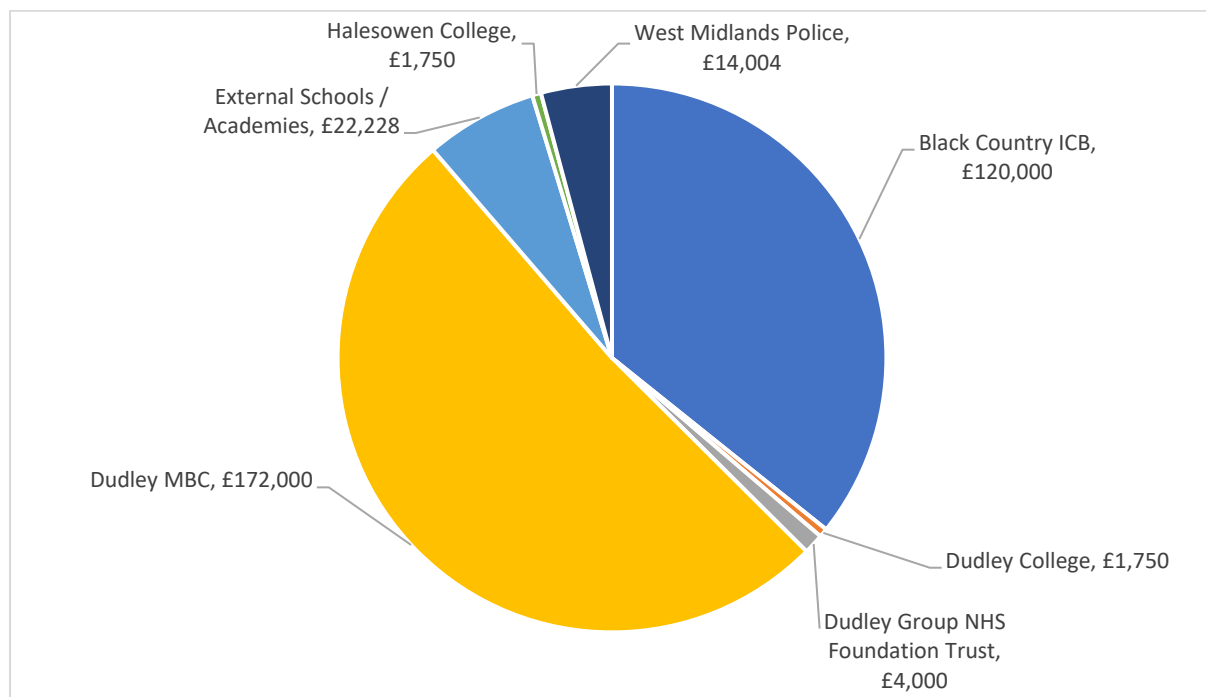
The priorities for the forthcoming year reflect 2022-23 priorities and we will continue to further progress the identified work plans. In the next twelve months we will also focus on the following:

1. Ensure our dataset is truly multi-agency and reflects our revised priorities and that we know what we are doing is making a positive difference to children and young people. Recruitment is underway for a dedicated Performance Officer for the DSPP to support this work.
2. Within Child Protection Plans where the risk of neglect has been identified, there is a direction for the GCP2 tool to be used, particularly for younger children. The forthcoming implementation of the Family Safeguarding model in 2023-24 will further support timely and proactive responses to neglect with a multi-agency context.
3. Ensure we have a robust approach to understanding use the voice of children and their families and this influences the work of our partnership and how we deliver services. Improving the use of child/parent feedback as a quality assurance indicator will support this.
4. Ensure the GAP for 16–18-year-olds in health professional attendance at safeguarding meetings; MACE and open strategy discussions is closed. Without health present at these meetings the assessment of risk and care planning would not be robust in that health information was not known.

5. Develop robust transitional arrangements for 16-18 years who are at risk of exploitation.
6. Develop a more robust hoarding/ squalor/ clutter tool which reflects a think family approach. Learning from reviews highlighted that professionals are using a number of different tools to assess the conditions in a home.
7. Revise the exploitation screening tool and appropriate risk levels to ensure its effective use across the partnership.
8. Implement a Thematic Learning Plan to enable staff and partner organisations in Dudley to be made aware of the key learning from our quality assurance activity and case reviews and how they can implement changes in their everyday practice.
9. Develop the learning offer based on the findings of a Training Needs Exercise. This exercise will demonstrate the training needs across the partnership and strengthen the adults learning offer.
10. Partners to assist in the co-delivery of Multi-Agency Courses: Health and Social Care Partners to jointly deliver a brand new course on Professional Curiosity and Effective Challenge (key finding from both adults and children's reviews)
11. Hold an Annual Conference directly linking to case reviews; The theme of the conference will focus on Developing a Trauma Informed Partnership and will take place during Autumn of 2023
12. Review the Training Impact Process to better inform the Partnership of the impact of its multi-agency training on practice

Appendix 1

DSPP funding arrangements 2022-23



Appendix 2

Case Study 1:

Child A is primary school aged, is of mixed heritage born. Child A is a very active and cheerful girl who is articulate and expressive. The family have been known to Children's Services for a number of years due to domestic abuse in Child A's parents' relationship. Child A is currently subject to a Child Protection Plan. The case was initially referred in 2022 when father was convicted for a domestic abuse offence against the child's mother.

