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Dear **local partnership**

Joint targeted area inspection of the multi-agency response to sexual abuse in the family in Shropshire

Between 19 November 2018 and 23 November 2018, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue services (HMICFRS) and HMI Probation undertook a joint inspection of the multi-agency response to sexual abuse in the family in Shropshire.¹

This letter to all the service leaders in the area outlines our findings about the effectiveness of partnership working and about the work of individual agencies in Shropshire.

This joint targeted area inspection (JTAI) included an evaluation of the multi-agency 'front door', which receives referrals about children who may be in need or at risk of significant harm. In Shropshire, this is known as 'Compass' and includes co-located children's social care teams, the police Harm Assessment Unit (HAU) and health and probation practitioners. Alongside this evaluation, inspectors undertook a 'deep dive' into the effectiveness of services for a small group of children and young people who have suffered, or are at risk of, child sexual abuse in the family environment. Inspectors also considered and evaluated the effectiveness of the multi-agency leadership and management of this work, including the role played by the local safeguarding children board.

Inspectors identified strong and mature partnership working across the agencies, and there is a robust commitment to shared learning and improvement. This was evidenced by the recent work to learn lessons from two serious case reviews,

¹ This joint inspection was conducted under section 20 of the Children Act 2004.



including a review of pathways for professionals contacting the local authority with concerns about children.

Shropshire is a largely rural, sparsely populated county with no large urban centres. This means that there are challenges in delivering specialist services across the county. While there are relatively low levels of deprivation, there has been a significant increase in demand for social care services in the last year, placing pressure on available resources in all agencies. Additionally, there are pressures on services to meet the needs of a high number of children in Shropshire who are looked after by other local authorities.

Shropshire has a higher proportion of child protection plans where the category of harm is sexual abuse than the national average. Numbers in this category have also increased in the last year, although they still account for only a small percentage of overall child protection plans. The partnership does not collect any specific data on child sexual abuse in the family environment. This work is now being developed, led by the local authority, as part of existing work to implement a new electronic case management system in children's services.

The partnership is at an early stage in understanding the factors behind the rise in child protection plans in the category of sexual abuse. However, in response to and following feedback from social workers about developing their skills to assess risk around child sexual abuse, new practice guidance around child sexual abuse has recently been implemented by the local authority. Although currently only applicable for social workers, the partnership plans to extend the new approaches to other key agencies.

During this JTAI, inspectors found that some areas of multi-agency working and professional practice could be further strengthened and improved. Most of these areas are already the focus of strategic plans to improve outcomes for children. This includes the local authority's 'Practice Priorities', focusing on core social work practice around assessment and planning for children in need and at risk of harm. The findings from this JTAI inspection will contribute to the ongoing improvement work for Shropshire and Telford NHS Trust and the Shropshire Emotional Health and Wellbeing services.

There is a strong culture in Shropshire of consultation with children, and the voice of the child contributes to their individual planning. However, the partnership has recognised that the experiences of children are not yet influencing strategic planning. This includes the influence of young people's views on the priorities and focus of the Safeguarding Children Board and limited consideration of seeking the views of disabled children.



While there is evidence of challenge and escalation between partners at a Safeguarding Board level, this does not always translate to practitioners on the frontline. Inspectors found that professionals in Shropshire do not always have the confidence to challenge each other's decision-making.

Children who have experienced child sexual abuse do not always have access to specialist, therapeutic support. There is a very small range of third sector of providers in Shropshire, and for some children access to support is not always timely. This is particularly the case for younger victims of abuse. Where children do receive specialist support, inspectors heard how this is making a positive difference for them.

Where appropriate, senior leaders took immediate action during the inspection to improve systems for information-sharing and to close gaps in a specific service for individual children. However, overall the inspection found that partnership arrangements in Shropshire are well established and effective. It is particularly positive to note the active role that schools played in the multi-agency evaluations completed as part of this inspection.

