



**Birmingham & Solihull Mental Health  
NHS Foundation Trust**

**Safeguarding Adults and Children Annual Report**

**April 2024 – March 2025**



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## **Safeguarding Overview and Governance – 2024–25 Summary**

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) continues to deliver comprehensive and responsive safeguarding practice, rooted in our Trust Values and aligned with national legislation, including Section 11 of the *Children Act 2004* and the *Care Act 2014*. This report demonstrates how safeguarding duties are met across services and systems.

### **Trust-wide Safeguarding Foundations**

- Safeguarding applies across BSMHFT's wide-ranging mental health services for both children and adults in Birmingham and Solihull.
- Staff are supported to respond to safeguarding concerns proportionately and in partnership with families and services.
- Work is aligned with statutory duties and the Trust's Think Family ethos to make safeguarding everyone's business.

### **Governance and Leadership**

- The Chief Nurse/Executive Director of Quality and Safety holds executive accountability for safeguarding.
- Strategic oversight is led by the Associate Director of Safeguarding, supported by the Named Nurses and the wider safeguarding team, who deliver expert advice, supervision, and support across children's safeguarding, adult safeguarding, domestic abuse, and Prevent.
- The safeguarding team works closely with the Heads of Nursing and AHPs and divisional leads and teams across the Trust to try and ensure safeguarding learning is embedded into practice.
- The Safeguarding Strategic Plan is presented quarterly to the Safeguarding Management Board (SMB) and the Integrated Care Board (ICB).

### **Quality Assurance**

Safeguarding is embedded into organisational culture and practice via:

- Annual report, statutory roles, effective policies, safe recruitment, and competency-based training.
- Supervision structures for frontline staff and the safeguarding team.
- Active engagement in multi-agency systems and shared learning culture.
- Quarterly compliance and updates submitted to commissioners at BSOL ICB.

## Assurance Framework

- Internal assurance is monitored through the Safeguarding Management Board (SMB), which reports to the Quality, Patient Experience and Safety Committee (QPES).
- The safeguarding team participate in multiagency audits and identify key learning for the Trust.
- Directorate safeguarding leads attend SMB to embed priorities operationally.
- Named Nurses participate in local clinical governance committees to strengthen safeguarding recognition and reporting and embed learning identified in statutory reviews.

## Partnership Working & System Learning

- Strong collaboration with Birmingham and Solihull Safeguarding Adults Boards, Children's Partnerships, and Domestic Abuse Boards.
- Participation in statutory reviews (SARs, CSPRs, DHRs, SUDICs and JARs), multi-agency audits, and partnership events.
- Safeguarding priorities are aligned across the system, with learning from reviews embedded into training and everyday practice.
- Pilot safeguarding assurance visits completed and reported to SMB, supporting continuous improvement.

## Safeguarding Training Compliance – Strengthening Practice Through Learning

BSMHFT maintains a robust training framework to ensure all staff are equipped to deliver safe, effective, and confident safeguarding practice.

The Trust's Training Needs Analysis (TNA) is aligned to national standards, including the *Intercollegiate Document for Safeguarding Children and Young People* (2019) and *Adult Safeguarding Roles and Competencies for Health Staff* (2024). This framework sets out clear expectations for training level and frequency, tailored to role and responsibility.

BSMHFT continues to maintain high standards in safeguarding training across all levels. Level 1 and Level 2 training for both safeguarding adult and children is delivered via an accessible online package and remains fully compliant with national standards.

The mandatory level 3 safeguarding curriculum covers:

- Safeguarding Children and Adults
- Domestic Abuse
- Prevent Duty

Training is delivered through a flexible and accessible model: including face-to-face sessions, webinars, e-learning modules, and external partnership opportunities provided by Safeguarding Adults Boards and Children's Safeguarding Partnerships.

The Trust also meets its statutory responsibilities regarding counter-terrorism awareness, with full compliance in WRAP (Workshop to Raise Awareness of Prevent) training. This ensures staff are equipped to identify vulnerabilities linked to radicalisation and respond appropriately in line with the Prevent Duty.

Feedback from delegates attending BSMHFT's safeguarding training has been consistently positive, reflecting the quality, relevance, and impact of the training offer. The blend of digital and live formats enables strong engagement across the workforce while meeting operational and regulatory requirements.

In 2024–25, the Trust consistently achieved compliance with its commissioner target of 85% for all levels of safeguarding training across adult and children-facing services.

