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Partnership (BSCP)

Dear Buckinghamshire Safeguarding Children Partnership

Joint targeted area inspection of Buckinghamshire

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to identification of initial need and risk in Buckinghamshire.

This inspection took place from 22 to 26 January 2024. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

Headline findings

All three statutory partners in BSCP have seen significant change over the last two years. Consequently, the relationships between partners have taken time to establish. This is in the context of increased demand, organisational change within the integrated care board, and the need to improve the initial response to children highlighted in both local authority and police inspections. Although not yet fully mature, the BSCP is now more consistent and positive, and there has been a shift in joint intent to improve and be open to a better way of working. Personnel at the right level of seniority now meet regularly and have a sustainable plan to improve the collection of aligned performance data. This is an essential next step, needed to fully inform the targeting of resources to those children who need them the most, to evaluate the impact of joint initiatives for children, and to improve the multi-agency training offered to staff. As a partnership, including political leaders who have prioritised children's services, BSCP knows its areas of strength and areas of development well. This includes the need to ensure that education representatives, including schools and colleges, consistently contribute to these improvements.

In practice, there are many examples of where partners are working effectively together to support children. Children's mental and emotional health are supported well, particularly through the offer from child and adolescent mental health services (CAMHS) and mental health triage in most schools. The reduction in how long referrals take to be processed by Thames Valley Police (TVP) has been impressive

from a low starting point, as has the implementation of the pre-birth protocol connecting social care and maternity/midwifery services. When children get help from the family support service working alongside partner agencies, their families get the right help at the right time for them. Understanding and responding to children who are at risk of exploitation has been bolstered considerably and is now a strength for those children most at risk and for those who are at risk of being exploited because of additional vulnerabilities. Conversely, there are significant delays for some families once a decision has been taken to fully assess their needs through social work assessment. Critically, there are also several gaps and delays in information-sharing between the partners that are involved in safeguarding children.

What needs to improve?

- The consolidation of performance information and data to fully understand the most pressing issues for families.
- The effectiveness of sub-groups of the safeguarding partnership.
- Multi-agency training informed by a full strategic need analysis.
- The involvement of schools and colleges in formulating the partnership's strategic direction.
- The timeliness and consistency in quality of social work assessments.
- The quality, consistency and timeliness of information-sharing between the partner agencies involved in safeguarding children.

Strengths

- The effectiveness and quality of support offered by CAMHS.
- The support given to children by their schools and the mental health triage car when struggling with their emotional and mental health.
- The improved timeliness of referrals from TVP, including the measures taken to reduce a significant backlog.
- The combined efforts of social care and maternity/midwifery services to ensure that unborn and newly born babies are safeguarded.
- The positive impact of the family support service and those working in partnership with early help practitioners.
- The positive impact of a joined-up approach to children at risk of exploitation and those being exploited.

Main findings

Children and families receive a largely prompt response to new contacts to the multi-agency safeguarding hub (MASH), the 'front door'. While contact with the MASH by

other agencies or members of the public has increased by approximately a third since the pandemic, contact and referral officers work at speed to ensure that contacts are clearly and effectively recorded and progressed to the right person dependent on the level of children's needs.

Management oversight in the MASH is consistently clear regarding next steps, and levels of need are increasingly well understood by partners at the initial decision-making stages. This is tested and calibrated at several key checkpoints, resulting in children being directed to the right level of support in a timely way. TVP has invested in additional MASH personnel, including supervisors, to ensure that future demand is met, and children's needs are assessed promptly.

The out-of-hours service is instrumental in effective handovers that alert counterparts in daytime services to potential risk to children following evenings and weekends, and vice versa. The demand for this service has increased significantly, and as a result is having to prioritise children most at risk, leaving others to wait until the following day for a response.

Details of children who are victims of domestic abuse are shared promptly with schools under Operation Encompass and social care through the MASH.

Partner agencies have improved the recording of the child's voice and their lived experience in safeguarding referrals and police incident logs. Staff engage well with children and consider the incident's impact on them as well as securing their immediate welfare. Well-embedded guidance on what is expected extends to schools, medical practitioners in the emergency department and front-line police officers, providing comprehensive and detailed commentary to support referrals.

