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South West Safeguarding Annual Report 2024/2025

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Foreword

Welcome to the 4th edition of the NHS England South West Safeguarding Annual Report, which also acts a legacy document for our safeguarding workstream.

This year has seen significant financial challenges for NHS England and our system leaders, including ongoing organisational restructuring and yet more change to come. It has also seen a new government elected in July 2024 who set out their missions and milestones for this parliament. Several of these mission's touch on our safeguarding portfolio, including: an NHS fit for the future, opportunity for all and safer streets, which addresses serious violence and strategies for interpersonal violence. We also acknowledge that in 2025 the whole of the NHS system, including the Department of Health and Social Care (DHSC), NHS England, Integrated care Boards (ICBs) and NHS Trusts have been asked to significantly reduce their running costs. The implications of this, alongside financial pressures on all statutory partners are still being worked through. However, we note that on the 1 April 2025 our Regional Chief Nurse is now acting as the South West Regional Director and Jill Crook, as the Regional Chief Nurse.

During 2024/25 and into 2026/27, our South West safeguarding workforce are working through an unsettling period and transition, but despite these challenges, we continue to work in service of our populations. We are therefore pleased to announce and have the honour by beginning our report by outlining our systems awards and celebrations achieved through 2024/25 financial year.

Jill Crook

Interim Regional Chief Nurse – South West

Dr Rosie Luce

Assistant Director of Nursing

(Regional Safeguarding Lead) (RSL)



South West Regional Safeguarding Team



Sue Doheny, Regional Chief Nurse



Jill Crook, Director of Nursing Professional and System Development



Dr Rosie Luce, Assistant Director of Nursing (Regional Safeguarding Lead) (RSL)



Nick Rudling, Head of Safeguarding Transformation



Roslynn Azzam, Safeguarding and MCA Professional Lead



Joanne May,

Safeguarding Officer

Awards

Over the past year, the following awards were received by those working in safeguarding:

- Toyah Carty-Moore, Designated Nurse for Safeguarding Children in NHS Bristol,
 North Somerset and South Gloucestershire ICB (BNSSG) received an award, as
 part of the Staff Recognition Awards programme, in December 2024 for role
 modelling 'we support each other'. It was great for Toyah and the team to be
 recognised for how they bring the values of the organisation to life in their work,
 which is pivotal given the sensitive nature of portfolios.
- During October 2024, Louise Barraclough, Associate Director of Safeguarding, Royal Devon University Healthcare, was highly commended at a Parliamentary Award event for her work developing a service that cares for, supports and advocates for people and children who have experienced sexual assault.
- At the South West Integrated Personalised Care Awards held February 2025, special recognition was given to Dr Jo Nicholl, Designated Doctor for Safeguarding Children, NHS Somerset ICB for work undertaken to set up services to support new fathers.
- The Safeguarding Advisory Service (SAS) Duty Team was presented with the Everyday Champions Award by Chief Nurse Hayley Peters, recognising their exceptional commitment to patients, colleagues, and the Somerset community.

Further key achievements/celebrations:

 NHS Bath and North East Somerset, Swindon and Wiltshire ICB safeguarding team were invited to join the steering group of a University of Sunderland Research Project researching the views of older people involved in safeguarding enquiries about Making Safeguarding Personal (MSP).

- NHS Devon ICB Serious Violence and Trauma Lead, was invited to showcase the
 work in Devon to Jess Philips and Baroness Merron recently, where the work was
 described as 'an exemplar'.
- Very positive outcome of Insight Visit to both Emergency Departments in Somerset Foundation Trust by the Somerset Safeguarding Children Partnership.
- Louise Harris Smith, Designated Nurse for Children in Care and Care Experienced Young People, NHS Dorset ICB, had an article on improving the oral health of children in care, titled 'Collaborative Care for Children in Care' published in a peerreviewed journal.

Acknowledgements

We would like to take this opportunity to acknowledge the support of the South West Commissioning Support Unit (CSU) and specifically the Business Intelligence Team; Kirsty Hall and Elen Hall, who provided us with comprehensive and timely data analysis during 2024/25. However, as we enter a new financial year and prepare for the transition of NHS England into the Department of Health and Social Care it should be noted that this service will no longer be continued. Nevertheless, the service we have received over the years, has been immensely valuable. Thank you.

Introduction

Safeguarding is fundamental to promoting the welfare of children and adults at risk, protecting them from harm, abuse, and neglect. Safeguarding's primary purpose is to ensure that every person, regardless of age, gender, or background, is kept safe from harm, abuse and neglect.

The 4th Edition of the NHS England South West Safeguarding Annual Report is likely to be the final one and will act as legacy document for NHS England South West region. Of the 5 UK government's missions, an NHS fit for the future, opportunity for all: achieving and thriving and safer streets are the key missions touching on our safeguarding portfolio. In this report, we aim to highlight relevant policy changes and identify what is yet to come, taking account that we are still expecting some significance government publications during the spring and summer 2025.

As there are likely to be significant changes, this report also aims to provide an overview of the prevalence of safeguarding activity and need across our South West population, our collaborative working across our safeguarding partnerships and with systems to improve prevention and better outcomes for our population.

This report provides headline facts and figures presenting what we know about specific groups and population across the region. In June 2025, we have updated the report to include recently published data. We have relied on definitions according to government websites used for data collection and analysis. Other sources are acknowledged. Please note there are caveats to the data e.g. data reported as zero where reporting small numbers would pose a risk of identification. To help readers, we have provided a note on terms used and have added policy drivers, where possible.

Context to the South West region

The latest mid-year population figures are shown in Table 1 (released July 2025). The population varies for each Integrated Care System (ICS) in the South West region. At the time of writing, we continue to have 7 Integrated Care Boards (ICBs) working across 7 Integrated Care Systems (ICS'). The population is provided for context, and to consider when collating or reviewing the analysis of ICBs/ ICS' end of year data and information.

The population of proposed ICB clusters is also included for reference. The arrows highlight variations in the proportional age make up of cluster populations compared to the existing ICB populations. The main changes affect BNSSG & Gloucestershire (% adults over 80), and Dorset and BSW (% children and % adults over 80). Table 2 shows the population for each age category in the proposed clusters.

Table 1: Mid 2024 Population estimates

		% of Total Population		
ICS	Total	Children	Adults	Adults 80 and
103	Population	Cilliaren	18-79	over
Devon	1,254,506	17.9%	75.0%	7.1%
CIOS	585,655	18.1%	74.9%	7.0%
Devon & CIOS	1,840,161	18.0%	75.0%	7.0%
BNSSG	1,025,309	19.5%	75.6%↓	4.9%↑
Gloucestershire	669,380	19.9%	73.8%↑	6.3%↓
BNSSG & Gloucestershire	1,694,689	19.7%	74.9%	5.5%
Dorset	798,914	17.8%↑	74.5%	7.7%↓
BSW	967,603	20.2%↓	74.0%	5.8%↑
Somerset	588,328	19.5%	73.6%	7.2%
Dorset, BSW & Somerset	2,354,845	19.1%	74.1%	6.8%
South West Region	5,889,695	18.9%	74.6%	6.5%

¹ Source: 2024 Mid-Year Population Estimates, England and Wales, July 2025, Office for National Statistics, <u>Estimates of the population for England and Wales</u>

Table 2: Mid 2024 Population estimates for the proposed ICB cluster geography

	Mid 2024 Population Estimates					
•			Adults 80			
ICS	Children	Adults 18-79	and over	Total		
Devon and CIOS	331,193	1,379,292	129,676	1,840,161		
BNSSG, Gloucestershire	333,022	1,269,112	92,555	1,694,689		
Dorset, Somerset, BSW	450,029	1,744,589	160,227	2,354,845		
South West Region	1,114,244	4,392,993	382,458	5,889,695		

Oversight and Assurance

In November 2024, NHS England updated the Safeguarding children, young people and adults at risk in the NHS safeguarding accountability and assurance framework (SAAF), which outlines roles and responsibilities of all individuals and organisations in relation to safeguarding. Throughout the year, seven protocols were developed under the SAAF to expand on roles and responsibilities of the NHS at national, regional and ICB level. The protocols cover: modern slavery, child death review, Prevent, domestic homicide reviews, female genital mutilation (FGM), the child protection information system (CP-IS) and domestic abuse and sexual violence (DASV). Each of these workstreams is addressed within this annual report.

In October, the Safeguarding Integrated Data Dashboard was soft-launched to bring together data including information from Safeguarding Commissioning and Assurance Toolkit for both ICBs and providers, the statutory case review tracker, Prevent training, CP-IS and child protection, initial and review health assessments for looked after children, FGM, child death reviews where they involve child protection. The regional team has worked with systems to ensure consistent inputting. The national team continue to work to ensure cleansing of data before the Dashboard will be fully operational.

During 2024/25 we paused our Integrated Care Systems/ICB site visits owing to the NHS reforms announced and further reductions required by NHS providers and ICBs. Data and analysis will still be used to complete end of financial-year system overviews to share

with systems via 'what we know' slides. However, as we enter a new financial year 2025/26 and prepare for the transition of NHS England into the Department of Health and Social Care (DHSC) it should be noted that detailed analysis provided by the South West Commissioning Support Unit (CSU) will no longer be available.

We have continued to obtain and report on regional oversight and assurance through the regional Safeguarding Governance Architecture (see Appendix 1) via the South West Safeguarding Steering Group which reports into the South West Regional Quality Group and National Safeguarding Steering Group. We contribute to regional review of ICB annual reports and joint forward plans to ensure they robustly address safeguarding and domestic abuse priorities. [On the 24 June 2025 we are pleased to note the South West ICB Final Annual Report Review 2024/25 are meeting the requirements for safeguarding]. We also collect quarterly regional returns from ICBs to supplement the information available through the Integrated Data Dashboard. Information collected for the purpose of oversight will be shared throughout the report where relevant.

Safeguarding Children and Child Protection

Children's safeguarding strives to create safe environments, promoting wellbeing, and taking action to prevent risks that could harm a child's development, individual physical or emotional health. The Children's Act 2004 was introduced to reinforce that all people and organisations working with children have a duty to help safeguard children and protect their welfare. The Act was an expansion of the 1989 Children Act and was introduced after the inquiry into the death of Victoria Climbie. The Act was produced to create clear accountability of children's services, to enable better joint working and secure a better focus on safeguarding children.

Child protection is a specific part of safeguarding, protecting children from abuse and neglect.² Children in need are a legally defined group of children under the Children Act 1989, assessed as needing help and protection because of risks to their development or

² Research Briefing for an <u>Overview of child protection legislation in England</u>, 03 May 2024.

health. This group includes those on child in need plans, those on child protection plans, children looked after by local authorities, care leavers and disabled children. Children in need also include safeguarding measures for unborn children and people aged 18 or over who continue to receive care, accommodation or support from children's services.

Official statistics on children in need were last published 31 October 2024. The next update is due October 2025. The number of children in need decreased in 2023/24 but not significantly when compared to 2022/23. Across the South West region, there were 33,420 children in need as at 31 March 2024. Torbay had the highest number of children in need per 10,000 population in the region (576). North Somerset has the lowest (226). The regional average children in need per 10,000 population was 303. Table 3 below, shows the change in this measure over the past 10 years.

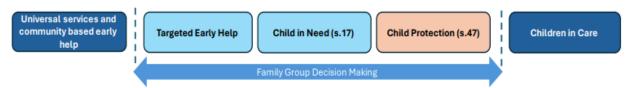
Table 3: Total number of children in Need in the South West and Rate per 10,000

	2014/	2015/	2016/	2017/	2018/	2019/	2020/	2021/	2022/	2023/
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total	37,630	34,780	33,360	34,960	35,570	31,110	30,600	33,360	33,900	33,420
Rate	349	321	306	319	323	281	275	300	312	303

There has been a significant increase in the numbers of Section 47 enquiries for 2023/24, the highest when comparing across all financial years. Overall, there has been a constant variation in the numbers of open child protection plans at the end of the financial year, with a fall in 2022/23 but an increase for 2023/24. Gloucestershire had the highest numbers open for child protection plans at the end of the financial year. Neglect remained the most common initial category of abuse recorded for children on protection plans, accounting for half of the children. As of 31 March 2024, 45% of all child protection plans still open have been open for more than 6 months. 69% of all child protection plans ending in 2023/24 lasted 6 months or more.

The journey of reforms to support the Opportunity Mission of Keeping Children Safe, the Children's Wellbeing and Schools Bill provides the statute for the social care and education policy reforms.³

Table 4: An integrated system of Family Help and Multi-agency Child Protection



Families First Partnership Programme

This government has committed over £500 million to support local authorities working with their safeguarding partners to invest in transformation and expansion of preventative support in 2025-26 through the <u>Families First Partnership (FFP) Programme</u>. The aim of the FFP Programme is to transform the whole system of help, support and protection, to ensure that every family can access the right help and support when they need it, with a strong emphasis on early intervention to prevent crisis.

The approach to these reforms has been trialled through the Families First for Children Pathfinder programme (which Dorset Council was one), which has demonstrated that for safeguarding partners, effective transformation of family support means considering how services from universal to social care intervention interact as a connected system. Learning from the Pathfinders will support all areas with the roll out of reforms to the whole system through the FFP Programme. On 13 March 2025 we held a joint South West Department for Education (DfE) & NHS England round table event: Children Social Care Multi-agency Safeguarding Arrangements. We heard first hand from Dorset Council and Dorset HealthCare University NHS Foundation Trust about the pathfinder. This was well received, and the second-round table event has since been held on 10 June 2025 with a third scheduled for 17 September 2025.

³ The Department for Education's children social care policy statement <u>Keeping Children Safe, Helping Families Thrive – Breaking down barriers to opportunity</u>, 18 November 2024.