Safeguarding Training	Compliance (%) : NB: target rate is 85%			
	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
Safeguarding Children Level 1	97%	96%	96%	96%
Safeguarding Children Level 2	96%	96%	97%	98%
Safeguarding Children Level 3	87%	89%	88%	91%
Safeguarding Children Level 2 - Priority Services	98%	98%	98%	99%
Safeguarding Children Level 3 - Priority Services	90%	91%	87%	89%
Safeguarding Adults Level 1	96%	92%	94%	95%
Safeguarding Adults Level 2	98%	98%	97%	98%
Safeguarding Adults Level 3	90%	88%	87%	88%
Domestic Abuse (as per adults level 3)	90%	88%	87%	88%
Prevent	95%	95%	96%	96%

The Associate Director of Safeguarding has led targeted work to address the remaining 15%, implementing monthly data reviews and sharing non-compliance reports with Heads of Nursing and AHP and the Named Doctor for adult safeguarding. These actions are embedded within governance reporting to the Safeguarding Management Board (SMB), resulting in a clear improvement in overall training figures. This work will continue into 2025-26.

The safeguarding team have delivered bespoke training sessions to teams across the Trust, tailored to teams' specific needs, on topics such as routine enquiry, financial abuse, learning from statutory reviews, self-neglect and Think Family.

This proactive and sustained focus reflects BSMHFT's commitment to safeguarding excellence, workforce development, and continuous quality improvement.

## **Training Enhancements and Strategic Developments** (April 2024 –March 2025)

### **Safeguarding & Family-Centred Practice**

- **Safeguarding Adults Level 3 F2F/Webinar Training:** Now includes Sexual Safety Charter.
- **Think Family Standard & Approach:** Embedded in all Level 3 training; revised to include EBE (Experts by Experience) perspectives and emphasize cultural competence.
- **Supplementary Children's Services Training:** In development to reinforce Think Family principles in statutory safeguarding processes (e.g. referral, case conference).

### **Quality Improvement Initiatives**

- **ICCR Patient 'Passports' QI Project:** Safeguarding features incorporated into passport concept and accompanying training package.

### **Equity, Diversity & Inclusion**

- **Diversity Statement in L3 Training:** Co-created with EDI lead and Trust colleagues.
- **Use of Culturagrams:** Supports consideration of service users' cultural context in clinical interactions.

### **External Collaboration & Outreach**

- **Birmingham Children's Trust CPD Session:** Delivered half-day training to newly qualified social workers focused on safeguarding children in families with parental mental illness.

### **Co-Production & Engagement**

- **EBE Collaboration:** Plans underway to co-produce resources to promote clinical good practice.

### **Safeguarding Supervision at BSMHFT – Embedding Excellence**

Safeguarding supervision remains a priority to support safe, reflective and accountable clinical practice across Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT). In line with our commitment to trauma-informed care and defensible decision-making, the Safeguarding Team has continued to develop a robust supervision offer for both children's and adult-facing services.

Supervision is a statutory requirement for professionals working with children, as outlined in *Working Together to Safeguard Children* (2023). BSMHFT exceeds this standard—providing consistent supervision to all children-facing services including SOLAR, forensic, and perinatal pathways. Compliance data is now included in quarterly returns to BSOL ICB.

While not mandated for adult-facing roles, BSMHFT recognises safeguarding supervision as best practice under the *Care Act* (2014) and NHS safeguarding frameworks. In 2024–25, the Safeguarding Team expanded regular supervision to acute and urgent care, forensics, and high-risk areas—with plans to scale up provision across all inpatient wards by 2025–26.

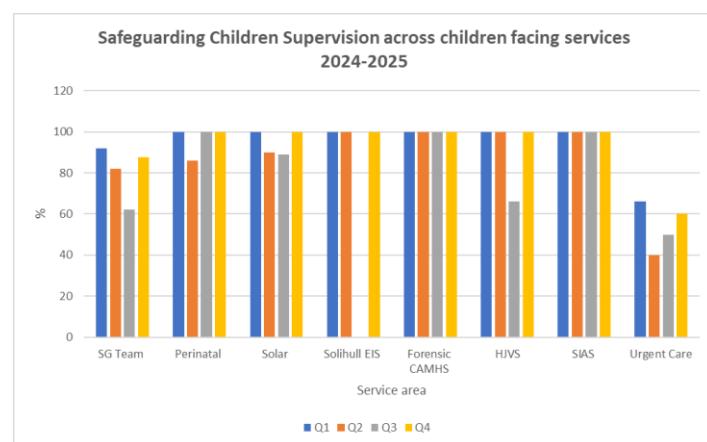
Supervision is delivered through a strategic and responsive model, with targeted sessions following incidents, scopes, statutory reviews, or direct team requests. This ensures staff receive bespoke support tailored to specific teams.

