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Dear Cathi

Monitoring visit to Bournemouth Christchurch and Poole children's services

This letter summarises the findings of the monitoring visit to Bournemouth, Christchurch and Poole children's services on 21 and 22 February 2024. This was the sixth monitoring visit since the local authority was judged inadequate in December 2021. His Majesty's Inspectors for this visit were Steve Lowe and Anna Gravelle.

Areas covered by the visit

The focus of the monitoring visit was the local authority's 'front door'. This includes those teams responsible for the initial response to referrals about children who may be in need or who may be at risk of significant harm, and those who assess those needs in more depth. In particular, inspectors reviewed the progress made in the following areas of concern identified at the last inspection:

- The quality of practice, in particular assessment, the use and completion of chronologies, the response to domestic violence and the recording of children's views.
- The timeliness of social work intervention and support for unborn and very young children at risk of significant harm.
- The impact of quality assurance and management oversight on the standard of social work practice and on progressing work effectively to avoid delay for children.

This visit was carried out in line with the inspection of local authority children's services (ILACS) framework.

Headline findings

When there are immediate or significant risks to children, social workers and managers who work in the front door, which includes the multi-agency safeguarding hub (MASH) and the assessment teams, are helping to keep children safe. Although

there are areas for further improvement in ensuring that all children get the right help at the right time, senior leaders understand what these areas are and have a credible plan to implement the further changes that are needed. The findings of this monitoring visit mirror what the local authority has identified through a now very effective quality assurance framework, including a recent practice week. A far higher number of staff are in permanent positions and this translates into practitioners having a better understanding of the support children and their families need and how best to provide this help. Unborn and very young babies are now a highly visible cohort in line with their obvious vulnerabilities. Although the targeted early help service assesses strengths and struggles in families well, a higher degree of professional curiosity for enduring and chronic issues, such as neglect and the impact of domestic abuse, is yet to be replicated in social work assessments.

In terms of the pace of improvement, the local authority has made considerable progress in managing increased and more complex demand. Since the last inspection, senior leaders have improved relationships with partner agencies, with a focus on how this underpins better outcomes for children. There is more to do collectively to convert these efforts into a cogent strategic approach to children most at risk. This applies to key areas, including understanding factors that make children vulnerable to exploitation at the earliest opportunity. As an indicator of how this joined-up approach can have a positive result for families, some schools are increasingly open to being involved in next steps for children, after a long period of lacking confidence in the response they get from the front door.

Findings and evaluation of progress

Decision-making in the MASH is mostly timely against a background of increased demand. This includes an increasing understanding of levels of need for families and management oversight that gives clear actions for early help advisers and social workers to follow when further inquiries need to be made. Effective mechanisms are in place to track the progression of referrals about children. This supports timely decisions to hold strategy discussions with key partners when the risks to children are of significant concern. Since the previous monitoring visit focused on practice at the front door, this is a significant improvement.

To put this progress into further context, the quality of referrals made into the MASH is predominantly poor. Information supplied by other agencies often lacks depth and consideration of why changes in a family's circumstances may indicate increasing risks to children. Consent is rarely sought by referrers and details of the family's cultural heritage is often absent. The work of the education professional in the MASH is supporting the improvement of referrals from schools and helping to increase the confidence of referrers to focus on what families need. Apart from the more highly functioning relationship with midwifery, this is not replicated in referrals from health and other partners.

When concerned parties make contact with the MASH, they largely receive a proportionate response, with advice and guidance that helps them to signpost

families to the most appropriate support. If children potentially need extra support, managers record a clear rationale that is written to children and that focuses other staff on what is important to families. Management oversight also provides detailed direction to workers on next steps.

Although hampered by the paucity of relevant information in referrals, this system works well when children's needs are relatively straightforward to identify. For some children, however, referrers have to make contact more than once before the right support is triggered. Most often, this is due to a lack of curiosity or experience in piecing together information from several sources to best understand what will support families. As a result, there are some delays in families accessing the right level of support when children are being neglected or they are victims of domestic abuse, for example. This critical but more sophisticated area of practice has been an area for improvement since the last inspection.