The FFP Programme will support safeguarding partners to bring together targeted early help, child in need, and multi-agency child protection into a seamless system of help, support and protection. The <u>Families First Programme Guide</u> (March 2025) sets an expectation that the 'joint and equal' statutory multi-agency safeguarding partners (local authority/ police/ health) will implement family help, multi-agency child protection teams and family group decision making. Partners are asked to build on what is already in place in their area (for example, Multi-Agency Safeguarding Hubs (MASHs) and Family Hubs.

The statutory guidance documents, <u>Working Together 2023: statutory guidance</u> and <u>Children's social care: national framework 2023</u> are not changed by this guidance. All South West safeguarding children's partnerships published Updated Multiagency Safeguarding Arrangements as required by Working Together 2023. The Quarter 3 ICB Safeguarding Commissioning and Assurance Toolkit (S-CAT) returns included each ICBs report of the top priorities in its safeguarding children's partnership. Further details are reflected in the 'what we know slides'.

In the South West, children's safeguarding partnerships are building from a strong foundation of partnership working. The Ofsted inspection for Cornwall Council published August 2024, praised the early help arrangements.

Published on 9 May 2025, Dorset Council have received an overall rating of 'Outstanding' in its overall effectiveness from their March 2025 Ofsted inspection. The report found that "Leaders have a thorough understanding of the quality and impact of their services on families. These services are robustly analysed, reviewed and prioritised to determine how best to meet children's needs. The strong participation and involvement of children and families in shaping decisions about their own lives and service delivery is particularly striking". As mentioned above, Dorset Council is one of the Family First Pathfinder sites and Ofsted found "Dorset's 'family help' approach and its consistent response to families across the county, the wide range of services for families who have differing needs and effective multi-disciplinary help for children on child protection plans are all inspirational and strong features of this organisation". Ofsted identified just one area for improvement, in relation to the detail and clarity of our offer for care leavers, and Dorset are already working on actions to address this.

During 2024/25, a new service design was undertaken by NHS Bristol, North Somerset, South Gloucestershire (BNSSG) ICB with Sirona Care and Health to ensure health representation at child protection strategy meetings. A single point of access was designed along with a scheme of delegation to ensure that strategy meetings were attended by the most appropriate professional. A small-scale evaluation was undertaken with the support of University West of England, leading to recurrent funding to support this approach moving forward.

NHS providers, ICBs and NHS England provide integrated layers of statutory safeguarding functions and responsibilities. Accountability sits with chief nurses and accountable officers/ chief executives. Health's strategic and operational role in preventive and responsive safeguarding is evident throughout each layer of the existing, and the reforming child safeguarding system. The safeguarding reforms build upon and rely on the strength of health as a joint and equal partner in safeguarding. ⁴

An additional £270 million has been provided to local authorities through the Children's Social Care Prevention Grant (2025/26) to implement and deliver reforms. This is set out in the Draft Children's Social Care Prevention Grant Determination letter. This is in addition to the £253 million committed funding. There is an expectation that 30% of the new funding will be spent on transformation (Families First Programme Guide).

Improving data sharing and consistent identifiers

Improving data sharing and consistent identifiers across multi-agency partnerships continues to be a clear priority and is set out in the <u>March 2025 policy paper</u>. Funded by the DfE, Somerset Council have been working in partnership with various government departments, key stakeholders and advisors from the Information Commissioners Office to develop and published toolkits to support Tier 1 and Tier 2 <u>data sharing agreements</u>.

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⁴ See Working Together to Safeguard Children, 2023, 'joint and equal duty', Chapter 2, para 38 and 'joint and equal responsibility', Chapter 2, para 61.

Child Protection - Information Sharing (CP-IS) Service

Child Protection – Information Sharing (CP-IS) service helps health and social care staff to share specific information securely between local authorities and NHS organisations to better protect society's most vulnerable children. Phase 1 has been implemented. During 2024, 7 systems have been piloting of the role out across other care settings (Phase 2). None are in the South West. Hampshire and Isle of Wight is fully rolled out. Phase one focussed on unscheduled healthcare. Phase two focusses on expanding to include planned care including GP surgeries, child and adolescent mental health, sexual assault referral centres, school nursing and community paediatrics.

The aim is that during 2027 all NHS services providing clinical interventions have access to CP-IS when undertaking clinical interventions. However, it was noted that the June 2025 Government Spending Review does not yet appear to have brought any additional funding therefore ICBs are to optimise the CPIS system and facilitate system level launch with the National Care Records Service (NCRS).

The May 2025 briefing from the NHS England CP-IS Programme Board highlighted that the priority for Multi-Agency Safeguarding Arrangements and Joint Forward Plans is the prevention of neglect, harm, exploitation abuse and violence for children already sitting in CP-IS and therefore the priority go-lives are anticipated as.

- NHS provider sites already active with CPIS.
- NHS GPs via NCRS.
- NHS sexual health services and SARC by December 2025.
- NHS community specialised dentistry by December 2025.
- NHS Provider out-patient departments by December 2025.
- LA commissioned 0-19 services by March 2026.
- LA commissioned sexual health services by March 2026.
- Police Custody suites by September 2026.
- Children and Young People Hospices by March 2026.

Improving children social care recording of unborn and young babies on CP-IS

The sharing of information on children with a child protection plan via CP-IS is important in identifying the children known to be most at risk when they use health services that do not already know their child protection status. The South West Named Midwives for Safeguarding have been increasingly concerned that some local authority areas do not upload all unborn babies onto CP-IS (via the mother's NHS number) in a timely way. There is also concern that once born, the baby is not uploaded onto CP-IS with their own details in a timely way. This presents a potential risk to mothers and very young babies.

In March 2025 the concern was escalated through the South West Named Midwives Network to the National Maternity Safeguarding Network. Since then, it has been verified that is also a national issue covering several regions and areas. In April, NHSE wrote to the CP-IS data contact in each LA to advise them of the need to upload. The CP-IS Board and the National Statutory Safeguarding Steering Group are aware of the issue.

We know that in those areas where we know of existing data validation queries or incidents raised (several areas and regions) that:

- 0-100% of some unborn children are uploaded in LAs.
- Some LAs are saying that they do not have the workforce to upload.
- That social workers and their managers report that they do not know the process to upload to CP-IS.

Regionally, the Named Midwives continue to audit and escalate to their ICBs Designated Nurses for Safeguarding as the variations in data require local knowledge to analyse further. Nevertheless, we would ask Local Safeguarding Children Partnerships to review the efficacy of the unborn protection plan onto CP-IS with their provider Named Midwives, LA Children Services and local safeguarding partnerships.

In the meantime, nationally we will continue to develop and monitor the data coming into Safeguarding Information Data Dashboard (SIDD). Regionally liaise with the regional Named Midwives for Safeguarding and ICB designated leads and report back into the SW Safeguarding Steering Group during the autumn 2025.

Care experienced young people, children in care and care leavers

Care experienced, children in care and care leavers are terms often used; however, policy and legislation provide specific terms and definitions. For example, a "looked-after child" means a person aged under 18 who is looked after by a local authority for the purposes of the Children Act 1989. The DfE has also set out its working assumption and reaffirmed that the term 'care leaver' means a child or young person entitled to leaving care support, as defined in Chapter 2 of The Children Act 1989 guidance and <u>regulations</u>: Vol 3: planning transition to adulthood for care leavers.

The number of children in care and care leavers has increased over time. The number of children in care across the South West region has grown as a constant between 2018/19 and 2022/23, with 2020/21 having the same number as 2019/20, but with 2021/22 and 2022/23 having a more significant rise (Table 5). This follows the national pattern.

Table 5: Total number of Children in Care South West and England

Area	2018/19	2019/20	2020/21	2021/22	2022/23
South West	6,130	6,260	6,260	6,540	6,880
England	78,140	80,000	80,770	82,080	83,840

The number of care leavers has also increased over time, with a more significant increase between 2020/21 and 2022/23 (Table 6).

Table 6: Total number of children in care and care leavers

Metric	2018/19	2019/20	2020/21	2021/22	2022/23
Total Number of Children in Care	6,134	6,254	6,260	6,508	6,882
Total Number of Care Leavers	3,431	3,472	3,657	3,741	3,954
Total	9,565	9,726	9,917	10,249	10,836

Table 7 shows that the number of care leavers across the South West region also seems to have fluctuated when looking across individual ICS footprints, with an overall increase across financial years.

Table 7: Total number of care leavers

ICS	2018/19	2019/20	2020/21	2021/22	2022/23
BNSSG	723	691	688	660	718
BSW	522	556	566	573	586
CIOS	266	258	281	280	289
Devon	839	831	837	846	882
Dorset	494	502	575	596	659
Gloucestershire	325	353	394	445	486
Somerset	262	281	316	341	334
Total	3,431	3,472	3,657	3,741	3,954

Further demographic detail can be obtained via children looked after data.

Corporate parenting

We are also awaiting the new amendment to the <u>Children's Wellbeing and Schools Bill</u>, and the new corporate parenting responsibilities. Here a "relevant young person" means a person who (a) is aged 16 or over but under 25, and (b) was a looked-after child on their 16th birthday or at any subsequent time but is no longer a looked-after child.

In terms of healthcare, the new corporate parenting responsibilities is expected to apply to ICBs, NHS Trust and NHS Foundation Trusts. NHS England was originally included but it remains to be seen what changes will occur as the "NHS England Master Plan" is published in the spring and functions are identified to move into the DHSC.

Corporate parenting duties on local authorities have not changed. The Local Government Association (LGA) has published an online guide to help councils improve their support for care experienced people through a whole council approach. The guide discusses the option of making care experience a protected characteristic and then considers areas where all councils can support care experienced people and care leavers, including employment, education and training, housing, financial support, and other health and

wellbeing and equality measures. In the South West only 2 (Wiltshire and Isles of Scilly) of the 15 local authorities have not decided to treat care experience as a protected characteristic. Wiltshire Council decided against this approach after consultation with children and young people in care and participation groups. The feedback from focus groups was that that they did not want this. It was discussed at Corporate Parenting Panel who voted not to proceed with it. The Isle of Scilly is taking the proposal to their Corporate Parenting Board at the end of May 2025. We await details of the outcome.

Meanwhile, and to note, Swindon Borough Council is leading a piece of work nationally (along with Manchester and Tameside) to promote care experience as a protected characteristic and to develop a toolkit.

The NHS Universal Family (Care Leavers Covenant Programme) defines positive engagement as any activity where we have reached out to one or more care leavers to engage them with the NHS Universal Family Programme. While our primary goal is to promote NHS employment, training & education opportunities, we recognise the importance of taking a broader and more holistic approach. As an integral part of the communities we serve, the NHS acts as anchor institutions and corporate parents. This means that we engage care leavers in their journey toward stability and independence, connecting them to and supporting them with securing pre-employment or employment opportunities, whether within the NHS or elsewhere.

In the South West and between the 1 January 2025 to the end of March 2025, we are pleased to announce that the South West had 28 positive engagements, 9 individuals in workforce experience, pre-employment or similar programmes, 3 individuals secured educational or training or employment external to the NHS and 7 individuals have started NHS employment.

Sufficiency of fostering provision challenges

Across the South West there are known sufficiency of provision challenges for accommodation for looked after children. Table 8 shows foster placements, other placement types and "secure units, children's homes and semi-independent living accommodation", with a constant increase in provision over the years. It is worth noting

that zero values may be due to suppression of data where there are low numbers. A July 2024 House of Commons research briefing⁵ sets out the reasons why local authorities find it difficult to meet their duty to find suitable accommodation for all children.

Table 8: Total number of children in care by placement type

Placement Type	2018/19	2019/20	2020/21	2021/22	2022/23
Foster placements	4,526	4,629	4,615	4,633	4,739
Other placements	10	0	6	26	61
Other placements in the community	209	189	101	124	129
Other residential settings	88	93	75	93	108
Placed for adoption	219	214	192	272	213
Placed with parents or other person with parental responsibility	253	222	232	256	293
Residential schools	8	8	10	11	0
Secure units, children's homes and semi- independent living accommodation	737	821	919	1,058	1,259
Total	6,050	6,176	6,150	6,473	6,802

Regional Care Co-operatives

Regional Care Co-operatives (RCCs) are an initiative of the children's social care reforms that would bring together commissioning across a number of local authorities that are currently performed at an individual local authority level. Two pilot sites were initially selected. The application deadline was 8 September 2023. The South West councils submitted plans as a region which included bids to plan, commission and deliver care places in fostering, children's homes and secure homes; however, the DfE awarded the pilots to Greater Manchester and the South East region.

⁵ Finding homes for looked after children

These two pilot regions are developing local authority-led bodies working with health and youth justice partners to plan and commission placements for children in care, developing existing provision and creating new regional provisions. We await learning from the pathfinders' sites and plans for future roll out. In the meantime, all South West local authorities have continued to work together through the Southwest Sufficiency Project sponsored by Association of Directors of Children's Services (ADCS) and funded through Local Government Association and ADCS Sector Led Improvement. Their ambition is to influence and drive the pace of change in the placement market leading to a sustainable and diverse range of care and support providers. They have refreshed their regional market positioning statement, developed a data dashboard to understand need, supported workforce recruitment and retention, and are developing a new regional purchasing agreement.

South West ICBs, local authorities and partners have also developed pathways to reduce the likelihood of breakdown in existing placements for complex young people. For example, Somerset recruited a specialist Mental Health and Emotional Health and Wellbeing Nurse for Children Looked After who will work to improve pathways and connectivity between Child and Adolescent Mental Health Services (CAMHS) and other trust staff. Cornwall were acknowledged by Ofsted for the success of their <u>Gweres tus Yowynk</u> (helping young people) service, a partnership between the ICB, mental health trust and the council, which includes a specialist multi-agency rapid response service for young people in crisis with mental health needs.