Importantly, the Trust has introduced a standalone Safeguarding Supervision Policy, applicable to all staff and volunteers, alongside a refreshed Clinical Supervision and Reflective Practice Policy which reinforces safeguarding as a key component of good clinical supervision.

To support this delivery, every member of the Safeguarding Team has completed dedicated safeguarding supervision training, including NSPCC accredited modules, Bond Solon Restorative Safeguarding Supervision, Talking Life safeguarding supervision or the Richard Swann safeguarding supervision programme. This equips the team with the advanced skills and reflective practice frameworks required to lead supervision confidently across diverse care settings.

In an increasingly high-acuity environment, our safeguarding supervision model fosters system-wide learning, emotional resilience, and evidence-informed practice.

### **Graph illustrating Safeguarding Children Supervision Compliance across identified teams within BSMHFT for Q1 – Q4 2024-25**



## **Prevent Duty – Key Activities and Governance**

- The Counter Terrorism and Security Act (2015) mandates NHS Trusts to embed the Prevent strategy into service delivery.
- BSMHFT's Executive Director for Quality and Safety/CNO holds delegated executive accountability for Prevent; operational leadership lies with the Associate Director of Safeguarding as the Trust's Prevent Lead.
- The Prevent Lead oversees policy development and ensures access to appropriate staff training—delivered as part of the wider safeguarding curriculum. Training compliance across the Trust is strong.
- The safeguarding team submits quarterly returns to NHS England via NHS Digital and the BSOL ICB, providing assurance on Trust performance.
- BSMHFT actively participates in Channel panels, Prevent Operational and Delivery Groups for Birmingham and Solihull, ensuring multi-agency collaboration.

## **Domestic Abuse and Sexual Safety Workstream – Achievements for 2024-25**

The Domestic Abuse and Sexual Safety workstream at BSMHFT has made significant strides in strengthening trauma-informed, rights-based safeguarding practice across adult and children's mental health services. Key achievements include:

### **Training & Workforce Development**

- Introduced bespoke, mandatory domestic abuse training as a standalone module in Adult Safeguarding, incorporating the link between domestic abuse and suicide, and BSMHFT's commitment to sexual safety.
- Supported the rollout and integration of NHS England's Sexual Safety Charter (2023), with development underway for a dedicated sexual safety training programme for Trust staff.
- Delivered co-facilitated domestic abuse awareness training based on the IRIS model, in partnership with BSWAID's IDVA, embedding clinical insight with specialist advocacy.

### **Culture & Awareness**

- Promoted routine enquiry and Think Family principles across all mental health services through training, safeguarding supervision, and staff consultation.
- Conducted assurance visits (e.g. Sutton HTT, Feb 2025), leading to targeted learning and joint teaching sessions focused on domestic abuse.

- Raised awareness of “adult/child to parent/carer abuse” as a key theme emerging from incident reviews, supervision, and duty consultations—now designated as a **Quality Goal for 2025–26**.

## Tools, Guidance & System Improvement

- Developed tailored MARAC and DASH guidance to support BSMHFT clinicians in assessing domestic abuse risk and understanding referral thresholds.
- Strengthened the Trust’s Independent Domestic Violence Advisor (IDVA) role, now operating across five clinical teams and available to female staff.
- Participated in multi-agency Domestic Abuse-Related Death Reviews (DARDRs), contributing mental health expertise and insight.

## Strategic Leadership & Representation

- Contributed to Birmingham’s Domestic Abuse Strategy review and launch; BSMHFT’s Named Nurse for Domestic Abuse now sits on the DA Board’s Priority Operational Group
- Supported managers in Acute and Urgent Care to implement domestic abuse action plans based on learning events and external reviews.
- Elevated the Trust’s response to domestic abuse at national level—highlighted by the Named Nurse’s participation in the Domestic Abuse Round Table at the House of Lords with the Domestic Abuse Commissioner.

## Impact & Assurance

- Ongoing rise in domestic abuse reporting through Eclipse, reflecting improved awareness and staff confidence.
- Continued embedding of trauma-informed safeguarding across BSMHFT services, ensuring the safety, dignity, and rights of service users and staff remain central.