GPs have improved the quality and depth of information gathered when referring to children's social care, including professional curiosity about potential abuse. Schools and the family support service have established an effective and constructive relationship. Schools feel confident about raising concerns and seeking advice, no matter how small the concern. Schools value the quality of advice provided by the family support service and the education advisory service, which in turn leads to support for families before risks to children escalate.

Although requests for information from key partners are dispatched promptly, they are not consistently returned within an acceptable timescale to the social workers in the MASH. In fact, there are several vulnerabilities in communication between partners that undermine the ability for thorough and professionally curious multi-agency practice. For example, there are gaps in information being requested linked to the child's learning needs and educational progress. Culture and heritage are not routinely captured by referrers or by MASH practitioners, although they are considered in practice. School nurses rarely raise concerns about children. Outcomes from MASH discussions are not always shared with multi-agency partners, including,

for example, GPs and health visitors. Consequently, GPs, as primary record holders, do not always have all the relevant information they need so that they can better support children during consultations. In addition, at the conclusion of MASH inquiries or assessment, insufficient rationale for the closure is shared with key partners.

For children who can be best supported by early help, the family support service is effective in helping families identify what their strengths and struggles are and in putting in place a clear plan of action where families can see and understand progress. The service is highly regarded by partner agencies across the board and is a valuable resource in terms of children getting the right help at the right time. As with most primary services in Buckinghamshire, the demand for early help has doubled over the last year. Involvement of early help liaison officers in the MASH ensures that the families most likely to benefit from family support are referred appropriately. Although there is some variability across the county, families are mostly contacted with minimal delay.

When concerns about children's safety are high, the risks are recognised, and multi-agency discussions are held promptly. Based on a clear and evolving improvement plan, managers at all levels have had a keen focus on testing these decisions to ensure that they are consistent. Health practitioners are not always able to attend strategy meetings at the MASH due to capacity issues, but this was acknowledged during the inspection with an immediate plan to add capacity. When health practitioners are included, their valuable insight helps inform a more integrated approach to children. Schools report suitable notice of strategy meetings most of the time. They feel that their views are valued and are used appropriately to inform subsequent actions. The distribution of strategy meeting minutes, however, is sometimes too slow, meaning that not all partners have access to essential information about concerns and future actions, especially those who were invited but were unable to attend. This includes schools, the police and health partners.

Child protection enquiries are timely, and consideration as to whether inquiries should involve social workers and the police is routine. When children are at risk of significant harm, the response to the family is clear about what the concerns are. The co-location of police officers and social workers at a local police station enhances this approach, although TVP are aware that they could be more assertive in requesting strategy discussions based on their own evaluation of risk.

Operationally, health leaders are engaging well with multi-agency partners to establish effective joint protocols and working agreements. For example, regular meetings with MASH team managers, perinatal mental health and other partners successfully identify risks to unborn children and help to plan coordinated care and support.

Multi-agency partners have provided consistent positive comment on the quality and accessibility of CAMHS support services across the local area. For example, GPs spoke of the service being more holistic and family focused than previously. This is a notable success in a service area which is nationally problematic.

CAMHS crisis mental health practitioners work closely with multi-agency partners, such as meeting monthly with mental health police support officers to discuss young people who are known to the criminal justice system or are at risk of being subject to arrest or detention under s.136 of the Mental Health Act 1983.

A mental health triage car, resourced jointly by TVP and the Oxford Health NHS Foundation Trust, is particularly successful in preventing children having to spend time away from their families in times of crisis. A mental health professional, accompanied by a police officer, provides a telephone or mobile response, attending incidents to provide advice and further assess the mental health of the child. They engage well with the children and access relevant NHS trust records, which assists in making informed decisions, and gives confidence to police officers around what action to take.

Partner agencies in Buckinghamshire are working together effectively in order to protect children from exploitation. The exploitation hub is a highly valued resource. It works flexibly to raise awareness of child exploitation through training across the wider partnership, and to identify, prevent and address emerging concerns and ongoing needs across communities, and it does so with respect to individual children.