Special Educational Needs and Disabilities (SEND) reforms

In April 2025, the <u>DfE responded</u> to a <u>committee of public accounts report</u> into "support for children and young people with special educational needs." The government accepted all recommendations. Although some initiatives from the 2023 improvement plan are being implemented, this no longer reflects government policy. Over the next 12 months, there are plans to:

- better understand the differences in identifying and supporting need across local areas and schools
- improve local authority decision-making by analysing tribunal decisions

- better understand the reasons for increasing and changed demand
- set out the provision which children should expect.
- Set out how the government will consider this alongside wider priorities
- Develop a fair and appropriate financial arrangement with local authorities
- Provide specific support and guidance to manage spending sustainably
- Improve data and use this to inform a fully costed improvement plan

Further detail will be set out later this year including details in the refreshed Long Term Workforce Plan. This will be led by the SEND inclusion in education <u>expert group</u> and the newly appointed strategic advisor on SEND.

Across the region we have now seen 5 of our systems who have been inspected under the new Ofsted/CQC framework, which was introduced in January 2023. The statutory position within the South West sees seven systems who are subject to statutory monitoring cycles via NHS England and Department for Education (DfE) advisors. The table below sets out the current position

Table 9: SEND inspection outcomes in the South West

ICB	SEND systems		
BNSSG	Statement of Action	WSOA to APP then Improvement Notice	South Gloucestershire – WSOA to APP, significant progress made in all areas
BSW		made significant progress	Wiltshire – NEW INSPECTION framework Level 1 Positive experiences and outcomes for children and young people with SEND
Somerset	Somerset - WSOA to APP, APP now stood down		
Dorset	2024 Level 1 Positive experiences and outcomes for children	BCP - WSOA to APP, 8 area of significant weakness remain, little progress, now a Statutory Direction	

	with SEND. 2 areas of improvement.		
CIOS	inspection framework,	Isles of Scilly - Old Inspection framework, no significant concerns	
Gloucester- shire	Gloucestershire - NEW INSPECTION framework – Level 2 - Inconsistent experiences for CYP with SEND		
Devon	inspection framework, Level 3 with 5 priority actions and 4 areas	APP to Improvement Notice, all 4 significant weaknesses remain	Torbay – WSOA progressed to APP 8 areas of significant weakness remain, system progressing. Inspected under new framework March 2025 results to be published.

The SEND South West Regional Team will continue to work with partners to monitor change and ensure SEND remains a key priority. They continue to evolve the regional role informed by the SEND inspection framework and wider NHS restructuring. They continue to strengthen coproduction and support South West systems to embrace the SEND improvement plan and new inspection framework. Below is a summary of key areas of focus for next year:

- to continue working with systems in partnership with Parent Carer Forums and CYP voice groups and <u>CYPSA</u> (self-advocacy group) to further develop and strengthen co-production and partnership working
- to provide systems with support focusing on reducing waiting lists and moving towards a needs-led, early identification, early support model with clear pathways developed for children and young people
- to work regionally and locally to develop quality assurance processes within all systems/ local area partnerships
- to work in co production to develop regional and system-based data dashboards
- to work regionally with partners to look at a targeted piece of work focusing on meeting health needs of children and young people in schools

Health and Justice South West

Integrated non-custodial services in the South West Region

Integrated Non-Custodial Services (IN-CS) is a change to the way that existing services are delivered by bringing together separately contracted services to provide a single integrated model of care, from custody diversion through to release back into the community, for each of the five South West Police force footprints.

The design and commissioning of IN-CS provides a whole care pathway approach, with services working collaboratively to ensure that individuals receive a coordinated multi-agency approach to reduce health inequalities, address their health care needs and their health-related_offending behaviour. Whilst regional alignment will provide consistency in outcomes and quality standards, a priority is improving continuity of care with community services.

IN-CS incorporates elements of offender health that had been previously commissioned separately, namely:

- Liaison and Diversion: Identification and support for individuals through the early stages of criminal system pathway, referring to appropriate health or social care services or enabling diversion away from the criminal justice system into a more appropriate setting, if required. L&D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.
- The national Framework for Integrated Care (Community) for complex children and young people had previously been embedded into the Bristol, North Somerset and South Gloucestershire (BNSSG) system via the ICB and local pathways. The Framework principles describe trauma informed, joined up care that is coproduced by young people, As there are complex children living across the South West and building upon the knowledge and expertise demonstrated within BNSSG, IN-CS providers are now embedding the principles of the Framework into

the L&D function, which support people from the age of 10. This ensures the benefits of the Framework can be felt by vulnerable young people across the region.

- (Primary Care) Mental Health Treatment Requirements: MHTR's are one of three
 possible treatment requirements which may be sentenced to as part of a
 Community or Suspended Sentence Order (CO or SSO). An MHTR is an
 alternative to a prison sentence that reduces re-offending and prevents victims of
 crime by improving health and wider social outcomes through timely access to
 effective individualised treatment plans. MHTRs reduce A&E visits and 999 calls
 arising from mental health related health crisis.
- Reconnect: a care after custody service that seeks to improve the continuity of care of individuals with an identified health need leaving prison. Reconnect offers liaison, advocacy, signposting and support to those leaving prison to safeguard health gains made whilst in prison and support engagement in community- based health and support services.

IN-CS will ensure people receive seamless care and support irrespective of where they are in the criminal justice system.

In commissioning these services, specifications were developed to meet the needs of users within the South West in collaboration with partners. The contribution of the experiences of those who have been in first-hand receipt of healthcare services within the criminal justice environment has equally been essential to the development of this new model of delivery of non-custodial services across the South West.

Comprehensive market engagement was undertaken and following a robust procurement process, IN-CS service delivery commenced on 1 April 2025over a 7-year term. This will provide the opportunity to improve integration, interchangeability and interoperability of all non-custodial services going forward.

Data and next steps

The following data breaks down the detail for individuals accessing Liaison & Diversion services, Mental Health Treatment Requirements and RECONNECT. This data covers Q1 2023/2024 – Q3 2024/2025.

Chart 1: Non-custodial Liaison and Diversion: Accepted Services

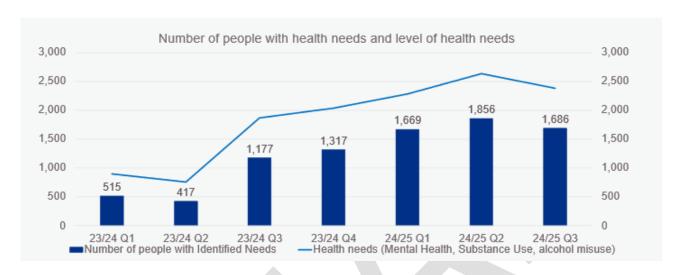
Between April to December 2024 (Quarter 1 to Quarter 3 24/25) 7,600 people accepted support from a Liaison and Diversion Service.



Chart 1 identifies 7,600 individuals across the South West region accepting support from the Liaison & Diversion Service. With the subsequent graph (Chart 2), over the same period detailing the health needs of this population, including substance and alcohol use and mental health needs, 5200 individuals in total.

Chart 2: Non-custodial Liaison and Diversion: People with health needs

Between April to December 2024 (Quarter 1 to Quarter 3 24/25), 5,200 people identified as having a need, with over 7,200 needs identified.



RECONNECT Service

Charts 3 and 4 provide data describing the support accepted from the RECONNECT service.

Chart 3: Non-custodial Reconnect: Accepted Services

Between April to December 2024 (Quarter 1 to Quarter 3 24/25) 900 people accepted support from a Reconnect service.

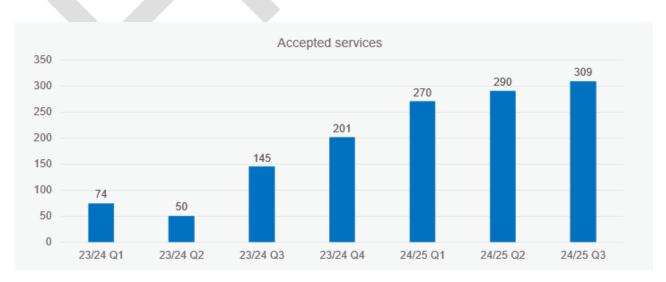
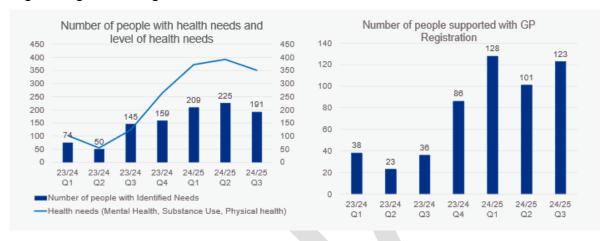


Chart 4 shows that RECONECT identified over 1000 individuals as having a need, of which 325 of those individuals were supported in registering with GP service.

Chart 4: Non-custodial Reconnect: Accepted Services: People with health needs
Between April to December 2024 (Quarter 1 to Quarter 3 24/25) 625 people identified
as having a need with over 1,000 needs identified. 325 people were supported
registering/accessing a GP.



Mental Health Treatment Requirements (MHTR)

Chart 5 provides an overview of the MHTR service delivery, crucially the data shows a 25% increase in comparison to the previous year and more than double since 2022.

Chart 5: Non-custodial- Mental Health Treatment Requirements

In 2024 there were 1,17 Mental Health Treatment Requirements (including dual orders) ordered across the South West, a 25% increase on 2023 and more than doubling MHTRs ordered in 2022

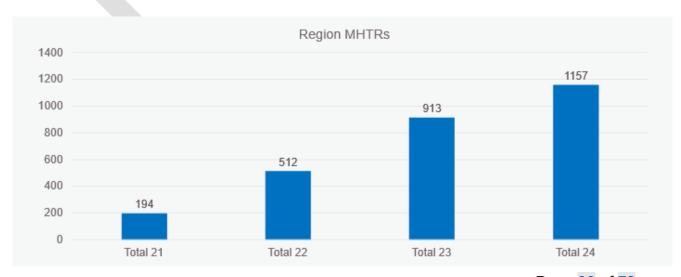
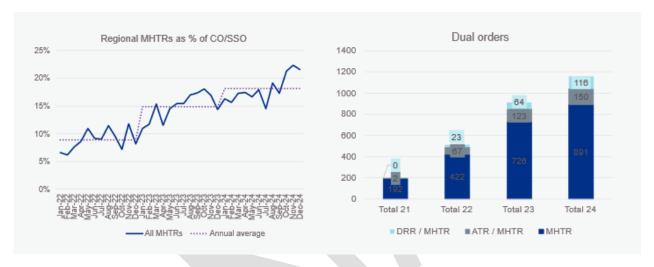


Chart 6 provides more detail on dual orders, breaking down the orders to include MHTR and Drug Recovery Requirement (DRR) or Alcohol Treatment Requirement (ATR), the latter are both commissioned by Local Authorities.

Chart 6: Non-custodial Mental Health Treatment Requirements and Dual Orders

In 2024 18% of all CO/SSOs had a MHTR (2023 15%, 2022 9%) In 2024 around 23% of all MHTRs had a DRR/ATR as well (2023 20%, 2022 18%)



Additionally, Ministry of Justice analysis indicates, on average:

- MHTR recipients had a lower reoffending rate than those on a community sentence without a CSTR (27% compared to 34%) and those with a short custodial sentence (27% compared to 36%).
- MHTR recipients, are less likely to reoffend and receive a custodial sentence (28% compared to 45%).

The IN-CS programme across the geography is commissioned and managed by the South West Health & Justice team, with Avon & Somerset OPCC co-commissioning across their police force area, working in collaboration with system partners, with clear links to health and wellbeing, health improvement and aligning to the CORE20PLUS5.

Serious Violence Duty

The Serious Violence Duty makes councils, and local services work together to share information and target interventions to prevent and reduce serious violence.

The guidance sets out case studies demonstrating effective partnership working, advice on data sharing, information on monitoring and inspection and advice on working with the voluntary and community sector and young people. This guidance also provides links to existing guidance and information rather than repeat or reproduce it here.

Serious Violence Prevention Gloucestershire

Gloucestershire published Serious Violence Prevention Five Year Strategic Approach, (2024-2029) supported through a whole system public health approach, inclusive of lived experience, theory of change and collaboration.

The Office of the Police and Crime Commissioner (OPCC) of Gloucestershire has been given the mandate by Safer Gloucestershire to embed the SVD on behalf of the Specified Authorities.

Gloucestershire was supported by Crest Advisory (HO Consultants) to understand and interpret the duty which was inclusive of advice on mandated requirements. A Joint Readiness Assessment was undertaken to identify good practice and hight light gaps in service delivery.

Gloucestershire Approach to Violence Prevention & Young People

The team in Gloucestershire as part of year one of the strategy, have a focused lens on interventions and prevention pathways focussed on children and young people. Specifically, those individuals exposed to violence who are not otherwise known to child protection or other young people's services. This decision making was built on evidence through gap analysis.

The team have reviewed programmes delivered to address violence prevention across the population of children and young people within the geographical boundaries of Gloucestershire.

Through evidence and analysis, the team have identified a programme of work with an emphasis on an end-to-end programme, focussed on young males aged 14-16 years who have a history of exposure to violence or possession of weapons but have not received a custodial sentence.

The feedback from vulnerable young people centres around 4 key themes.

- Education
- Employment
- Safe Homes
- Loving family and environment

This programme and interventions have the capacity to attempt to meet some of these needs.

The team have engaged with a range of stakeholders, developed a sub-group to drive the work and crucially included lived experience and have support through the Serious Violence duty funding.

Clear messages embedded din the work that this pathway is "preventative" not reactive. Supporting key pillars around, education and employment highlighted by lived experience. Adopting a whole system approach, ensuring a collaborative process and pathway that draws parents and carers into the programme.

Utilising opportunities and processes that will support the programme of work including physical activity, mentoring and other opportunities including employment.

The team have proof of concept and grant funding form the serious violence duty.

Next steps are to confirm the partnership and present to the COG with a view to commencing the programme in Autumn/Winter 2025, followed by evaluation and next steps.

Mental Capacity and Deprivation of Liberty

There was no update during 2024/25 on plans for updates to the Mental Capacity Act (MCA) Code of Practice or reform of the Deprivation of Liberty Safeguards (DoLS). This was highlighted as a concern by the National Mental Capacity Forum in their <u>annual report</u> published May 2024 as well as the Care Quality Commission (CQC) in their <u>state</u> of care and adult social care report 2023/24.