## Multi-Agency Risk Assessment Conference (MARAC) – Summary

- BSOL ICB commissioned the Interpersonal Violence Team (IVT) to deliver the health function to Birmingham and Solihull MARACs in 2021 to relieve provider pressure and enhance consistency.
- BSMHFT joined the IVT model in March 2024, formalised via a memorandum of understanding.
- This shift has increased safeguarding capacity, enabling more robust follow-up and targeted supervision based on MARAC intelligence.
- Substantive funding was secured in February 2024 for an IDVA role, in collaboration with Birmingham and Solihull Women’s Aid.
- The Named Nurse for Domestic Abuse chairs Birmingham MARAC meetings and represents BSMHFT at governance forums for both Solihull and Birmingham.

## Safeguarding Adults Workstream – Achievements 2024–25

BSMHFT's Safeguarding Adults workstream continues to drive high-quality, responsive safeguarding across adult services, with key achievements in training, operational support, policy development, and partnership working.

### Training and Development

- Refreshed Level 3 face-to-face training adopting a streamlined, back-to-basics approach with emphasis on Care Act criteria and referral pathways.
- Developed bespoke sessions on Safeguarding Basics, Financial Abuse, and Organisational Abuse, delivered to priority teams including North Acute Inpatients and Urgent Care.
- Published new 7-minute briefings on topics such as Making Safeguarding Personal, Professional Curiosity, and Prevent, supporting just-in-time learning.
- Rolled out self-neglect guidance Trust-wide, aligned with Safeguarding Adults Board priorities and supported by targeted teaching.

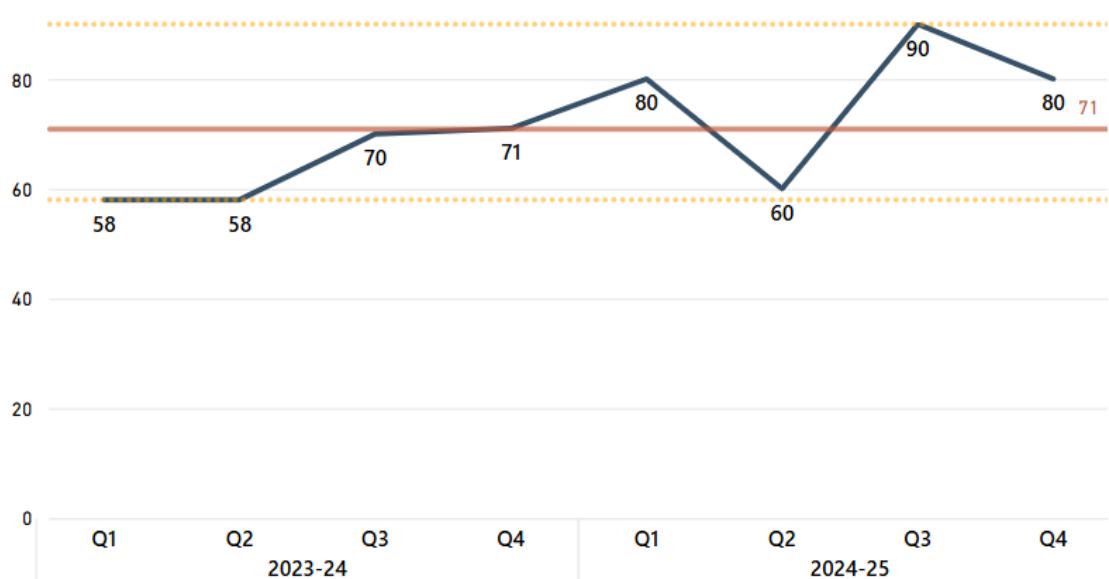
### Operational Support and Visibility

- Embedded safeguarding supervision across high-risk services including inpatients, urgent care, dementia/frailty, and forensics.
- Delivered targeted support in response to incidents, complaints, and statutory reviews.
- Provided hands-on guidance to teams managing adults with care and support needs at risk of abuse or neglect.

### Oversight of safeguarding referrals:

- The safeguarding team are notified via Eclipse of referrals made to adult social care. There has been a steady increase in the number of referrals reported, evidence of improved recognition and reporting for the Trust.
- Following the dip in Q2, there had been a steep rise in the number of Safeguarding adult referrals reported via Eclipse in Q3, this has plateaued in Q4 and Q4 had the same number of referrals reported as Q1.
- This financial year to date, Dementia and Frailty remain the highest Division for referrals (this is split between Older Adults Community and Dementia and Frailty Community services). Acute Care is the next highest referring division. This is also the same for the quarter specific data.