Key Strengths

- Children in Shropshire receive a timely and proportionate response when concerns are raised about children at risk of significant harm and those requiring an assessment of need. The positive working relationship between partners in the Compass service contributes to the overall confidence of partners in decision-making and the application of thresholds. Services at the front door are well established, with experienced, confident and competent social work staff and managers who recognise issues of child sexual abuse along with other safeguarding issues, and respond sensitively. Additionally, the front door is enhanced by the 'first point of contact' team, which can signpost referrers and families to an offer of early help or targeted youth support.
- When children may be at risk of significant harm, there are timely and proportionate decisions to convene a multi-agency child protection strategy meeting. These meetings are held promptly and are mostly attended by police, schools and the local authority, with written information provided by a range of professionals. Decisions to progress to child protection enquiries are well evidenced in children's records with clear, timebound actions for all key professionals.
- Multi-agency arrangements for children who are at risk of or experiencing sexual exploitation and who go missing are a strength. The development of the child



exploitation locality meetings has enabled frontline practitioners from statutory, commissioned and voluntary services to provide a service to those children and young people most in need of additional assessment and support.

- The partnership demonstrates a high level of commitment to multi-agency arrangements to consider risks to children and adult victims. Multi-agency public protection arrangements (MAPPA) are well established and effective. Young people who offend and pose a high-risk benefit from their cases being reviewed at a youth MAPPA. This replicates the adult MAPPA but maintains a specific focus on the wider needs of young people to enhance their safety as well as that of the wider public. A daily 'Domestic Violence Triage' meeting considers domestic abuse referrals received in the front door. Decision-making is informed by a range of information from key agencies, resulting in timely action to address the risks to victims.
- The Clinical Commissioning Group (CCG) and two health providers have worked together successfully to establish processes that ensure the availability of background information concerning children referred to the local authority. The development of a single point of access in the 0 to 19yrs service (health visiting and school nursing) and the local emotional health and well-being provider services has improved the speed of information-sharing, including the provision of information for initial child protection conferences.
- Health professionals share relevant and timely information when raising concerns about children, including unborn children. An effective pathway is in place to support pregnant women with additional vulnerabilities. Good partnership working and continuity of care offered by the midwives to these women ensure that those with complex needs are well supported and that risks are jointly managed with other key agencies.
- Children's views are sought and contribute to decision-making and planning. Building relationships with children, including completion of direct work is at the heart of social work practice in Shropshire, and particularly innovative and sensitive pieces of work were seen with children where child sexual abuse is identified. Social workers complete consistently good-quality assessments in the initial stages of intervention with families. Where child sexual abuse is present, both victims and perpetrators are assessed, and tailored interventions are delivered.
- Social workers receive relevant training, guidance and work tools to support the identification of child sexual abuse and sexually harmful behaviour. A small number of social workers are completing a training programme that includes a



specific focus on child sexual abuse. While this training has been positively received by social workers, it is too early to evaluate any impact on practice.

- The police HAU co-location in the Compass front door supports the unit's involvement in strategy meetings and contribution to planning joint investigations. These are well documented on police systems, but are less well recorded when officers from departments outside the HAU are involved.
- The West Mercia Police-commissioned Paediatric Sexual Assault Service (PSAS) is a comprehensive resource for Shropshire children and young people who have been sexually assaulted. Paediatric services are accessible 24 hours, with an open access referral system for vulnerable children and young people. The designated doctor and named doctor for safeguarding children have established clear pathways for managing child protection medicals, including child sexual abuse cases which present as a medical emergency. This includes established links to a main paediatric hospital and PSAS when further advice is required. This is ensuring that specialist advice is available to paediatricians in their work with children presenting with safeguarding medical needs.
- The Child Sexual Exploitation Panel is a valued multi-agency forum for health professionals to share information and contribute to risk management plans, and is contributing to improvements in safeguarding practice. Participation by key health professionals, such as school nurses and the CCG Safeguarding Team, with this panel and locality panels is improving professional curiosity and identification of young people at risk of exploitation. The sexual health service is effective at identifying young people who may be at risk. Practitioners have an effective under-18s risk assessment process. Training, safeguarding advice and oversight ensure that children at risk are identified early.
- Practitioners from substance misuse services are well engaged with child protection planning where appropriate, and this informs the ongoing assessment and care planning, especially in relation to forms of child exploitation. The Young Addaction SMARTER tool promotes effective screening for substance misuse, resulting in more young people accessing support. The use of this tool has been adopted across the partnership, including schools.
- Two probation service officers, working remotely as part of the Compass service, are contributing to well-informed decision-making about children in the front door. There is a good process in place for requests for information from the National Probation Service when children are subject to a social work assessment, and this is provided in a timely manner. Key information is shared with daily Domestic Violence Triage meetings, where probation service officers are active



partners in reviewing and sharing information about adults who may pose a risk to children.