Although the Mental Capacity Act primarily affects those age 16 and above, deprivation of liberty can affect people of any age (although more likely from age 11). Court authorisations for deprivation of liberty for children and young people is a growing concern. The Nuffield Family justice observatory report analysed activity this year. Nationally, there were 1280 applications for the court to authorise deprivation of liberty and only 261 applications for secure accommodation. Of the deprivation of liberty orders granted, more than half lasted for over 6 months. 57% related to children aged 13-15 years. In the South West region, there were 115 deprivation of liberty applications made in the High Court for the year ending quarter 1 2024/25. There were 28,350 individuals who had a new DoLS application received by a local authority in 2023/24.

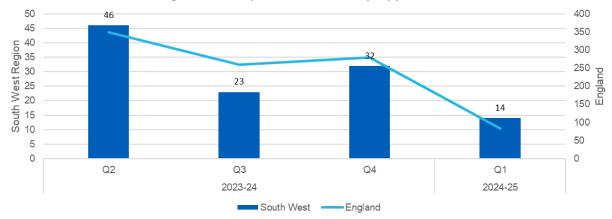


Chart 7: Children with court-authorised deprivation of liberty

The <u>Children's Commissioner published a report</u> highlighting the voice of young people subject to deprivation of liberty orders and set out the need for further work to reduce restrictions for those with complex needs. This will be part of the focus of the Regional Care Cooperatives. There is a continued need to focus on children with disabilities who remain vulnerable to excess and harmful restrictions. <u>The Law Commission held a</u>

<u>consultation</u> on reform to the legislation underpinning support for children with disabilities, but it did not address the legal framework for deprivation of liberty. The <u>Children Wellbeing and Schools Bill</u> seeks to provide a statutory framework for the authorisation the deprivation of liberty, bringing it under Section 25 of the 1989 Children Act.

The South West MCA Health Network recognised the need for more bespoke training materials for consent, decision making, MCA and deprivation of liberty for the children's workforce. They created and shared a modular training programme which can be adapted and delivered within heath providers. These materials are being developed further as a bespoke training resource for those supporting children in care.

Whether there will be reforms to the DoLS, which can only be used for those over 18 in registered care homes or hospitals, is yet to be decided. Local authorities in the South West continue to struggle to meet demand for DoLS assessments. Chart 8 below, shows applications outstanding overall at the end of the year (regardless of when received).

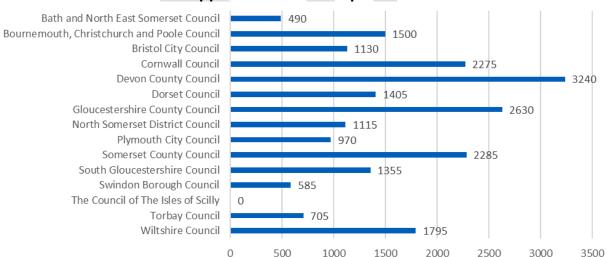


Chart 8: Number of DoLS applications not completed as of 31st March 2024

The NHS England national MCA Strategic Group worked together to develop a frequently asked questions document to support acute general hospitals to meet their obligations under the Deprivation of Liberty Safeguards although it is generally not possible or local authorities to respond to their applications. CQC are planning to collect information on the impact of DoLS pressures on hospitals and patients affected for their next annual state of care report.

Both local authorities and ICBs also continue to struggle to meet their obligations to bring applications to the Court of Protection to authorise the deprivation of liberty of those outside care homes or hospitals (referred to as community or court of protection DoL). This year, the NHS England South West Regional Safeguarding and NHS Continuing Healthcare teams worked together to build a performance metric around community deprivation of liberty. Because of this data collection, we know that there were 562 people in the region with fully funded NHS continuing care who were awaiting a community DoL court application at the end of March 2025.

During 2024/25, we asked ICBs to submit MCA improvement plans building on their national heat map results from the previous year. 5 out of 7 ICBs completed improvement plans. Dorset and Gloucestershire were unable to submit plans because of lack of clarity in their internal governance to sign off the plans. In addition to the ICB improvement plans, the South West MCA Network worked together to develop a self-assessment MCA assurance tool for healthcare providers.

Adult safeguarding

Adult safeguarding responsibilities are set out in Chapter 14 of the <u>Care and Support statutory guidance</u>. During 2025, statutory guidance is being updated but what adult safeguarding is and why it matters has not changed. It remains an expectation that all providers of healthcare should have in place named professionals, who are a source of additional advice and support in complex and contentious cases within their organisations. There is also an expectation "that there should be a designate professional lead in the [ICB], who is a source of advice and support to the [ICB Board] in relation to safeguarding of individuals and is able to act as the lead in the management of complex cases." Despite changes to ICB and provider corporate functions, the expectation to participate in safeguarding partnerships and employ specialists to provide organisational expertise for adult safeguarding has not changed at the time of writing this report.⁶

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⁶ See Chapter 14, paragraph 14.208.

Across the South West region, there were 61,600 safeguarding concerns raised to local authorities during 2023/24.⁷ Chart 9 shows the distribution across local authority areas and Chart 10 shows the number per ICS area. The highest number of concerns per 100,000 adults was in Cornwall Council area (not including Isles of Scilly) at 2,561 per 100,000 (compared to England average of 1,361 per 100,000).

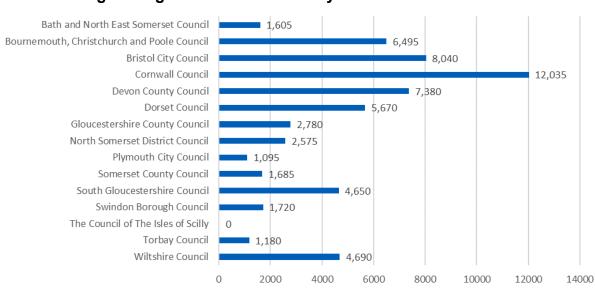
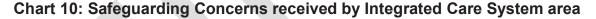
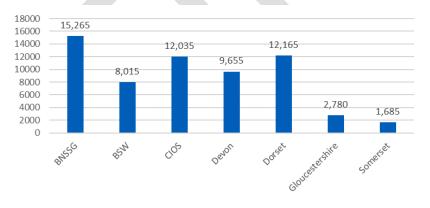


Chart 9: Safeguarding Concerns received by Local Authorities in the South West





There were 13,830 Section 42 enquiries arising from these concerns. Bath and North East Somerset had the highest number of Section 42 enquiries per 100,000 population at 666 compared to the England average of 390 per 100,000. Section 42 enquires are

⁷ https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2023-24

completed by or on behalf of local authorities. It is not uncommon for there to be local arrangements between safeguarding partners for organisations other than the local authority to complete a safeguarding enquiry such as continuing healthcare or hospital staff. Local protocols set out how the enquiries are caused/requested, quality assured and closed with local authority oversight. Therefore, Section 42 activity reflects healthcare as well as local authority activity. Chart 11 shows the activity in each area.

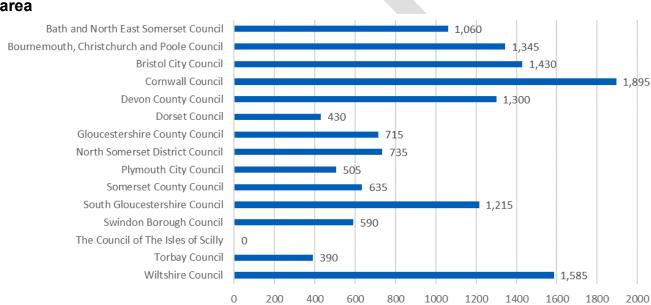


Chart 11: Section 42 Safeguarding Enquiries reported in each Local Authority area

Of the Section 42 enquiries completed, 25% involved neglect and acts of omission, 16% involved physical abuse. It is likely that self-neglect is under-represented in the % of Section 42 enquiries compared to its prevalence in concerns because most concerns relating to self-neglect result in another action such as a Care Act assessment or multiagency response, rather than a Section 42 enquiry.

Multi-agency risk management and Self neglect

Last year's learning from reviews and themes arising from the regional safeguarding team site visits, highlighted that self-neglect was a growing concern within adult safeguarding. The South West Safeguarding Adult Health Leads Network brought together a working group to focus on how we use Multi-Agency Risk Management meetings (MARM) across Page 38 of 78

the region. The NHS England South West Regional Safeguarding Team assisted with online scoping of published MARM policies and learning from safeguarding reviews to highlight best practice. This informed the development of a discussion prompt to consider with safeguarding partnerships. Work was presented to the South West Independent Safeguarding Adult Board Chairs' Network and other forums to encourage partnership level improvements in MARM practice, as well as quality assurance and improvement across the partnerships.

Safer Streets

Prevent, domestic abuse and interpersonal violence, serious violence and other forms of abuse and violence, fall within the Safer Streets Mission as set out by the Government in 2024. The regional safeguarding team continues to support systems and multi-agency partnerships via our existing South West Safeguarding Governance Architecture (see Appendix 1).

Child Sexual Abuse

In February 2025 the Minster of Justice and the Lord Chancellor published <u>new reforms</u> to support victims of child sexual abuse that prioritise rights of children and young people. The Independent Inquiry into Child Sexual Abuse (IICSA) heard the powerful testimonies of more than 7,000 victims and made 20 final recommendations.

The measures announced build on action already taken across government to respond to horrific child sexual abuse crimes, including providing £10 million to drive change at a local level to protect children across the country from grooming gangs, and a suite of legislative measures to tackle online child sexual abuse, including two world leading measures on Al-generated child sexual abuse material. These measures form part of the government commitment – underscored by the <u>Plan for Change</u> – to halve violence against women and girls this decade. A new strategy to address violence against women and girls is expected to be published after June 2025 Government spending review.

The government currently includes interpersonal violence against men and people of other genders within the VAWG strategy. A <u>Bill</u> has been presented to parliament to request a separate strategy to address interpersonal violence against men and boys.

Although women and girls are the most affected by domestic abuse, services are not always available for men who are victims and they can be less visible within this agenda, creating further barriers to support.

Legislation will also be brought forward to make grooming an aggravating factor in the sentencing of child sexual offences, and introduce a new mandatory reporting duty, in the Crime and Policing Bill, which was introduced on 25 February 2025. A new offence will also be created so anyone covering up child sexual abuse will face criminal sanctions.

On 9 April 2025, the Government published a further policy paper, 'Tackling child sexual abuse: progress update,' which sets out the steps the Government will take to act on the recommendations in the final report of the IICSA, as well as broader measures tackling the evolving threat from child sexual abuse and exploitation. Intentions include the creation of a new Child Protection Authority (CPA) for England. The aim of the CPA is to make the system clearer and more unified, providing evidence-based support for practitioners to protect children from abuse and neglect. As set out in the policy paper, the Government believes the Child Safeguarding Practice Review Panel provides a strong foundation from which to build the CPA. A consultation will be launched later this year with more information about the proposed remit and functions of the CPA.

There are wider improvements as part of the Governments health mission to support victims and survivors of child sexual abuse, including:

- providing local authorities a further £310 million (in addition to the Public Health Grant) in 2025/26 to improve the quality and capacity of treatment and recovery for adults and children affected by alcohol and /or drugs. Children and young people with alcohol and drug problems often present with multiple complex support needs. This includes current or historic trauma resulting from child sexual abuse and exploitation, and other child safeguarding issues
- DHSC will work with stakeholders including NHS Safeguarding leads and Royal Colleges on ways to improve the knowledge, skills and confidence of all health care practitioners to ensure that they are able to identify and respond to child sexual abuse and exploitation

 NHS mental health services also provide important support for victims and survivors. The Government is committed to improving mental health support for children and has set out their plans for victims of child sexual abuse in response to IICSA's recommendation on therapeutic support

The Government has set an ambition to raise the healthiest generation of children. Preventing and addressing child sexual abuse and supporting victims is essential to achieve this ambition. The Government will work with NHS providers, local authorities and the voluntary sector to focus on both keeping children safe and supporting victims and survivors.

The Centre of Expertise on Child Sexual Abuse published a <u>report</u> in March 2025. They estimate that one in 10 children experience some form of sexual abuse before the age of 16 in England and Wales (based on data from 2021). Based on statistics from the office for national statistics in 2020, fewer than one in 10 adults who were sexually abused in childhood had told someone in an official position when it happened.

With that context, it is not possible to accurately describe the prevalence of child sexual abuse within the south west region. In January 2024, the Vulnerability Knowledge and Practice Program, College of Policing and National Police Chiefs' Council published a national analysis based on data from 42 out or 44 police forces in 2023. Recorded cases of child sexual abuse and exploitation in the South West accounted for 8% of all cases. According to children in need statistics for 23/248, there were 2,857 assessments identifying sexual abuse as a factor and 1,099 involving child sexual exploitation. There were 107 child protection plans open at the end of the year which listed sexual abuse as the initial category of abuse. This likely reflects that most children who have experienced or are at risk of sexual abuse are not subject to child protection plans, which has been nationally recognised. As such, a series of stakeholder event has occurred regarding a further 2026 thematic Joint Targeted Area Inspection (JTAI) on child sexual abuse in the family environment. The last event was held on 15 May 2025 and further work is underway to prepare the JTAI guidance ahead of the inspection period, summer of 2026.

⁸ https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need

Domestic abuse and interpersonal violence

There is no definitive data set presenting the prevalence of domestic abuse. As with child sexual abuse, it is likely to be under reported in official statistics. There are several data source that can be used to estimate activity within the region. The "Domestic Abuse Prevalence and Victim Characteristics" publication⁹ produced by the Office for National Statistics (ONS) provides a summary, including some regional figures.