SG Referrals - Adults by Financial Quarter (2023-24 Q1 / 2024-25 Q4)



Fin Year, Fin Quarter Referrals

2023-24, Q1	58
2023-24, Q2	58
2023-24, Q3	70
2023-24, Q4	71
2024-25, Q1	80
2024-25, Q2	60
2024-25, Q3	90
2024-25, Q4	80

## Policy and Assurance

- Reviewed and ratified the **Adult Safeguarding Policy**, ensuring accessibility and alignment with legislation, guidance, and local procedures.
- Developed and implemented a **safeguarding assurance visit template**, enabling structured, systematic quality review across clinical services

## Partnership and System Working

- Maintained strong engagement with multi-agency safeguarding boards and review panels.
- Actively contributed to multiagency audits and cascaded relevant learning across the Trust.

## Safeguarding Children and Young People Workstream – Achievements 2024–25

BSMHFT has made substantial progress across its children and young people safeguarding agenda this year, demonstrating leadership in oversight, assurance, and responsive practice.

### Quality Assurance & Audit

- Strengthened review of Eclipse safeguarding records through weekly monitoring by a dedicated CYP facilitator.
- Completed internal audits for Solar and perinatal services, focusing on voice of the child, safeguarding risk assessments, and early help—resulting in clear improvement plans.
- Delivered targeted ICPC audit for CMHTs, updated the ICPC process, and embedded revised practice across services.

### Operational Oversight & Supervision

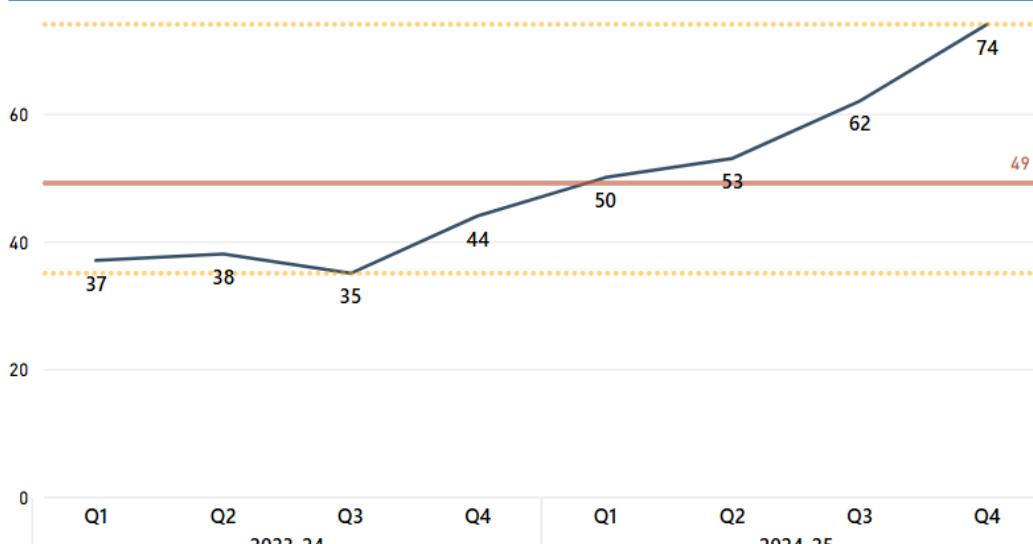
- Enhanced capacity with additional safeguarding resource allocated to Solar and Perinatal services, including facilitators based at Bishop Wilson Clinic.
- Safeguarding supervision embedded for Solar management and LATCH team, with the Solar supervision model reviewed and refreshed.
- Development of a specific safeguarding supervision policy tailored to clinical roles and practice needs.
- Psychological abuse remains the highest category of abuse for referrals followed by Physical abuse.

### System Learning & Notification

- Safeguarding Team now sighted on all SUDIC notifications, improving oversight and preventing gaps in case recognition.
- Thematic review of perinatal incidents completed and shared with the Safeguarding Management Board (SMB).
- Review of the Safeguarding lead role for SIAS completed; responsibility now held within the core safeguarding team to strengthen assurance and accountability.
- The safeguarding team are notified of referrals made to Children's services for Birmingham and Solihull and there has been a marked improvement in recognition and reporting for 2024-25:
  - Over the last 5 quarters there has been a steady rise in the number of Safeguarding Children referrals which is positive. This quarters figures shows a 68% increase when compared to the same period last year.
  - The safeguarding team are doing continued work around how to complete a good referral, consistent messaging through comms and improving engagement with teams.
  - As expected, Solar community CAMHS is the source of the most referrals so far, this financial year and they made 30% of referrals this quarter.