- The Safeguarding Children Board continues to be effective in monitoring and evaluating the work of statutory partners. A range of multi-agency audits are being undertaken, and, importantly, repeated at intervals to test the improvements in practice. An example of this is the application of learning from audits on responses to domestic abuse. Subgroups overall are effective, and most include consistently high levels of engagement from partners.
- The board leads a dynamic approach to measuring the impact of multi-agency training on frontline practice. For example, it has evaluated the impact of training called 'Protecting children, managing the challenge' and has found significant improvements in the identification of risk, using tool kits to help evaluate child sexual exploitation, sexualised behaviour in children and drug use in young people. This is having a tangible impact on the timeliness and quality of referrals to social care that concern child sexual abuse and sexually harmful behaviour.
- The partnership has recognised the need to widen agencies' responses to risks from all forms of child exploitation, and particularly criminal exploitation and risks from gang affiliation. A recent all-age conference focusing on all forms of exploitation, including children being trafficked, is contributing to the final stages of an updated child exploitation strategy. Integrated working with adult services is a particularly strong feature in Shropshire, as shown by cases where the provision of services for parents or adult siblings has reduced the risk of child sexual abuse in the family environment.
- There are strong links between the Health and Wellbeing Boards and the Community Safety Partnership and the Safeguarding Children Board. This ensures that action in responses to local challenges can be well coordinated across strategic groups. Similarly, a regular chairs and director's meeting provides mutual challenge, but also helps coordinate initiatives. An example of this has been the recent initiatives to support the safety of the high numbers of children placed in Shropshire by other local authorities.
- Responses to risks of sexually harmful behaviour displayed by young people is a relative strength in Shropshire. The regional 'Children Who Abuse Others' policy was strengthened locally to ensure the inclusion of youth justice practitioners within strategy meetings. The Youth Justice Service is informed of strategy meetings and attend or send information in relevant cases of sexually harmful behaviour.



- Training for professionals around sexually harmful behaviour in young people is commissioned by the local authority. While this training is mandatory for all carers in children's homes, there has also been a good uptake of this training by foster carers. A high number of youth justice practitioners are trained to complete specialist assessments of young people's sexually harmful behaviour, although the number of young people receiving these assessments is low at present. The youth justice service staff have access to a range of interventions, including programmes to promote internet safety.
- There are two established providers of specialist services in Shropshire supporting victims of child sexual abuse or young people who have displayed sexually harmful behaviour. A local authority-commissioned service offers support, with interventions focusing on the child and the wider family. Children aged 11 and over benefit from an Independent Sexual Violence Advisor service commissioned through the Police and Crime Commissioner's (PCC) grant scheme. This service provides specialist support to children who have been the victim of any form of sexual abuse. Parents receive support where children are aged 10 and under. Inspectors heard praise from a parent who felt very supported by the service at the same time as their child had benefited from counselling.
- Effective leadership and a whole council-approach has ensured that that the local authority has continued to strengthen services for vulnerable children. Quality assurance processes in the local authority are effective in helping leaders have a clear understanding of frontline practice. There is a strong culture of listening to children's views and of consulting young people and supporting them, to influence both decisions about their lives and the development of wider services. A good proportion of young people participate in their child protection planning, and routine auditing seeks the views of parents.
- Shropshire CCG senior leaders show strong commitment to improving outcomes for vulnerable children. The governance offers oversight of safeguarding arrangements and the performance of services they commission in provider services. The safeguarding expectations for 2018/19 provider contracts have been further refined to offer increased assurance and a greater level of consistency across the commissioned services. Designated and named practitioners provide effective and valued leadership to their practitioners, professional colleagues and the wider partnership.
- Police leaders are committed to the partnership and have prioritised the protection of children who are vulnerable and at risk of child sexual abuse. This is clearly reflected in the PCC's crime plan and force priorities, and is enhanced by the development by the PCC of a victims' board in order to inform strategic decision-making. Also positive is the clear focus and investment by the PCC on



commissioning services. Examples include an initiative with a national charity to provide return interviews, following missing episodes, for out-of-area children and the support services delivered by PSAS sexual assault service.