Police recorded crime data are supplied to the Office for National Statistics (ONS) by the Home Office. Of the 44 police forces in England and Wales (43 + British transport police), there are currently 42 providing their recorded crime data solely via this route. With the exception of coercive or controlling behaviour, domestic abuse is not a specific criminal offence. Offences that are domestic abuse-related will be recorded under the respective offence that has been committed, for example, assault with injury. However, the police are required to flag when an offence is domestic abuse-related. The Home Office has been collecting information from the police on whether recorded offences are related to domestic abuse since April 2015.¹⁰

This data is useful for demonstrating trends; however, they record crimes rather than the number of victims. and are subject to changes in police practice in recorded crime data. Also, while there are standardised rules used by all police forces to ensure consistency in decisions around when a crime is recorded, and what type of crime it is, the process by which the incident is subsequently logged and extracted for submission to the Home Office for inclusion in the Official Statistics varies between police forces.

The tables below shows a range of domestic abuse-related data recorded by the Police in the South West region for 2023/24.

⁹ Domestic abuse prevalence and trends, England and Wales

¹⁰ More information on domestic abuse-related incidents and crimes can be found in the publication <u>How</u> domestic abuse data are captured through the criminal justice system.

Table 10: Summary of Domestic Abuse-related data, recorded by the police 23/24

B.f. a. 4wi a	South West
Metric	Region
Number of Domestic Abuse-Related Crimes	71,719
Number of Domestic Abuse-Related Incidents	45,751
Number of Violence Against the Person Domestic	
Abuse-Related Offences	56,186
Number of Domestic Abuse-Related Stalking and	
Harassment Offences	16,925
Number of Coercive Control Offences	3,790
Rate of Domestic Abuse-Related Crimes per 1,000	_
Population	12.4
Rate of Violence Against the Person Domestic Abuse-	
Related Offences per 1,000 Population	9.7

Table 11: Rate of DA-related crimes, including DA-related violence against the person per 1,000 population during 2023/24

Police Force Area	Rate of Domestic Abuse- Related Crimes per 1,000 Population	Rate of Violence Against the Person Domestic Abuse-Related Offences per 1,000 Population
Avon and Somerset	13.0	10.1
Devon and Cornwall	12.5	9.7
Dorset	12.1	9.4
Gloucestershire	15.6	12.7
Wiltshire	8.5	6.7
South West Region	12.4	9.7

Another source of information is the crime survey for England and Wales. The latest reports are for the year ending March 2024. Estimates are derived from interviews carried out between April 2023 and March 2024. Caution should be taken when using this information because of the impact of the reduced sample sizes on the quality of the data. This link outlines the development of the new measure and questions. One limitation of the crime survey information is that it does not cover the population living in group residences (for example, care homes or student halls of residence) or other institutions. Table 12 shows the prevalence in the region according to the crime survey.

Table 12: Domestic Abuse in 2023/2024 among people age 16 or over in the South West

	% Victims			
Туре	All	Women	Men	
Any Domestic Abuse	5.2	7.1	3.2	
Any Partner Abuse	3.5	4.9	2	
Any Family Abuse	2.7	3.1	2.3	
Domestic Abuse (non-sexual)	5.1	7.1	2.9	
Domestic sexual assault	.04	.08	[c]	
Domestic Stalking	1.1	1.2	0.9	

Domestic abuse Safe accommodation

The Ministry of Housing, Communities and Local Government collates data from local authorities on services commissioned to provide support to victims of domestic abuse and their children within safe accommodation.¹¹ The was first published in 2021-22, but that data is not comparable with the data published for 2023/24 due to under-reporting, so only 2 years of comparison are available.

During 2023-24, 3,450 individuals were supported in domestic abuse safe accommodation, comprising of 1,940 adults and 1,600 children. 7% were men, 90% were women and 4% were reported to be trans or non-binary. 13% were disabled, 11% were from black and minority ethnic backgrounds.

Table 13 shows proportion of individuals supported in safe accommodation per 100,000 population in 2023/24.

¹¹ https://www.gov.uk/government/publications/support-in-domestic-abuse-safe-accommodation-2023-to-2024

Table 13: Individuals supported per 100,000 population in the region 2023/24

Local Authority	Individuals Supported per 100,000 Population
Bath and North East Somerset	30
Swindon	53
Wiltshire	7
Cornwall	39
Isles of Scilly	0
Devon	65
Plymouth	73
Torbay	162
Somerset	17
Bristol, City of	39
North Somerset	35
South Gloucestershire	26
Gloucestershire	145
Bournemouth, Christchurch and	
Poole	39
Dorset	151
South West	61
England	111

There are 930 commissioned bed spaces in domestic abuse safe accommodation reported in 2023/24, an increase of 16% compared to the previous year. Chart 12 shows the number in each local authority area.

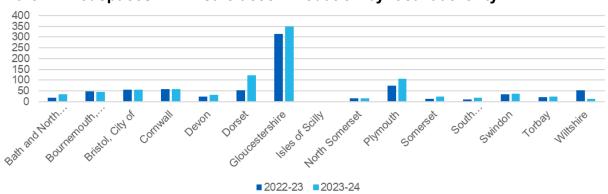


Chart 12: Bedspaces in DA safe accommodation by local authority

The data presents specialist services for people with protected characteristics and whether those are run by people with lived experience. The majority of specialist services in the region were reported by Bath and North East Somerset local authority (24), with only a small number in other local authorities in the region. Table 14 shows specialist services reported.

Table 14: Specialist Safe Accommodation Services for people with protected characteristics in the South West Region

Services	No. Services
Black and minoritised	30
Black and minoritised 'By and For'	[low]
Disabled	10
Disabled 'By and For'	[low]
LGBTQ+	10
LGBTQ+ 'By and For'	[low]
Other	10
Total specialist safe accommodation services	50

Local authorities reported that it was unable to meet the needs of 2,060 households referred to a safe accommodation service. The most common reason reported was "unable to meet needs" (590 households), followed by "capacity constraints" (560 households) and being "unable to be contacted" (390 households). Unable to meet needs is broken down further for including: mental health support needs (60), drug support

needs (50), alcohol support needs (40), disability (30), family size or children's ages (20), no recourse to public funds (20) and other needs not met (110).

Devon had the highest proportion of households per 100,000 of the population who were unable to be supported (198/100,000) compared to the South West rate of 82 per 100,000 and the England rate of 112/100,000.

National leadership and local initiatives

The NHS England National Domestic Abuse and Sexual Violence (DASV) Programme is led by Catherine Hinwood OBE, within the Health and Justice Directorate. The Programme has run a series of leadership webinars this year for DASV leads from regional teams, ICBs and provider trusts. At the ICB level, domestic abuse leadership tends to sit within safeguarding teams, working alongside human resources and public health partners as appropriate.

Domestic abuse and sexual safety are also a priority among NHS staff. The NHS launched a sexual safety charter in 2023. All NHS Trusts and ICBs have signed up to the charter. During 24/25, NHS England published it's Sexual Misconduct Policy and a Sexual Safety Charter Assurance Framework to support boards to assure themselves against delivery of the Charter.

There have been several examples of best practice initiatives put forward by South West ICBs around their commissioning for domestic abuse services. NHS Cornwall and Isles of Scilly ICB has secured funding for its GP domestic abuse support service. The service has consistently maintained an increase in recognising people affected by domestic abuse, including children. Their data shows that 50% of people supported by that service had never told a professional about the abuse. The example has been provided to the Domestic Abuse Commissioner. Cornwall have also secured ongoing funding for trauma recovery service for people who have experienced domestic abuse. Cornwall children's services have commissioned domestic abuse advisors in their 'together for families' services.

Devon have solidified and increased their provision of Independent Domestic Violence Advisors (IDVAs) overall. On Devon Trust made their IDVA post substantive. This brings the total of substantive IDVAs to 3 across Devon with another 4 on short term grants. They lost funding for 3 mental health IDVAs due to grants ending but have been awarded a Ministry of Justice grant from the Office of the Police and Crime Commissioner to fund two suicide prevention (IDVAs) in another Trust. That Trust, which has two major hospitals, already employs two IDVAs, one at each site. This new grant funding helps continue a two-year pilot of modelling two IDVAs within a hospital, which is believed to be more sustainable.

Preventing Radicalisation

The Preventing radicalisation agenda has seen another busy year. Following the publication and government response to the Independent Review of Prevent in February 2023, of which there has been a flurry of work to implement the recommendations. One of which was the updated Prevent Duty Guidance effective from 31st December 2023, reflecting a comprehensive overhaul to address evolving threats and enhance the effectiveness of the Prevent programme.

The key objectives of Prevent are to:

- Tackle the ideological causes of terrorism.
- Intervene early to support people susceptible to radicalisation.
- Enable people who have already engaged in terrorism to disengage and rehabilitate.

These objectives are integral to the UK's broader counter-terrorism strategy, <u>CONTEST</u>. Following the Independent Review of Prevent, several reforms have been implemented including:

a renewed focus on confronting Islamist terrorism, identified as the primary threat,
 while maintaining vigilance against other forms, including extreme right-wing
 ideologies

- an emphasis on understanding the ideologies and individual motivations that lead to terrorism, ensuring interventions are proportionate and effective
- enhanced support for frontline professionals in education, healthcare, and local government through updated guidance and tools

Latest national direction

Following the Home Secretary's <u>announcement</u> in December 2024, which set out measures to strengthen the Prevent programme, the Home Office is rapidly progressing work together with Counter Terrorism Policing to deliver the following:

- start of a 6-month pilot in several local areas to test new approaches to cases that
 do not meet Prevent thresholds but are transferred to other services. This will
 increase assurance and help to ensure people are getting the support they need
- first stage of a strategic policy review into how Prevent supports people who have mental ill-health or who are neurodivergent has been completed. A series of actions for improving the operational approach have been identified. These improvements will be implemented swiftly and with oversight from the new Prevent Commissioner
- Prime Minister and Home Secretary also committed to conduct an end-to-end review of Prevent thresholds to make sure we offer support to the right people and to ensure that Prevent thresholds reflect the full range of threats we're currently facing

The Prevent Thresholds Review will seek to:

- understand current Prevent thresholds
- understand whether current thresholds are appropriate for managing current risks and meeting future threats
- identify options for possible changes to meet current risks and meet future threats

As part of this internal review, Prevent in the Homeland Security Group (HSG Prevent) held a series of focus groups through February 2025 with people involved in Prevent referral decision making, such as whether to submit or progress a Prevent referral, to understand what makes decision-making clearer or more challenging. Representatives of key sectors including health were invited to participate in these focus groups. The review aimed to conclude in April 2025 with any relevant recommendations communicated to the appropriate stakeholder shortly afterwards, although at time of wiring this report outputs of this work have not be shared.

Prevent Learning Reviews

Following the horrific attack in Southport during July last year, the perpetrator Axel Rudakubana has been sentenced to a minimum jail term of 52 years. In January 2025, the Home Secretary Yvette Cooper, delivered a <u>statement</u> in the House of Commons where she committed to publishing the Prevent Learning Review into the Southport perpetrator.

On 5 February 2025, Security Minister, Dan Jarvis MBE, gave a statement in the House of Commons to confirm the findings from the Prevent Learning Review which was published alongside the <u>statement</u>. The <u>Southport Prevent Learning Review</u> is now available.

Additionally, on 12 February 2025, Security Minister, Dan Jarvis MBE, gave a further statement in the House of Commons to confirm the findings from the Prevent Learning Review undertaken following the murder of Sir David Amess, which was published alongside the statement. The <u>Sir David Amess Prevent Learning Review</u> is now available.

Prevent learning reviews are undertaken where a terrorist attack or serious violence offence has been committed by someone with prior involvement in the Prevent programme. The learning reviews are aimed at identifying internal learning within the Prevent system and are flexible and scalable to reflect the severity of the incident and the range of agency involvement. They are often highly technical and delivered at pace to ensure the swift identification and implementation of learning.

Regional context

Within the South West, the regional Head of Safeguarding Transformation continues to co-ordinate and Chair the South West Health Prevent Leads Network attended by ICB and provider leads across the region. The Home Office Prevent Advisors Chair a South West regional Prevent Sector Leads Partnership attended by the regional Head of Safeguarding. The DHSC Prevent Team continues to hold a national Prevent Partnership meeting. In addition, the NHSE National Prevent Strategic Leadership Forum has also met throughout 2024/25. At a system level, health organisation's will be part of their local Prevent partnership which report into their respective Community Safety Partnerships. This is where local priorities, set out in counter-terrorism local plans, will sit. Regionally a key priority for 2025/26 is a focus on the quality of Prevent referrals across all sectors in a bid to increase rate of referrals to Channel. To support this within health we have been promoting the "Notice, Check, Share" guidance, the use of the new national Prevent referral form and prior case discussion with the regional Counter-terrorism policing team.

A recent review highlighted that 13% of police counter-terrorism cases involve autistic individuals, prompting the Home Office to:

- reassess how neurodivergent individuals are treated within the Prevent programme
- enhance support mechanisms tailored to the needs of neurodivergent and mentally ill individuals
- acknowledge the vulnerability of these groups to grooming and radicalisation

Within region we have also recognised the disproportionate percentage of Prevent referrals which are classed as having a vulnerability toward neurodiversity and especially Autistic Spectrum Conditions (ASC). Many do not quite meet the threshold for counter terrorism involvement, but it is likely these vulnerabilities put them at greater risk of future radicalisation. This has been explored within the South West with the regional Home Office Prevent Advisor and the national DHSC team as well as our regional NHS England Autism and SEND Lead to start to bring some thoughts together about a potential project bid for Home Office monies to support a project in this area. Initial thoughts have included:

engaging with parent/carer forums to raise awareness of online safety and Prevent, raising awareness with those working in health and social care roles supporting individuals with SEND or ASC needs, upskilling Channel panel members when supporting someone with neurodiversity and / or ASC. We are also expecting further national developments in this space following the learning review and subsequent end-to-end review of Prevent as outlined above.