The hub has worked effectively in order to identify high risk locations, and it works closely with community safety colleagues to improve the environment and physical presence in these locations so as to reduce risk. Mapping takes place to establish links between young people and to identify locations and adults who may present a risk to children. This is used to effectively inform planning, disruption and protection activity.

Schools are alert to the risks of different forms of child exploitation. They value local authority training, as well as in-school training, in helping them to ensure that school staff are knowledgeable about what to look for and how to report concerns. Strong practice includes the prompt and effective involvement of police liaison officers, and good support delivered by mental health support teams. When schools feel they cannot meet families' needs alone, the family support service is successful in identifying and delivering the right level of support to children.

Social workers within adult mental health teams support transition for young people moving to adult services safely and effectively. This work clearly identifies children at risk of exploitation whose risk remains the same as they become young adults and prepares adult services to manage those risks well.

When children go missing from care, specialist workers are tenacious and generally successful at building rapport with young people to establish the reasons why they ran away, with relevant information shared across partners.

The quality and timeliness of children's and families' assessments vary. When there is clear, supportive but assertive managerial oversight, assessments are thorough and have clear analysis and outcomes. For those assessments where there are delays, they are largely due to poor social work and management oversight, linked to staff turnover and inexperience. The overriding feature for these children is the lack of key review points during assessments that trigger early conversations with social workers about progress, or lack of progress, in completing their allocated work. For families supported through early help, this process is more clearly defined, and children have a straightforward way of recognising whether things have improved.

Assessment processes across the health landscape are, overall, using tools and professional curiosity to identify vulnerable children and young people at the earliest opportunity. Detailed referrals are then made to multi-agency partners in a timely way to aid further assessment.

At all levels within the MASH and the other elements of 'the front door', there is a commitment to continuously improve and reflect on practice. Although in its infancy, learning from multi-agency auditing has been a positive process. All partners recognise the value of reflection and the opportunity to learn from and inform each other's practice. The extension of this approach is clearly articulated in the improvement plan for the partnership.

Strategically, as yet, the impact of activity undertaken to understand the size and scope of issues affecting children in Buckinghamshire is minimal. The partnership is yet to undertake any mapping activity or make use of aligned partnership data to analyse and understand what the needs of children are. This is in the context of having to focus on getting the right people together to understand the next steps, which has now been achieved. The partnership is aware that further improvement relies heavily on a better joint understanding of children's emerging needs at a local level. In turn, the instigation of strategic sub-groups that can implement change for children in a thematic way is underdeveloped, and lacks the full involvement of children and families, community, and faith groups. In particular, schools, colleges and specialist providers are yet to be integrated into the partnership.

Similarly, although individual partners have relevant training opportunities for children, the development of a strategic needs analysis for multi-agency training has been slow. Apart from training linked to the exploitation of children, multi-agency training is sparse and its impact is neither collated nor used to inform future events. Practitioners across the partnership report that they would value more opportunities to learn together, to understand each other's roles within the partnership, and to

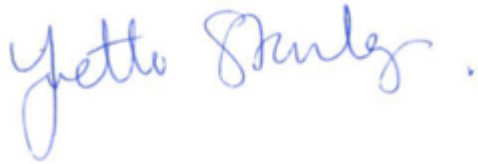
better understand the needs of children, including the opportunity to share thoughts on emerging themes in practice.

Next steps

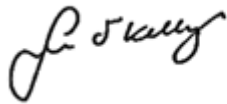
We have determined that Buckinghamshire Council is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response should set out the actions for the partnership and, when appropriate, individual agencies. The local safeguarding partners should oversee implementation of the action plan through their local multi-agency safeguarding arrangements.

The Director of Children's Services should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 26 June 2024. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

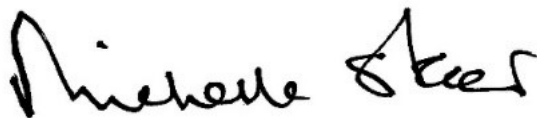
Yours sincerely



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