- The most common category of abuse this quarter remains emotional abuse followed by neglect and physical abuse

SG Referrals - Children by Financial Quarter (2023-24 Q1 / 2024-25 Q4)



Fin Year, Fin Quarter Referrals

2023-24, Q1	37
2023-24, Q2	38
2023-24, Q3	35
2023-24, Q4	44
2024-25, Q1	50
2024-25, Q2	53
2024-25, Q3	62
2024-25, Q4	74

## 🤝 Multi-Agency Collaboration

- Re-established the neglect working group to support BSCP and SSCP priorities, including quarterly data submissions.
- Participated in scopes, CSPRs, SUDICs, and attended all relevant meetings such as Rapid Reviews, JARs, panel meetings and Serious Case Review subgroup,
- Participated in multiagency audits and ensured learning for the Trust was identified and cascaded back to the teams as required.

## 📚 Learning Tools & Briefings

- Continued development of 7-minute briefings covering multi-agency working, information sharing, child sexual abuse, care-experienced parents, CP-IS preparation, and system-specific tools such as RiO Child and Sibling Forms.
- Briefings used across supervision, training, and team dissemination to build workforce confidence and shared understanding.



## Statutory Reviews – DARDRs, CSPRs, and SARs

During 2024–25, BSMHFT’s Safeguarding Team actively contributed to statutory multi-agency reviews including:

- Domestic Abuse Related Death Reviews (DARDRs)
- Child Safeguarding Practice Reviews (CSPRs)
- Safeguarding Adult Reviews (SARs)

Mental health expertise from the team shaped key learning and system responses, with findings embedded into training, supervision, and policy updates. The team conducted thematic analysis across reviews and translated insights into staff-facing tools, such as a growing suite of 7-minute briefings on topics such as self-neglect, child sexual abuse, care experienced parents.

This learning was cascaded Trust-wide via Safeguarding Connect, team communications, and dedicated sessions, with planned safeguarding assurance visits helping monitor the embedding of key actions into clinical practice.

As a Trust serving both Birmingham and Solihull, with a footprint that regularly requires contributions to reviews led by other local authorities—including Leicester, London Boroughs, Stockport and Sandwell—the safeguarding team manages a high volume of scopes, reviews, and action plans across multiple systems and regions.

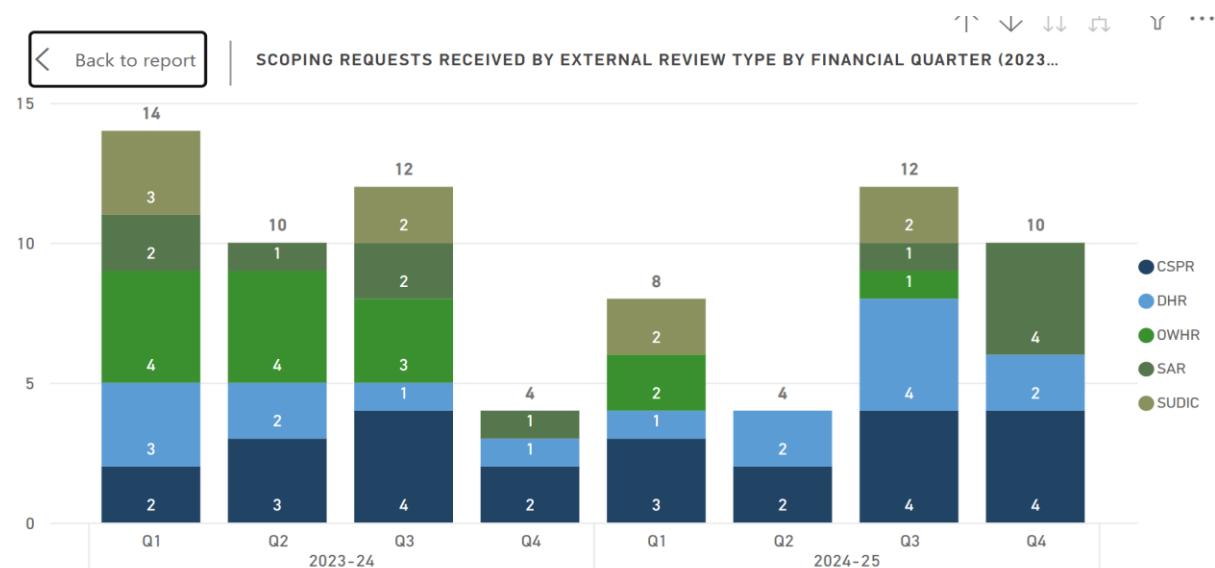
This demand is further intensified by Birmingham’s profile as an area of significant deprivation and poverty, contributing to heightened complexity and risk.