- There is evidence of the police engaging well with partners, and, through that engagement, influencing the development of more child-centred approaches. Police leaders are working with the local authority to implement Operation Encompass, to ensure that schools can better support children exposed to abuse in a domestic setting.
- Police leadership in the protecting vulnerable people team is dynamic and effective. The recent review of the operating model of that team has resulted in greater capacity and a more child- and victim-centred approach. Specialist investigators in the team now have responsibility for a range of vulnerability investigations. All the investigations reviewed by inspectors that were managed by this team showed evidence of effective joint-working. This was well recorded on police systems, with detailed rationales that showed child-centred decision-making. An example is the use of a specialist intermediary to support a young person to communicate with police investigators during their interview. Inspectors reviewed 85 child sexual offence investigations, and when specialist protecting vulnerable people officers are involved, these are of a consistently high standard. Some were exceptional.
- The police have developed a dedicated continuous improvement team which has recently completed qualitative audits of practice in investigations by the protecting vulnerable people team. This is contributing to improved staff awareness and decision-making, and is leading to better outcomes for children.
- The probation service locally delivers a research-based group work programme for sexual offenders in Shropshire and a separate but similar programme for sexual offenders with learning difficulties. A multi-agency panel reviews the risk of serious harm from offenders and all relevant agencies are invited to this meeting. This promotes effective joint working, for example inspectors found good coordination between probation officers and police offender managers. This supports the understanding of the wider risks offenders may pose within the family and the community.
- Schools are valued partners in the multi-agency partnership for Shropshire. This is reinforced by the active schools safeguarding group, which reports to the Safeguarding Children Board. The extensive support from the local authority safeguarding team to schools has resulted in effective collaborative work to identify and support children at risk. An educational programme for schools called

'Respect Yourself' is designed, in part, to help children to share information on possible child sexual abuse.

Practice study: highly effective practice

A strength in Shropshire is the range and quality of interventions with young people with emerging or known sexually harmful behaviour. This includes the routine use by some professionals, including schools, of assessment tools to identify emerging sexualised behaviour in children and the commissioning of specialist risk assessments when children are known to potentially pose a risk from sexually harmful behaviour.

For J, a young person with a range of vulnerabilities including learning difficulties, sensitive and cohesive work from a range of professionals is addressing complex behaviour which may place other children at risk of sexual abuse. J has received a range of specialist assessments to help him and professionals better understand his behaviours. These have then informed his care planning and ensured that his behaviour management program is tailored to address his very specific needs.

There was good joint working between the young person's social worker, youth justice worker, educational professionals and the local alternative education providers to consider his need to access education in a safe and supported way. This meant that J was able to continue to attend his setting and continue with his education.

Sensitive and effective work has been completed with another younger child, and, as result, he is beginning to understand and address his sexual offending behaviour. Work by professionals involved has been well coordinated and complementary, and, as a result, risks to the young person and the wider public are being reduced.



Areas for improvement

- The partnership is not currently achieving the maximum effectiveness from the co-location of agencies within Compass. Triage and decision-making for children in need or at risk is largely local authority-led, except for children discussed at a daily Domestic Violence Triage meeting, rather than being more jointly owned by the partnership through effective information-sharing and decision-making.
- Professional challenge when professionals are working together to protect children is not always sufficiently robust. Partner agencies do not always request to reconvene multi-agency meetings to discuss planning to safeguard children when a new significant event occurs, for example a new birth or changes in bail conditions.
- Although health information submitted to strategy meetings is routinely requested and provided in a timely way, the wider engagement of health professionals in child protection strategy meetings is underdeveloped. While appropriate thresholds are being applied, planning and decision-making at strategy meetings could be better informed with the participation of key health professionals such as health visitors, schools nurses and GPs, who have direct knowledge of the child and are able to contribute, interpret and analyse the information provided.
- Specialist community school nurses, working with disabled children who attend special schools, do not consistently take part in child protection conferences and core group meetings. The absence of these school nurses is particularly significant when considering risks to children and young people with disabilities.
- Local sexual health services, key frontline services for victims of child sexual abuse, are not sufficiently aware of important safeguarding information in respect of children and young people who attend their clinics, including feedback on current child protection processes for children. Steps are being taken by leaders to improve this area of information-sharing.
- Safeguarding children practice and oversight in the midwifery service at Shrewsbury and Telford Hospital trust requires strengthening. Midwives do not regularly offer home visits during the antenatal period. This limits the opportunity to assess the home and family environment and there is an absence of robust safeguarding supervision to support practice.
- Practitioners at the Royal Shrewsbury Hospital Emergency Department do not always consider adults linked with children attending the department, or the potential vulnerabilities of children in the care of an adult attending the department. This

