

Serious Case Review (SCR) W6 Report Recommendations

The recommendations set out below are associated with Serious Case Review W6. The Walsall Safeguarding Partnership (WSP) Executives have made the decision not to publish to SCR W6 report to protect those involved in the case from identification.

The SCR W6 report is a review of the circumstances relating to the multiagency response to neglect and complex sexual abuse of several children over a number of years. The serious case review was completed in 2018 and examined the learning arising from the quality of multiagency practice between 2004 and 2014.

These recommendations have been used to strengthen multiagency practice in Walsall. The recommendations informed the production of our current Child Sexual Abuse Strategy 2020-2023. This strategy is currently under review by the Safeguarding Partnership, and an updated strategy will be available on the website when complete.

<u>Recommendation 1</u> - Walsall Safeguarding Children Board should set out the core components of staff supervision arrangements needed to support effective safeguarding children and ask all partner agencies to ensure that this is available to all relevant staff.

<u>Recommendation 2</u> - Partner agencies in Walsall should review their staff development activities in relation to child sexual abuse to ensure that all practitioners have the required knowledge and skills to recognise and respond to child sexual abuse within the family including hearing the "voice" of the child.

<u>Recommendation 3</u> - Walsall Safeguarding Children Board should investigate and respond to any barriers to responding to concerns about child sexual abuse from recognition to investigation, including perceived limitations of the legal process.

<u>Recommendation 4</u> - Walsall Safeguarding Children Board should explore the extent to which there may be a cultural issue within the Borough whereby the sexual abuse of children is supported by an unhealthy approach to sex and relationships within family and community networks.

<u>Recommendation 5</u> - Partner agencies within Walsall should consider whether there are aspects of their organisational culture in respect of information sharing that are barriers to effective communication between practitioners within and outside their organisation.

<u>Recommendation 6</u> - Walsall Safeguarding Children Board should ask partner agencies to review whether their work with learning disabled parents provides the required personalised support when there are concerns about the wellbeing of children in the family.

<u>Recommendation 7</u> - Walsall Safeguarding Children Board should receive assurance that the pre-birth assessment guidance is being used effectively and take steps to improve practice if required.

Recommendation 8 - Walsall Safeguarding Children Board should ask partner agencies to review the new neglect strategy in the light of this review and request assurance that the strategy is:

- congruent with the Council's domestic abuse and drug and alcohol strategies,
- having a positive impact on safeguarding practice and outcomes for children.

<u>Recommendation 9</u> - Walsall Safeguarding Children Board should seek assurance that where a child has been admitted to hospital as a result of suspected non accidental injury:

- legal planning took place in a timely way in order to protect the child
- the safety of all siblings in the family was secured.

<u>Recommendation 10</u> - Walsall Safeguarding Children Board should seek assurance from partner agencies that the escalation process is known, understood and used to resolve differences of professional opinion.

<u>Recommendation 11</u> - GPs working in Walsall should be supported to review their internal coding and information sharing systems to identify if a whole family and child centred approach can be taken to safeguarding.

9TH May 2023