Regional Prevent data

Prevent reporting includes statistics on the number of individuals recorded as having been referred to and supported through the Prevent programme in England and Wales, due to concerns they were susceptible to radicalisation. The analysis specifically focuses on Prevent referrals to the South West region between 2019/20 and 2023/24 as that is what is publicly available.

Prevent Referrals

In 2023/24, there were 481 referrals to Prevent for the South West region, a slight decrease when compared with the previous year (489 referrals). This is the second highest number of referrals to Prevent in the 5-year period analysed (Chart 13). It is important to note that, whilst not official statistics, since the learning review into the Southport attack was published in January 2025, the South West Counter Terrorism policing team have reported a significant increase in the volume of referrals into Prevent. This increase won't show until the 2024/25 national Prevent data is published.

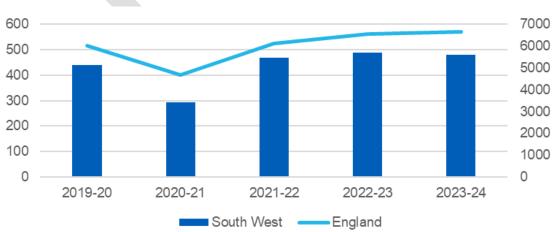


Chart 13: SW Region and England Comparison Prevent referrals by year

As can be illustrated from Chart 13 above, the South West region trend for Prevent referrals generally followed the England trend by financial year, although England saw an increase in referrals in 2023/24, whereas the South West region had a slight decline. Of the 481 referrals to Prevent in 2023/24 in the South West region, 44 (9.1%) referrals were deemed suitable through preliminary assessment to be discussed at a Channel panel and 28 (5.8%) were adopted as a Channel case (see Chart 14 below).

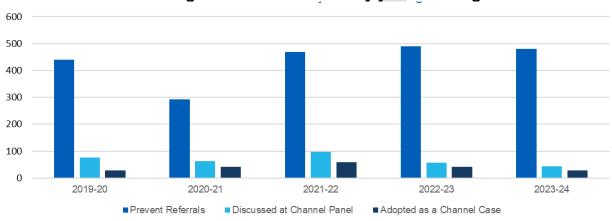


Chart 14: South West Region Prevent referrals by year and stage

In terms of demographics the largest proportion of the 481 referrals to Prevent in the South West region was for individuals aged 11 to 15 (216, or 44.9% of referrals), followed by individuals aged 16/17 (69, or 14.3% of referrals) (Chart 15). Referrals discussed at a Channel panel and adopted as a Channel case were still most likely to be for individuals aged 11 to 15 (36.4% and 50.0% respectively), but the next most prominent group was then individuals aged 31/40, rather than individuals aged 16/17 (Chart 15).

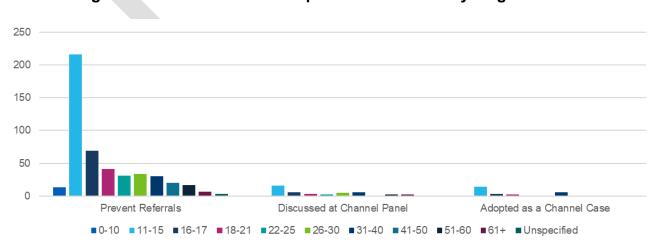


Chart 15: Age of Individuals referred to prevent in 2023-24 by stage of referral

Individuals aged 11 to 15 have consistently accounted for the largest number of referrals over time in the South West region, with the proportion of referrals increasing each year for this age group, from 27.7% of referrals in 2019-20 to 44.9% in 2023/24.

The overwhelming majority of the 481 South West region referrals to Prevent were for males (430, or 89.4% of referrals). The proportion of males increased further at each stage of Prevent, for referrals discussed at a Channel panel and adopted as a Channel case.

Over half (280, or 58.2%) of the 481 South West region Prevent referrals in 2023/24 were with a vulnerability present but no ideology or CT risk. This was followed by concerns of extreme right-wing radicalisation (67 or 13.9% of referrals) and conflicted ideology (54 or 11.2% of referrals) (Chart 16 below).

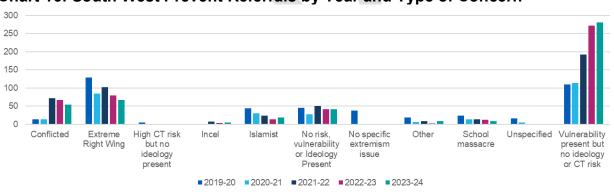


Chart 16: South West Prevent Referrals by Year and Type of Concern

Referrals with a concern of extreme right-wing radicalisation and conflicted concerns were more likely to be discussed at a Channel panel and adopted as a Channel case. 61.4% of referrals for concerns of extreme right-wing radicalisation were discussed at a Channel panel and 57.1% were adopted as a Channel case.

In 2023-24 the top 3 sectors of Prevent referral for the South West region were: the education sector (233 or 48.4% of referrals); the police (96 or 20.0% of referrals); and health (82 or 17.0% of referrals). The police was the sector with the highest proportion of referrals subsequently discussed at a Channel panel and adopted as a Channel case.

The number of Prevent referrals from the health sector rose between 2020/21 and 2023/24, which has been a consistent priority for health within the region, so positive to see the data support the hard work (Chart 17).

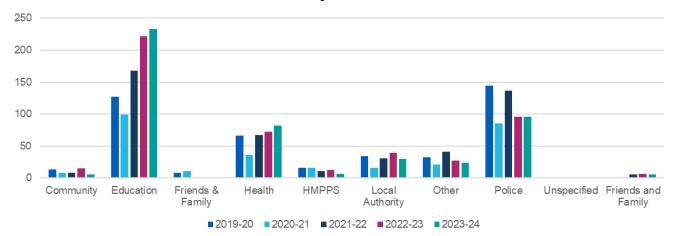


Chart 17: South West Prevent Referrals by Year and Source of Referral

Regional Training compliance

As of end of 2024/25, South West NHS Providers have reported (via the new national Data Collections Framework -DCF) exceeding the 85% target of staff who are up to date with their Prevent level 1 and 2 Basic Prevent Awareness Training (BPAT) and the higher level 3 Workshop to Raise Awareness of Prevent (WRAP equivalent) training. The South West average for the last 5 financial years can be found in Table 15 below and it's a positive trajectory in terms of the percentage of staff receiving Prevent training. It is important to recognise the work NHS providers have done to keep this training a priority within their organisation and to make incremental improvements over the years.

Table 15: Prevent training compliance in South West NHS provider trusts

Year	2020/21	2021/2022	2022/2023	2023/2024	2024/2025	Target
Level 1 and 2 (BPAT)	89%	86%	85%	85%	90%	85%
Level 3 (WRAP)	77%	83%	86%	85%	88%	85%

Female Genital Mutilation (FGM)

FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is an illegal practice for which there is no justification. It is child abuse and a form of violence against women and girls. FGM survivors can access health care in every NHS setting, not only maternity care. It is important all settings are prepared to deliver care, support and safeguard as indicated.

Statutory Requirements are set out in the multi-agency statutory guidance on Female Genital Mutilation. Overarching requirements are that:

- organisation/s (ICBs, NHS trusts and providers) have a lead person whose role includes responsibility for FGM (this will often be the designated/named safeguarding lead but may also be another suitable lead professional)
- there are policies and procedures in place to protect those who have undergone or are at risk of FGM

ICBs in the South West reported a total of 540 FGM attendances in 2023/24, which is a 37% increase from the 395 cases reported in 2022/23 (Chart 18).

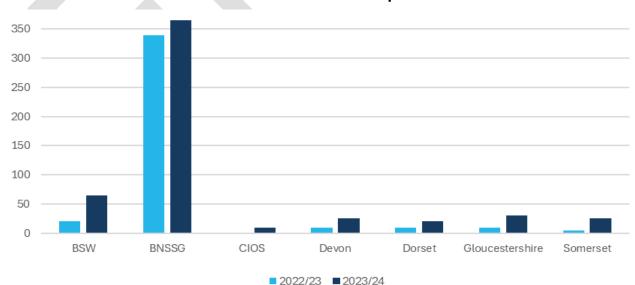


Chart 18: Instances where FGM was identified or a procedure was undertaken

BNSSG ICB reports a significantly higher number of FGM cases than other ICBs. BNSSG recorded 365 FGM cases in 2023/24, which is more than the amount reported by the other South West ICBs combined. Overall, recording details of the FGM attendance or individual is low for most areas of the ICB analysis.

Throughout 2024/25 the South West Regional Safeguarding Team have continued to attend the NHSE national FGM meeting, chaired and co-ordinated by the London NHSE region. At the October 2024 South West Designated Professionals for Safeguarding Forum, the South West Head of Safeguarding Transformation delivered a presentation on FGM with an overview of the key ICB and system responsibilities alongside regional data, linking it to the NHS England FGM protocol, which sets out the required oversight and assurance. Subsequently, the regional safeguarding team identified an up-to-date list of NHS provider and ICB FGM leads across the region and pulled together a Community of Practice meeting in February 2025. A similar regional overview and presentation was provided to the named FGM leads which was followed by discussion. This meeting enabled a focus to be put back on FGM with the region and leads were provided with some key lines of enquiry (KLOE) to take back and reflect on with their own organisation and ICS. Questions included ones set nationally and provide evidence of the requirement set of in the FGM protocol. The FGM KLOEs also act a pre-curser to a FGM survey planned in Q1 2025/26 which will provide a regional baseline of the current regional FGM position and where gaps exist or improvements are required.

Modern Slavery

Modern Slavery affects adults, children and those who are pregnant. It affects UK citizens and migrants and has accompanying legislation to tackle it including Children Act 1989, 2004, Care Act 2014, Modern Slavery Act 2015, Health & Care Act 2022 and Article 4 of the Human Rights Act 1998. It is a safeguarding issue that involves the deliberate maltreatment, manipulation and / or abuse of power and control over another person It is an umbrella term including human trafficking, forced labour, bonded labour and forced marriage.

Traffickers target vulnerable members of our society and use force, fraud, or coercion in order to financially benefit from them. Victims and survivors often suffer from physical and mental health conditions - the NHS may be one of the few agencies they come in to contact with. Modern slavery is also an inclusion health issue with a growing evidence base documenting victim and survivors' poor physical health, high risk of physical injury, high risk of exposure to communicable diseases, high suicide risk, poor and / or restricted access to healthcare and a considerable burden of serious mental health problems including trauma and post-traumatic stress disorder (PTSD). Healthcare professionals encounter victims and require the support to know what to do and how to go about providing appropriate care including safeguarding.

Unseen has been looking at modern slavery as an economic crime over the last few years and estimates the cost to be about £60 billion (across several sectors), adjusting for inflation and based on the current estimates of at least 130,000 victims of modern slavery. Unseen has taken those numbers and started breaking them down by sector and estimated that the cost to NHS was about £120 million with an estimated cost to South West policing of around £7.8 million.

Throughout 2024/25 the South West Regional Safeguarding Team have continued to attend the regional Anti-Slavery Partnership (ASP), chaired and co-ordinated by Unseen. ICBs are part of the local ASP which are co-ordinated over police force footprints. At the April 2025 South West Designated Professionals for Safeguarding Forum, the South West Head of Safeguarding Transformation delivered a presentation on modern slavery with an overview of the key ICB and system responsibilities and regional data, linking it to the NHS England modern slavery protocol which sets out the required oversight and assurance.

According to the Quarter 2 ICB Safeguarding Commissioning and Assurance Toolkit (S-CAT) returns, all South West ICBs confirmed that they have a policy relating to modern slavery, a statement published on their website and that it is embedded into their commercial/procurement strategy. They were also asked to confirm what proportion of NHS providers in their area have the same. Answers to this were more variable because

some counted only their larger NHS Trusts whereas some interpreted the question to include all contracts. All larger NHS Trusts are confirmed to be compliant with the exception of Dorset who reported 75% compliance among their larger trusts.

Modern Slavery National Referral Mechanism Data

Potential victims of modern slavery in the UK who come to the attention of authorised first responder organisations are referred to the National Referral Mechanism (NRM). Authorised first responder organisations include local authorities, specified non-governmental organisations (NGOs), police forces and specified government agencies.

Adults (aged 18 or above) must consent to being referred to the NRM, whilst children aged 17 and under need not consent to being referred. Adults who were exploited as children can also be referred.

NRM government statistics and the Modern Slavery Helpline Data sets are the key data sources for Modern Slavery, the latest data available is 2024/25. The Helpline data tends to highlight emerging trends as well as a different population group to the NRM statistics which only shows those who have decided to engage with the government support services or those who have encountered statutory agencies but chosen not to enter service.

Compared with previous years, the number of referrals with a South West region police force responsible for crime investigation rose sharply in 2022/23, and slightly further again in 2023/24, remaining steady in 2024/25 at just over 700 (Chart 19). The chart also shows the overall trend for England, which differs from the South West in that England saw a decrease in 2023/24. Chart 20 shows the referrals by police force area in the South West.



2022-23

South West

2023-24

- England

Chart 19: South West Region Police Forces Responsible for NRM referrals

Chart 20: Police Forces Responsible for NRM referrals by force and year

2021-22

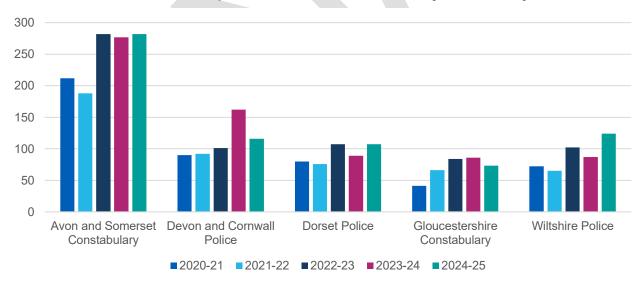
300

200

100

0

2020-21



Specified public authorities in England and Wales must notify the Home Office via the Duty to Notify (DtN) process of suspected adult victims of modern slavery that do not consent to enter the NRM. Potential victims may have been referred via the DtN as well as the NRM. The number of referrals received from the DtN process for South West region local authority first responders rose in 2024/25 after being relatively stable for the past few years (Chart 21).