limits the trust's ability to assure itself that all potential safeguarding issues for children and young people are being recognised effectively.

- Further work is needed by the CCG and providers in Shropshire to embed the use of available tools that can support professional curiosity when considering safeguarding children and risks from child sexual abuse within the family environment. Inspectors saw limited evidence of any consistent use of safeguarding assessment tools in the emergency department or within the emotional health and well-being service. Use of these tools would increase the understanding of the dynamics of often-complex families and support identifying patterns of events that may be harmful to children
- There are potential barriers for young people who misuse drugs or alcohol to access therapeutic support, as presenting symptoms and behaviours may be incorrectly attributed to their substance use. This is further compounded by a lack of shared understanding of the thresholds for the local emotional health and well-being service. Young people involved with the criminal justice system who have substance misuse issues do not benefit from coordinated support across the two independent substance misuse services. Although work is in progress to address this, at present key information is not always being shared. This hinders effective joined-up support for the young person accessing treatment.
- Joint working with midwives, health visitors, school nurses and GPs needs strengthening, despite largely positive working relationships with individual practitioners. For example, timely notifications to GPs from midwives of pregnancies is inconsistent. This impedes effective joint-care planning by all health services working with families.
- Police decision-making about children at risk is not yet effective at the point of referral to children's social care. On average, six cases involving children where referrals should have been made but were not are identified every day. While it is positive the police recognise the need to identify them the work needed to do this is creating a backlog in the broader referral process. Where children are at immediate risk, they are referred promptly. However, inspectors found some lower -risk incidents yet to be processed and they should have been referred sooner to children's social care.
- Referrals to social care about children at risk, from the youth justice service and the probation service, are completed in a timely manner and reflect an appropriate understanding of thresholds. However, consent from parents, and, where appropriate, young people, is not reliably recorded. At present, there is no access to youth justice information systems in the Compass service and limited access to the children's services information in the youth justice service. However, plans are in place to address both of these gaps in information-sharing.

- Children who could benefit from access to the West Midlands PSAS are not being identified or referred. There is insufficient consideration given to how children could benefit from the range of support from the PSAS, including disclosures of non-recent abuse, which may fall outside of a 'forensic' window for evidence-gathering. The PSAS paediatric consultants are not routinely invited to contribute to strategy meetings where they could offer a valuable contribution to decision-making and help to inform the investigation plan.
- Recent workforce pressure in children's social care, such as turnover of social workers and rising caseloads in some teams, has resulted in some families experiencing multiple changes of social worker. This has meant delays in assessment and interventions for children in a small number of cases. A strategic decision to create an additional permanent social work team, in order to increase capacity in managing longer-term cases, is being progressed, but had not yet been fully implemented at the time of the inspection.
- While children's assessments bring together information from other agencies and address current issues, a small number of assessments do not cover all the risks to children or have the depth of historical information needed to inform a thorough analysis of risks to children. In more complex, longer term cases seen, there had been delay in progressing risk assessments for a small number of children. This means that there had been a delay in the risks to children being fully understood and addressed.
- Children's plans need to be more consistently clear and timebound, and actions need to be more focused on addressing the needs of the children. Wider consideration in respect of brothers and sisters and other children is not always evident in plans to manage risk. This means that some children who may be at risk could be overlooked. Genograms or ecomaps are not being routinely used to support the mapping of risk across children's networks, and do not build on the good practice in Shropshire seen in addressing child sexual exploitation. Written agreements between parents and children's social care, used to reinforce children's plans, are often overly complex, not written in plain English and do not make clear the consequences of non-compliance.
- Joint child protection interviews (known as 'achieving best evidence' interviews) would benefit from more social workers taking a proactive role alongside police investigators. This would help ensure that an appropriate focus is maintained on the welfare of the child. Good practice was evident in some joint interviews, but this was not consistent in every case.