Father is assessed as posing a High Risk of Harm to current or future partners and children who would be exposed to these behaviours, based on his history of offending, and current conviction.

There were cumulative concerns around the neglectful parenting of Child A due to concerns around poor routines and boundaries within the home, which were directly impacting the school attendance and emotional wellbeing of Child A. Child A had also disclosed that her mother had hit her previously. The Child in Need Plan had not achieved change, therefore a multi-agency decision was made to present the family at an Initial Child protection conference, following completion of a Child Protection Enquiry, to ensure that safeguarding measures were proportionate to the concerns and safeguarding needed.

When the Social Worker first started working with the family, the mother was not working with the Social Worker due to the experience of having changes of Social Workers involved and she felt that father was still trying to control her by using their child and request for contact as a weapon.

Direct work was completed with the mother, using the voice of the child captured in direct work sessions with Child A, to help her understand how the current family situation was upsetting her daughter. The mother was also supported to share her concerns around the risk father continued to pose to Child A.

Over the period of intervention, the Social Worker was able to support mother to build her confidence to the point where she attended the Review Child Protection Conference and stay until the end (whereas previously she had walked out of the ICPC and her engagement with Children's Services and other professionals since the ICPC had been quite limited). The Social Worker reflected that this intervention was successful due to working restoratively with mother, working with her to identify risks and identify and praise strengths. In working in this way, it was discovered that mother found it difficult to attend meetings due to her additional communication needs and she struggles to sometimes control her emotions. The Social Worker supported mother to come up with a plan for the Review meeting, that if she felt she was getting anxious she should take 5 minutes to calm down before returning. Mother said that she also struggled to retain a lot of information and when lots of things were spoken about in one go, she couldn't remember what had been said.

These views were shared with the Child Protection Conference Chair who made adjustments to accommodate her needs.

The father was included in the assessment process by ensuring he was included in all meetings and completing a home visit to gain his views, wishes and feelings to inform the Review SW Report.

At the end of the involvement mother expressed that she was disappointed that the Social Worker would no longer be involved as she felt genuinely cared for.

Case study 2:

M is an 11-year-old admitted to the children's ward on multiple occasions within a short time frame for mental health concerns and challenging behaviour. There was no mental health diagnosis, but M was involved with the child and adolescent mental health services and there was an ongoing investigation for autism. M was formerly subject to a child protection plan for previous concerns regarding fabricated and induced illness. M was residing in a refuge with her mother due to allegation of financial abuse from M's father, which the police closed due to lack of evidence.

A safeguarding referral was made when police brought M to the hospital due to them absconding from the hostel and refusing to return to the hostel with their mother or return home to their father. During M's admission to the ward, their behaviour was extremely challenging, and posed a risk to both themselves, staff, and other patients. During admission M physically assaulted their mother and six members of staff. Despite numerous attempts to discharge M, they refused to leave the hospital.

Staff observed the behaviour displayed by M and recognised that this may be due to past or current unknown trauma. There were ongoing concerns that M's mother was an overpowering and continuous presence on the ward which was a barrier to staff fully engaging with M to hear her story.

As a result, a referral was made to St Giles Trust based within the hospital, to engage M in violence reduction work. M's mother consented to the referral. The St Giles worker developed an excellent rapport with M through activities and discussion, getting to know M and their likes/wishes to the point where M's mother would leave the ward for a couple of hours whilst M was in the workers presence.

It was here that M suggested and further discussed their negative thoughts associated with home and the worker could speak to M alone in a 1:1 situation. As a result of the intervention by St Giles Trust, M's aggressive behaviour reduced on the ward, and they were able to share their concerns and feel listened to.

A further professionals meeting was held with the multi-agency team involved in M's care. It was agreed a therapeutic placement would be sought for M and this was the discharge location. A multi-agency approach was taken to assure safe discharge and continual follow up support and assessment of M. M was happy to be discharged to the residential placement.

The ward staff acknowledged M's behaviour was their way of asking for help and the staff worked hard to ensure this was heard. The St Giles worker took the time to build rapport with M and understand their views and wishes. The multi-agency approach and discharge planning ensured that M's wishes could be met, and the outcome was successful.