Despite this, the safeguarding team consistently:

- Prioritises statutory safeguarding obligations
- Submits all scopes and responses on time
- Receives positive feedback on the depth and clarity of contributions
- Embeds key learning from reviews into supervision, policy, briefings and training

This performance is a direct reflection of the team's dedication, capacity to manage complexity, and unwavering commitment to improving outcomes for vulnerable service users and families.

The below chart illustrates the number of information scopes received for statutory reviews



Fin Year, Fin Quarter	CSPR	DHR	OWHR	SAR	SUDIC
2023-24, Q1	2	3	4	2	3
2023-24, Q2	3	2	4	1	
2023-24, Q3	4	1	3	2	2
2023-24, Q4	2	1		1	
2024-25, Q1	3	1	2		2
2024-25, Q2	2	2			
2024-25, Q3	4	4	1	1	2
2024-25, Q4	4	2		4	

## 👩‍👩‍👧 Think Family – Trust-Wide Approach and Impact

BSMHFT launched its **Think Family approach** in November 2023, following learning from national safeguarding reviews, including the tragic case of Arthur Labinjo-Hughes. These reviews highlighted the need for improved recognition of risk across family systems, particularly when individuals experiencing mental illness have dependent children or vulnerable family members.

### 🚀 Implementation and Embedding

- Promoted Trust-wide colleague briefings, Executive communications, and staff webinars.
- Resources included a Think Family Standard, posters, staff video, and interactive training content.
- Embedded into practice through reflective supervision, Level 3 training, duty consultations, and roadshows.
- Designated a Key Line of Enquiry (KLOE) for 2024–25 safeguarding assurance visits.

### 🤝 Co-Production and Recognition

- Co-developed with Experts by Experience (EBEs) via the Participation and Engagement Team.
- Their insights shaped the Think Family Standard and are shared in mandatory training and via the safeguarding hub.
- This collaborative approach led to BSMHFT being awarded the Trust Quality Mark, recognising the programme's impact, inclusivity, and trauma-informed design.

### Practice Impact and External Engagement

- Promotes professional curiosity and systemic thinking around risks to children and adults within family contexts.
- Presented externally at the Solihull Practitioners Event and the BSOL ICB Health Safeguarding Board, receiving excellent feedback

*"Think Family – Look Closer, See More"*

### Demand on Safeguarding Team's Duty and Advice Line

The demand has steadily increased over recent years, reflecting deeper systemic pressures and rising complexity in both children's needs and those of our adult service users.