Once a manager passes referrals to early help decision-makers, secondary oversight calibrates whether this is the best route of support for children. Analysis by early help advisers supports effective consideration of past history, and subsequent checks are appropriate and correctly consider consent. Offers of support are carefully matched to what is available through the Bournemouth, Christchurch and Poole (BCP) directory. Although there is a waiting list for targeted support from locality teams, once families are matched with this service, the outcome is a positive one the majority of the time.

If social workers and other partners are required to undertake further background checks, a pilot initiative bringing together specialist knowledge from drug and alcohol workers, education and, latterly, probation is starting to improve the depth of analysis. Consent is revisited and clearly recorded at this point and explained to parents, with a detailed rationale recorded when consent has not been obtained.

The out-of-hours service generally provides an effective and proportionate service to children and families during evenings and weekends. This includes appropriate checks, visits to children and placing children with foster carers at times of crisis. Strategy discussions take place where there are immediate risks to children to inform decision-making and successful partnership arrangements are in place to ensure attendance from police and health where needed. The team is well resourced with permanent workers. Effective communication, including daily handover meetings with daytime services, reduces risks to children.

When risks to children are significant, most strategy meetings are well attended by partners, including a consultant paediatrician to ensure that injuries are seen and evaluated at a time and place that prevent unnecessary trauma to children. Discussions include analysis of risk, immediate safety-planning and rationale for decision-making. Next steps are clearly recorded, and increasingly confident decision-making is reducing the number of families subjected to child protection enquiries unecessarily. Decisions to make further inquiries jointly between social

workers and police officers because there is a suspicion of a crime are appropriate. However, police often lack the capacity to launch their investigations, losing valuable opportunities to gather evidence.

Senior leaders have a developing understanding of trends in the risks posed to children in BCP. Domestic abuse is a prominent factor in the majority of concerns raised for children, beyond a level that the previous strategy of employing a specialist adviser could meet. Measures are in place to broaden the depth of expertise across the front door in supporting children who are victims of domestic abuse but this is not yet fully embedded. Consequently, children are sometimes left in situations where the measures in place to protect them are overly optimistic and rely too heavily on adults, who pose a risk to them, living outside of the family home.

Similarly, the approach to identifying risks linked to children becoming exploited is confused and under review. The process for screening risks and sharing intelligence at a strategic level is problematic and, although children who are being exploited receive additional support that reduces risks to them, there remain missed opportunities to mobilise resources at the earliest opportunity when additional vulnerabilities are identified. This was an issue at the last ILACS inspection, where, outside the complex safeguarding team, risk factors were not fully understood.

In the targeted support service, assessments skilfully analyse strengths and risks and lead to clear actions to help make a difference to families. Children are visited frequently in line with needs and managers have detailed oversight through impactful supervision. However, the development of a broader early help offer has been slow to galvanise, resulting in a lack of assessments undertaken by partner agencies.

Social work assessments generally identify the key strengths and stressors in families but concentrate largely on presenting factors more so than underlying reasons for family breakdown. Parents' and children's views are included, based on a clear expectation that children are seen quickly and on their own. These views, as well as culture and heritage, are explored and factored into recommendations for what will help children most effectively. Assessments have regular checkpoints for management oversight, which largely ensures that they are completed in a time frame that suits the family. Social workers write to children and use a strengths-based model to detail risks. However, analysis does not consistently consider the risks to children from past parental behaviours and is too reliant on parental engagement in services that have proved ineffective in achieving sustainable change.

Corporately and with safeguarding partners, there is insufficient urgency in establishing joint strategies to address exploitation and the support of children's mental health. Without this governance, and the resultant deployment of resources, children have had to wait longer than necessary for support that makes an enduring difference to their lives. Frontline staff, however, maintain a sense of positivity about the direction of travel as the workforce becomes increasingly stable and permanent.

Supervision sessions happen regularly and there is frequent management oversight of records. However, apart from in the targeted support service, the records often lack reflection on the impact of practice on children. Among other areas for improvement, this has been highlighted by the increasing quality and volume of practice learning reviews (PLRs) and associated quality assurance activity. A portal to track whether actions have been completed following the collaborative and reflective PLRs is a useful and highly regarded addition to identifying trends in performance and practice.

I am copying this letter to the Department for Education.

Yours sincerely

Steve Lowe
His Majesty's Inspector