6000

4000

2000

2024-25

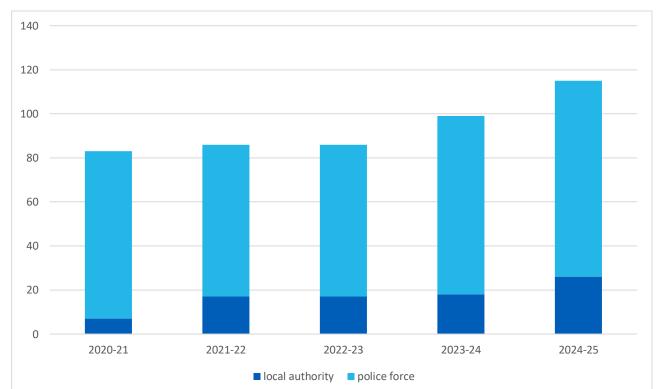


Chart 21: NRM Referrals from SW Local Authorities and Police forces

Modern Slavery and Exploitation Helpline Data

Unseen run the UK Modern Slavery and Exploitation Helpline and work with individuals, communities, business, governments, other charities and statutory agencies to stamp out slavery for good. Last year (2023) had the highest volume of incoming calls since the Helpline began in 2016, but the number reduced slightly in 2024 (Table 16). During 2024, the percentage of enquiries received via the app and web-form increased.

Table 16: Activity at the Modern Slavery and Exploitation Helpline

Activity type	2021	2022	2023	2024
Helpline calls	6,302	7,315	8,367	7,730
Webforms	2,186	2,464	3,333	3,734
Total	8,488	9,779	11,700	11,464

There were 98 modern slavery cases reported by the Helpline for the South West region police force area in 2024. This is a fall from a peak in 2022 (with 134 cases). In 2023 & 2024, the majority of modern slavery cases reported by the Helpline for the South West

police force area were reported for the Avon and Somerset Constabulary area, followed by the Devon and Cornwall Constabulary area (Chart 22).

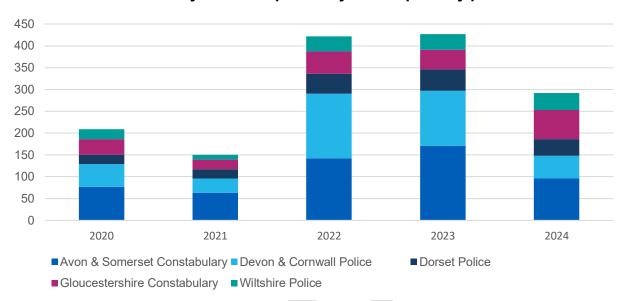


Chart 22: Modern Slavery Cases Reported by the Helpline by police force area

Of the 118 modern slavery cases reported by the Helpline for police force areas in the South West region in 2024, nearly half (42 cases) were for labour exploitation, followed by sexual exploitation (20 cases) and criminal exploitation (9 cases) (Chart 23).

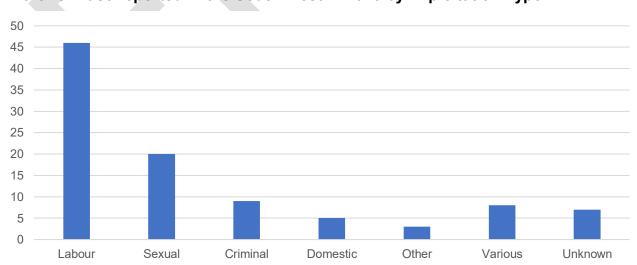


Chart 23: Case reported in the South West in 2023 by Exploitation Type

Learning from safeguarding reviews

The regional safeguarding team has sustained its oversight of statutory safeguarding reviews throughout 2024/25 and ICBs have continued to complete quarterly returns which report the number of new and closed reviews in their respective systems. In 2024/25 the quarterly template underwent review, and a simplified version was implemented. This also has the intention of improving the indentation of learning themes from reviews to go beyond reporting activity data. Quarterly reports are subsequently collated, analysed, and reported at the NHS England South West Safeguarding Steering Group. The NHS England National Safeguarding Review Tracker Tool (S-CRT) was launched in 2022 and has been running alongside the quarterly template. By collating this data variation is evident in what the ICBs report in the quarterly return and what they input into the national tracker.

The South West Regional Safeguarding Team have undertaken initiatives to improve the quality and consistency of ICB inputting into the national tracker, including the development of a S-CRT guidance documents and promoting the new process for quality assuring and amending errors and duplicates in the S-CRT. The national team have also worked to make improvements on the S-CRT by amending some of the data field and drop-down pick lists. However, the reporting capabilities of the S-CRT remain limited and regionally we utilise the quarterly return data for the purpose of this report.

Whilst this report sets out the numbers of cases and attempt to draw common issues and themes from the statutory safeguarding reviews in the region over the last 12 months, it is important to recognise the focus needs to be on embedding learning from these reviews. However, implementing learning from safeguarding reviews is challenging for several interconnected reasons:

1. Systemic Complexity - Safeguarding often involves multiple agencies (social care, health, education, police), each with its own priorities, structures, and procedures. Coordinating consistent change across these systems is difficult, particularly in the context of organisational, legislative or sector reform.

- **2. Cultural Resistance** Frontline professionals and managers may be resistant to change, especially if they feel the review unfairly criticises them or if previous recommendations didn't lead to noticeable improvements.
- **3. Poor Dissemination -** Findings and lessons from reviews may not be effectively communicated to those who need them most, such as practitioners working directly with children and families.
- **4. Lack of Accountability** Even when recommendations are made, there may be limited or unclear accountability for ensuring they are followed through or embedded into practice.
- **5. Learning Fatigue -** Frequent reviews with overlapping or repeated recommendations can lead to disengagement—professionals may see them as "more of the same" without real impact.
- **6. Resource Constraints -** Implementing change often requires training, staff time, or system redesign, all of which may be limited due to budget pressures or other organisational priorities or change processes. The increasing volume of SARs and DHRs also have impact capacity for change.

7. Speculative or Unrealistic Recommendations

Lessons are sometimes too vague or not sufficiently actionable, making it hard for organisations to translate them into concrete practice changes.

Despite these challenges, there are examples of where learning has been successfully embedded in practice, and we must collectively continue to stride towards better sustained improvement and utilise tools to support this such as quality improvement methodology.

Regional Serious Incident Notifications, Child Rapid Review and Child Safeguarding Practice Reviews (CSPRs)

Serious incidents involving death or serious harm to a child where abuse or neglect is known or suspected, and any death of a looked after child must be notified to the Child Safeguarding Practice Review Panel. Statistics on serious incident notifications are published annually. The year ending March 2025 had the lowest reported incidents in England and in the SW since this data began in 2019. For England, this is the lowest since before 2015 based on figures reported by Ofsted prior to this report. Chart 24 shows the numbers in England and the South West over the past 7 years.

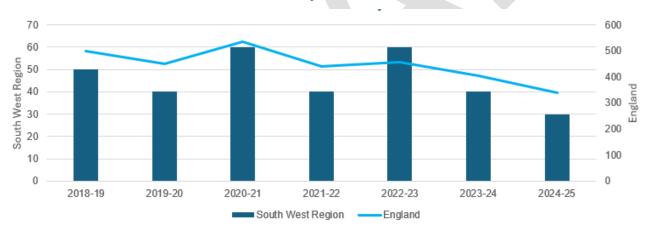


Chart 24: Serious Incident Notifications by Year

Both the gov.uk summary of the data and the last CSPR panel <u>Annual Report</u> highlight there is likely under-reporting of incidents.

Chart 25 below, shows the number of rapid reviews initiated by systems in the region over the last 5 financial years. There were 30 rapid reviews initiated in 2024/25, a decrease from 36 in 2023/24. This is the lowest number since the data collection began.

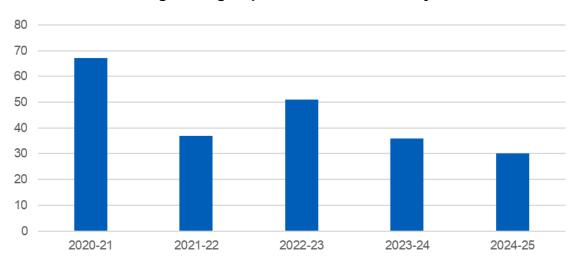


Chart 25: Child Safeguarding Rapid Reviews Initiated by Year

There were 9 new CSPRs in 2024-25, a decrease from 19 in 2023-24. This is the lowest number since the data collection began (Chart 26). There were 12 open CSPRs at the end of 2024/25 compared to seven open CSPRs at the end of 2023/24.



Chart 26: Child Safeguarding Practice Reviews by Quarter in the South West

The CSPRs published and reviewed by the regional safeguarding team in 2024/25 vary considerably from each other, so there are no overall themes to draw out. Some of the topics mirror those highlighted in the CSPR panel annual report for 2023/24 including the importance of the voice and perspectives of the child. Compared with the analysis of the reviews in the South West last year, serious violence, children missing, information about adults in the household, and non-accidental injuries of non-mobile children were repeated topics.

Regional Safeguarding Adult Reviews (SARs)

The chart below shows the number of new, closed, and open SARs by quarter. There were 43 new SARs across the South West region in 2024-25, an increase from 34 in 2023/24. This is the highest number since the data collection began (Chart 27). At the end of 2024/25 there were 64 SARs still open compared to 50 still being open at the end of 2023/24.



Chart 27: Safeguarding Adults Reviews by Quarter in the South West

There were 22 SARS published and reviewed by the regional safeguarding team in 2024/25 (including 2 joint SAR/DHRs) involved people ranging between the ages of 18 to 80. The median age was 53. Nearly all mentioned mental illness of some kind ranging from anxiety and depression (3), history of mental health inpatient admission (3) and other serious mental illness (4). 13 of the cases involved self-neglect, 2 of those included hoarding, others involved not taking prescribed medication, not attending medical appointments, refusal of personal care and treatment, malnourishment and hypothermia. 4 (including the 2 which were joint DHRs) included domestic abuse. 9 included alcohol misuses, 3 substance misuse and 2 mentioned dual diagnosis of alcohol/substance misuse and mental illness. 4 involved people with learning disabilities and 4 involved deaths by suicide. 7 involved people with needs arising from physical health conditions. 6 involved housing concerns. 4 mentioned the impact of the covid pandemic and restrictions on those involved.

The Mental Capacity Act (MCA) was mentioned in 7 reviews. Executive dysfunction was specifically mentioned 4 times. Of those which mentioned the MCA, this included mental capacity assessment, fluctuating capacity (2), use of MCA in children's services, missed opportunities to consider best interest and MCA in the context of high risk.

System pressures were specifically mentioned in 4 reviews including adult social care staff pressures (2), mental health system pressure and service pressures in physical health acute general hospital. Escalation of concerns was mentioned 3 times.

Compared with the themes reported last year, commonalities include self-neglect, application of the MCA, alcohol and substance misuse, systems to support people with dual diagnosis, and housing concerns.

The second national analysis of Safeguarding Adult Reviews was published in July 2024. This covered 652 reviews published between April 2019 and March 2023 affecting 861 individuals. Self-neglect was listed as a type of abuse in 50% of the people affected. The next most prevalent abuse listed was neglect (38%), then Domestic abuse (15%). Substance misuse featured in 33% of SARS, which is an increase since the first national review. There are national recommendations addressing many of the issues highlighted in the regional SARs including in relation to substance misuse and dual diagnosis, strengthening the MCA code of practice and taking a multi-agency approach to meeting the needs of those experiencing multiple exclusion homelessness.

Regional Domestic Homicide Reviews (DHRs)

Chart 28 below, shows the number of new, closed and open DHRs by quarter over time. There were 34 new DHRs in 2024/25, an increase from 32 new DHRs seen in 2023/24, and the highest number since the data collection began. At the end of 2024/25 there were 109 DHRs still open compared to 87 still being open at the end of 2023/24. When comparing the last quarter of each year, the number of open DHRs across the South West region has increased consistently over the last 5 years, from 41 at the end of 2019/20 to 109 at the end of 2024/25.



Chart 28: Domestic Homicide Reviews by Quarter in the South West

There were 11 DHRs published and reviewed by the regional safeguarding team in 2024/25 and at least 14 different victims. They related to more homicides than suicides. Victims ranged from age 20 to 83 with mid-50s the median age. The deaths occurred between 2017 and 2022, so do cover the period of the covid pandemic and not in the financial year of this annual report owing the length of time they take form incident to a published review.

Eight reviews mentioned mental illness of some description including anxiety (2), people known to secondary mental health services (2), depression and self-harm. 3 victims had been victims of domestic abuse in previous relationships; 2 perpetrators were known to police for domestic abuse in previous relationship and 2 reviews mentioned the importance of understanding and managing counter-allegations. 4 reviews mentioned coercive control. Physical disability, victims being known to children's services at the time of their death, alcohol misuse, and concerns over failure to complete DASH risk assessments each arose in 3 reviews. The impact of the pandemic was mentioned in 2 reviews.

Commonalities and learning between reviews

There were also similarities in information arising between different types of reviews, such as between the CSPRs for older teens and the SARs for young adults as well as between risks around domestic abuse in CSPRs and risks discussed in DHRs where the adult was known to children's services for risk to children in the household. Learning from all

reviews around serious mental illness and secondary mental health services should be shared with mental health services as they also cover instances of harm between family members similar to that addressed in mental health homicide independent investigations, especially risk of harm to other adult family members.

Workforce and learning

Supporting staff working across healthcare

The intercollegiate documents have been designed to guide the roles and competencies needed by the health workforce to deliver safeguarding responsibilities. This includes supporting individuals, families and carers to receive person-centred, personalised and culturally sensitive safeguarding training and learning. The updated Adult Safeguarding: Roles and Competencies for Health Care Staff was published in July 2024. The Royal College General Practitioners published Safeguarding standards for general practice in October 2024. The roles and competencies for safeguarding children and children looked after are being combined and updated during 2025.