- Measures to manage risk in respect of those adults posing a risk to vulnerable people are not always effectively utilised. While there was good evidence of agencies seeking alternative support to attempt to manage dangerous offenders outside of criminal justice, such as MAPPA, civil justice alternatives such as Sexual Harm Prevention Orders or Sexual Risk Orders are not always considered by police or other agencies to restrict the suspect's sexually harmful behaviour. Furthermore, where home visits by public protection officers, to support the risk management of convicted offenders are required, they are not always carried out.
- In several cases, police officers have applied strict bail conditions on offenders, understanding the risk to the children in the household and in the wider community, and this has been a protective factor. However, this good practice is undermined when bail conditions are removed prematurely, as seen in some children's experiences, despite there being no change in circumstances.
- Cases of child sexual abuse dealt with by non-specialist officers and staff were found to be less strong than those dealt with by the Protecting Vulnerable People team. Evidence of joint working was often not clear, and recording frequently poor. For some children, there has been significant drift in police investigations, which has a detrimental effect not only on the victims but on the offenders or alleged perpetrators. Delays exist due to backlogs in the examination of digital media, lack of officer time due to prioritisation of other cases, reviewing of third party material and delays in the securing charging advice from the Crown Prosecution Service. Delays in cases often have a significant impact on the long-term outcomes for vulnerable children and families involved.
- While children who have experienced child sexual abuse in the family environment receive good support from their social workers, including direct work, children's access to specialist, therapeutic support is not consistent. As a result, for some children, help and support is not always made available, or, for other children, access to services is not always timely, with a reported waiting time of up to eight months for some children to receive counselling support.

Practice study: areas for improvement

While concerns about children are referred by partners to social care, there is not always professional challenge to decision-making and the application of thresholds for services and interventions for children. This is particularly important when considering risks from child sexual abuse in the family environment where there has been no verbal disclosure by a child but where there may be a range of ongoing concerning behaviours and indicators.

For Peter, concerns had been raised on multiple occasions with children's social care about the care he was receiving at home. Latterly, there were concerns that he was having contact with adults who are known to have sexual harmful behaviours. Despite a history of concerns in Peter's background, it was only on the fourth occasion of concerns being raised that they were then progressed to an assessment. There was a delay in fully assessing and understanding the complex risks to Peter and other children, although, following an assessment, Peter became subject to a child protection plan.

Despite several professionals expressing concern about the safety of Peter and his siblings, there was an absence of professional challenge or any formal escalation of concerns. This is an area for improvement for multi-agency working in Shropshire and was a feature in a small number of children's cases considered by inspectors. The partnership has recognised the importance of robust professional challenge as a key component of consistent, good decision-making that will help to reduce risks to children.





Next steps

The local authority should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving NPS, clinical commissioning group and health providers in Shropshire, National Probation service, Youth Justice Service and West Mercia police.

The response should set out the actions for the partnership and, where appropriate, individual agencies².

The director of children's services should send a written statement of action to ProtectionOfChildren@ofsted.gov.uk by 25 April 2019. This statement will inform the lines of enquiry at any future joint or single agency activity by the inspectorates.

Yours sincerely

Ofsted	Care Quality Commission
 Yvette Stanley National Director, Social Care	 Ursula Gallagher Deputy Chief Inspector
HMI Constabulary	HMI Probation
 Wendy Williams Her Majesty's Inspector of Constabulary	 Helen Davies Assistant Chief Inspector

² The Children Act 2004 (Joint Area Reviews) Regulations 2015 www.legislation.gov.uk/uksi/2015/1792/contents/made enable Ofsted's chief inspector to determine which agency should make the written statement and which other agencies should cooperate in its writing.