### Key Trends Driving Increased Demand

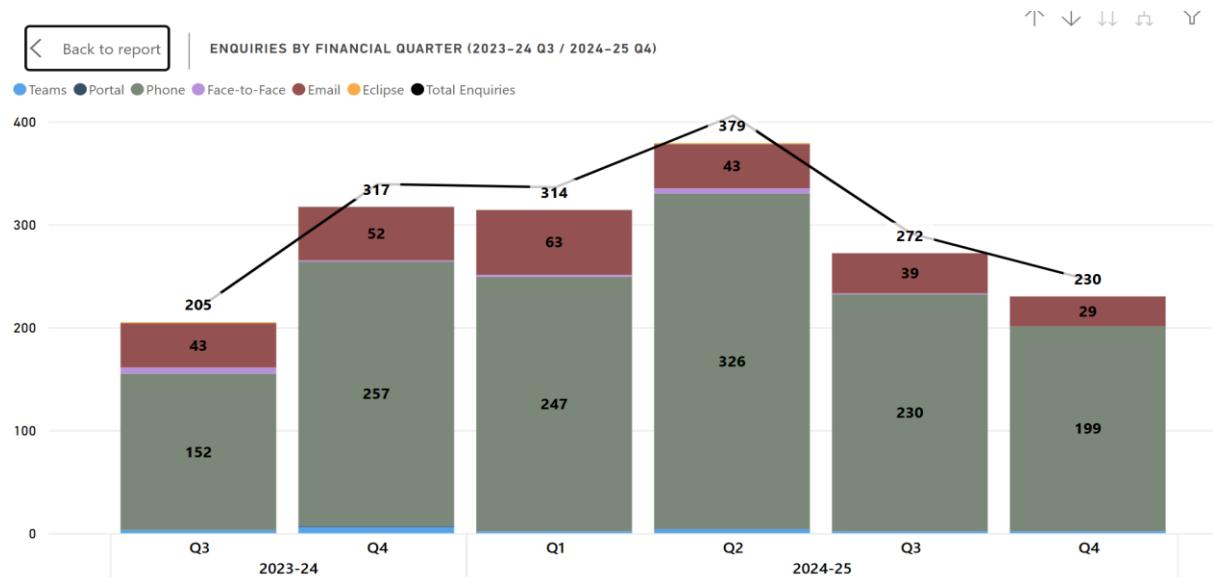
- **Mental health concerns:** Poor parental mental health has now overtaken domestic abuse as the most common factor in social care assessments.
- **Housing instability:** Overcrowding, temporary accommodation, and unaffordable housing are contributing to family distress and breakdown.
- **Post-pandemic impact:** COVID-19 has left lasting effects on children's development, behaviour, and resilience, leading to more entrenched safeguarding needs.
- **Online risks:** There's been a surge in safeguarding activity linked to children's online behaviour, including grooming, exploitation, and exposure to harmful content.
- **Increased referrals:** Early help assessments for child sexual exploitation, trafficking, and gang involvement have doubled in just two years.

### What This Means for Duty and Advice Teams

- **Higher call volumes** during operating hours (Monday–Friday, 9–4), often from professionals seeking urgent guidance or referrals.
- **More complex cases** requiring multi-agency coordination and nuanced decision-making.
- **Strain on capacity**, with social workers needing to triage and respond quickly while maintaining quality and safeguarding standards.

Fin Year, Fin Quarter	Teams	Portal	Phone	Face-to-Face	Email	Eclipse	Total Enquiries	
2023-24, Q3	3		152		6	43	1	205.00
2023-24, Q4	6	1	257		1	52		317.00
2024-25, Q1	2		247		2	63		314.00
2024-25, Q2	4		326		5	43	1	379.00
2024-25, Q3	2		230		1	39		272.00
2024-25, Q4	2		199			29		230.00

The below chart shows the number of safeguarding referrals per quarter.



## ▼ Overall Enquiries

- **15% decrease** in safeguarding duty line enquiries compared to Q3.
- **Possible cause:** Under-reporting by the team, though not confirmed.
- It is anticipated that demand will increase when Forward Thinking Birmingham join BSMHFT on July 1<sup>st</sup>, 2025.

## 🧠 Points to Consider

- Domestic abuse remains a dominant concern across both adult and child safeguarding, highlighting the need for continued multi-agency vigilance and support.
- Emotional abuse in children is notably high, which may reflect increased awareness or better recognition by frontline staff.



## Conclusion – Safeguarding at BSMHFT (2024–25)

Safeguarding across Birmingham and Solihull Mental Health NHS Foundation Trust remains a significant undertaking—complex, demanding, and not without its difficulties. As a large and diverse Trust delivering mental health care across two major urban areas, and with secure offender and tertiary services, we operate within high-acuity services, navigate wide-ranging risk profiles, and face persistent systemic pressures.

This year's safeguarding work has shown growth and innovation but also exposed areas that require continued attention. Good practice and learning in relation to Safeguarding requires constant reinforcement and the safeguarding team are committed to supporting all staff at BSMHFT to continually improve our safeguarding recognition and response.

Our progress in 2024–25 has laid stronger foundations through initiatives like expanded safeguarding supervision, the Think Family approach, and focused responses to domestic abuse and sexual safety. Tools, training, and policy improvements have helped strengthen recognition and reporting—but none of this is static. Our efforts are ongoing, and improvement is a process.

We've learned from statutory reviews, engaged meaningfully with Experts by Experience, and continued to grow multi-agency relationships. But more importantly, we've acknowledged where practice needs to improve and made plans to address it.

In 2025–26, our focus will be on embedding safeguarding more deeply across systems and teams, expanding supervision where it's needed, improving referral quality and early identification, and continuing to learn from lived experience.

Thank you to the safeguarding team, our staff, and partners who work through this complexity every day. Your efforts make the difference—and we remain collectively committed to better outcomes, stronger accountability, and safer care.