The Safeguarding Children Competency Framework describes the need for a designated doctor to support ICB safeguarding functions. For a few years, not all 7 South West ICBs were able to recruit designated doctors' roles for safeguarding children. We are pleased to announce that we ended the 2024/25 financial year with all 7 ICBs having appointed designated doctors for safeguarding children.

As in previous years, we have had support from our Workforce, Training and Education Directorate to utilise data and information in ESR, the NHS Electronic Staff Record, to estimate the number of safeguarding posts within ICBs and NHS Providers in the region. The data for the end of the financial year was available in June 2025 and as a region we are keen to know and understand the strengths and areas for development of our safeguarding workforce. As part of our workforce group, we have undertaken work to produce data on workforce. There are challenges to producing validated data and we are undertaking further work to do achieve this. Some of these challenges are:

- The ESR report does not include the SW regional safeguarding team, Primary Care, Independent Providers or health roles employed by Local Authorities (e.g. Public Health Nursing).
- There is no direct coding to identify the 'Safeguarding' workforce within ESR. Therefore, to identify the safeguarding workforce within ESR an indirect method of 'Position Title' which is a free text field in ESR was used to identify the workforce against a list of potential key words. This may mean that a portion of the workforce is missing from the data shown but it's an identical methodology used in previous years so provides a consistent annual benchmark.
- The roles and therefore system workforce profile that it produced has raised questions about the accuracy of what is recorded within ESR, prompting additional a validation exercise.

As a result of the above each ICB is undertaking a validation exercise to ascertain where errors exist and where roles may be missing within ICBs and NHS Providers. In previous years we have included the ESR workforce data as part of this annual report, this year a decision was made with ICBs not to include the ESR safeguarding workforce profile due to the above limitations and challenges. Following discussion at the South West Safeguarding Steering Group meeting held on 10 July 2025, it was agreed that it could be misleading to present unvalidated data, even as a regional summary, within this report.

In addition to the above ESR data analysis in Q1 2025/26 the national safeguarding team ran a workforce audit via MS forms which required ICBs and Providers to identify the number of certain safeguarding posts by category. At time of writing this report a regional analysis of that audit data is not available for comparison with the above ESR data. Whilst the May 2025 audit on the safeguarding workforce will act as a 'position in time', following further developments with ICBs and providers, it will run again in 2026.

Safeguarding Workforce plans

We requested that ICBs draw up safeguarding workforce plans for October 2024. To support ICBs to develop these plans, we arranged for the Workforce Training and Education Directorate to deliver a workshop (Specialist Safeguarding & Clinical Posts ICB Workforce Plans workshop) on 19 June 2025. Whilst it is a challenging time to be

thinking about workforce planning in a period of uncertainty, recruitment freezes and redundancies amidst the backdrop of the NHS reforms, it provided a useful overview of approaches and tools for ICBs and Providers to utilise in order to plan and consider the safeguarding workforce and skill mix required for the future. We will continue to offer one to one support, and support via our existing South West Safeguarding Governance Architecture (see Appendix 1).

South West Safeguarding Mentoring Scheme

The South West region launched a mentoring pilot for all NHS safeguarding practitioners working within the region during August 2024 for 12 months. With no clearly defined career pathway in safeguarding, it is essential for health organisations to focus on succession planning and provide safeguarding professionals with the guidance, support, and mentorship they need to progress in their careers and access opportunities to professional grow and develop. This is especially important as the South West regional workforce report shows that half of our safeguarding workforce is over 50, bringing valuable experience but potentially nearing retirement.

Initial interest was expressed from several safeguarding professionals in the South West to either offer their experience as a mentor or identify other team members who would be interested in becoming a mentee. The option of utilising the NHS Leadership Academy Coaching and Mentoring Platform had been considered; however, it was felt that the offer for safeguarding needed to be a bespoke one and used to bring together mentors and mentees in a space that created flexibility, to respond to the needs of the safeguarding workforce.

An application process was established for mentees must seek approval from their line manager before applying. Whilst approval granted the mentee access to the NHS Futures Platform, which hosts full information, it also gave accountability to the mentor's employing organisation to provide support for the mentee to access the scheme. The pilot has reported and updated the South West Safeguarding Workforce, Learning and Development Reference Group which in turn, feeds into our South West Safeguarding Steering Group, ensuring governance.

Mentees are provided with the opportunity to work alongside a safeguarding mentor of their choice, from a list of 7 that have volunteered as part of this scheme. Mentees have an opportunity to enhance personal and professional development and increase confidence by setting goals and working with a mentor to develop a plan of how they will be achieved. These could be how to manage safeguarding challenges more effectively, how to thrive in a new job or how to develop a career in safeguarding. Mentors also develop transferrable skills through participation in this programme. They will refine their communication skills and enhance their leadership skills. Mentors will also have the satisfaction of watching their mentees solve their own problems and participating in their personal development whilst using their own experiences and knowledge to guide.

Initial interest in the scheme was slow, whilst we anticipated this might have been the case due to the August launch, we were keen to finally share the offer. Over the course of 2024/25 we have re-communicated the flyer and flowchart describing the scheme and process several times through our networks and are pleased to say at the time of writing this update (May 2025) we have 10 established mentoring relationships.

Individual mentor/mentee sessions are evaluated throughout the pilot, and we are also currently undertaking a mid-point review and evaluation of the pilot in Q1 2025/26, to help inform any interim improvements to the offer. We also plan to use existing mentees feedback, experiences and quotes to promote and attract new interest. Depending on the pilot feedback there is an opportunity to expand our mentor pool to offer a wider range of backgrounds, to attract new potential mentees. The mentorship offer will continue to be monitored, evaluated and any future decision to expand will need to consider the wider NHS reforms and maintain an 'admin light' approach to keeping the offer running.

Some quotes from existing scheme mentees:

"My mentor has been an incredible support. They have consistently encouraged me to challenge my thinking and broaden my perspective, which has been instrumental in my personal and professional development".

"I have been able to draw on the knowledge of an experienced safeguarding colleague out of area, it has been helpful to have fresh eyes and a different perspective".

"As a result of their encouragement, I was successful in securing the role, which has been a key milestone in my career".

"This scheme has provided me the space to think about my career and any barriers that I feel may have been in my way".

"Overall, the scheme has helped me build confidence, refine my skills, and feel better prepared for future opportunities."

NHS England South West mandatory training compliance

At the time of writing, NHS England South West staff are 89.9 and 89.6% compliant with safeguarding adults and safeguarding children level one mandatory training respectively. A new all-age mandatory safeguarding e-learning module has been introduced which people will now complete as their safeguarding training becomes due.

Other learning opportunities

The regionally commissioned licences for Community Care Inform learning platform ceased at the end of March 2025. At the end of February 2025, there were 348 licences issued, with 191 activated. 33 people accessed articles during the month of February. Although people fed-back that they valued this resource, there was variable use in any given month primarily due to time constraints. The licences also offered free access to Community Care webinars which were available live or recorded and facilitation of monthly lunch and learn opportunities. Lunch and learn sessions were delivered on legal literacy in adults safeguarding, deprivation of liberty and children, adults with hoarding disorder, making safeguarding personal: Care Act and Working Together 2023, what can we learn from each other, coercive and controlling behaviour and use of the courts (family law and inherent jurisdiction), safeguarding disabled children, professional curiosity and children as victims of domestic abuse. These were 30-minute reflective, peer discussions relating to community care inform content both written resources and podcasts.

Following the end of sponsored licence for Community Care Inform, the regional safeguarding team will continue to offer learning opportunities including our bi-monthly newsletter, learning from statutory review summaries, and through our regional networks and forums. We plan to continue lunch and learn opportunities from Summer 2025.

Conclusion and next steps

We end 2024/25 knowing the health landscape is radically changing. The draft Model ICB blueprint has been circulated to all 42 ICBs across England. The blueprint clarifies the role and purpose of ICBs, recognising the need to build strong strategic commissioning skills to improve population health and reduce inequalities, and focus on the delivery of the 3 shifts – sickness to prevention, hospital to community and analogue to digital. The blueprint will support ICBs to create locally driven indicative plans to achieve the model approach by the end of May 2025, ensuring these plans are affordable within the reduced running cost envelope and implemented by the end of Q3 2025/26. There are active discussions about how safeguarding functions will be delivered in the new models.

Provisional proposals in the South West for our 7 ICBs are now proposing to form 3 wider ICB "clusters" with each other to work more strategically across larger footprints:

- Gloucestershire and Bristol, North Somerset & South Gloucestershire
- Somerset, Dorset, and Bath & North East Somerset, Swindon and Wiltshire
- Devon and Cornwall & Isles of Scilly

However, this is very much an initial proposal, which needs to be worked through in more detail ahead of a national moderation process at the end of May 2025.

We also know that devolution is taking place across some Councils via the <u>Governments</u> <u>Devolution Priority Programme</u> over the coming financial year. All two-tier councils and neighbouring small unitary authorities were asked to submit comments on proposals. In the South West, this included Devon and Gloucestershire. It is not clear yet what will be agreed and whether this would impact the boundaries of safeguarding partnerships or community safety partnerships in those areas.

In the meantime, safeguarding strategic leadership and workstreams continue. We have presented this report, incorporating relevant data to show both the safeguarding activity and prevalence of need across our South West population. We continue to meet our existing statutory duties and collaborate with integrated care systems including our 15

local authorities, and our 5 police constabularies to prevent harm and improve outcomes for our population.

Pending changes to our own organisational structure, the South West Regional Safeguarding Team will continue to support our regional safeguarding workforce through system and organisational change. We will work with the Department of Health and Social Care, Department for Education, our "one team" approach in NHS England Safeguarding, and our South West systems and partnerships to understand and implement any changes to statutory duties and reform programmes as they develop.

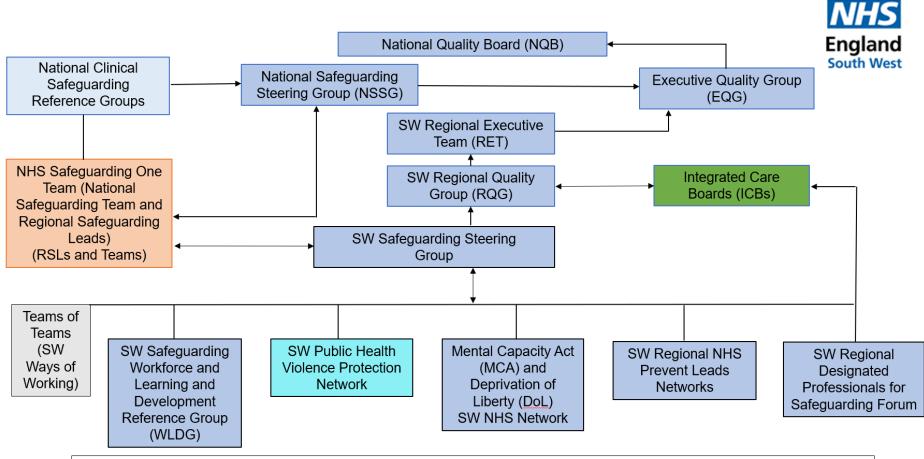
Updated Report

We have updated this report during June 2025 and presented a second version to the South West Safeguarding Steering Group on 10 July 2025. This report was updated following the SW Safeguarding Steering Group and is now presented to the South West Regional Quality Group as the final South West Safeguarding Annual Report 2024/2025.

Classification: Official



Appendix 1: South West Safeguarding Governance Architecture



KEY: NHS England national and regional governance meetings Black border – RSL team lead Regional Networks – in and across ICBs but with RSL team attendance as required Community of Practice (Office for Health Improvement and Disparities, Department of Health and Social Care)

- National Safeguarding Steering Group (NSSG)
- National Safeguarding Collaborative (NSC)
- · NHS England CP-IS Programme Board
- NHS England National FGM Health Network
- NHS England Safeguarding One Team/ Regional Safeguarding Lead (RSL) meetings
- National Prevent Partnerships Group (DHSC led)
- Safeguarding Adults National Network (SANN)
- National MCA Strategic Leadership Forum
- · National Prevent Strategic Leadership Forum
- National Safeguarding Strategic Community of Practice
- NHS England OHID & DHSC child safeguarding drop-in (weekly)
- National Network for Designated Health Professionals (NNDHP) and National Network for Looked After Children & Adoption

National Groups System
Oversight and/
or Assurance
Groups.
Other regional

functions

- System Quality Groups
- Informal 6 weekly Regional Department of Education Leads and Regional Safeguarding Team: Intelligence Sharing
- Performance Advisory Group and Performers List Decision Panels
- Independent Investigations Regional Group (IIRG) mental health homicides

SW REGIONAL SAFEGUARDING TEAM

- · SW NHS Regional Prevent Leads Network
- SW Designated Professional Forum
- SW Workforce and Learning and Development Reference Group
- Mental Capacity Act (MCA) and Deprivation of Liberty (DoL) SW NHS Network
- SW Prevent Sector Leads (Home Office led)
- SW Local Authorities MCA/ DoLs leads Group
- · Safeguarding Adult Chairs Network
- SW Prevent Regional Network Meeting & Channel Chairs Forum (Home Office and Local Authority)
- Regional Anti-Slavery Partnership (Unseen charity led)
- · SW Regional Honour Based Abuse (HBA) Group
- Public Health and Criminal Justice Research Network
- SW Public Health Violence Prevention Network Serious Violence (OHID led)

SW Regional Groups NHS Supported Networks

- SW Health Safeguarding Adults Network
- SW Regional Looked After Children Network
- SW Named GP for Safeguarding Network
- Regional Midwives for Safeguarding Network
- · SW Regional Looked After Children Network
- Peninsula Named Doctors for Safeguarding Network
- SW ICB Heads of Safeguarding
- SW Named Professional for Safeguarding Children Provider Network