

12 July 2024

Sharon Hubber, Director of Children's Services, Rochdale local authority
Sir Richard Leese, Executive lead, NHS Greater Manchester Integrated Care Board
Kate Green, Deputy Mayor, Manchester Police and Crime Commissioner
Steve Watson, Chief Constable, Greater Manchester Police
Alison Kelly, Chair Rochdale Borough, Safeguarding Children's Partnership

Dear Rochdale Local Safeguarding Partnership

Joint targeted area inspection of Rochdale

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to identification of initial need and risk (often referred to as the 'front door') in Rochdale.

This inspection took place from 22 April to 26 April 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

Rochdale Borough Safeguarding Children's Partnership (RBSCP) is well established. Shared priorities are communicated clearly in strategic plans and in annual reports. Local and regional governance arrangements are augmented by a culture of professional accountability and respectful challenge. Robust links with other strategic partnerships and boards are a strength, and priorities and plans are well aligned. This ensures that children's safeguarding and the identification of need and risk stay high on everyone's agenda. Partners know their services well and have an accurate understanding of the collective local, regional and national challenges they face, including strengths and areas for improvement.

Through analysis of audits under section 11 of the Children Act 2004, the RBSCP has assured itself that safeguarding is a priority for all partner agencies. Themed audits provide appropriate recommendations for change, but further analysis has not taken place to evaluate whether practice has changed or improved. Quality assurance activity and learning are mostly single-agency led at present. RBSCP leaders acknowledge that systematic multi-agency quality assurance and audit activity are underdeveloped. They have not had a specific focus on jointly evaluating the impact of front door services for vulnerable children. This includes a lack of analysis about the impact of help provided to children with neurodiverse and social communication needs and those from Black and ethnic minority backgrounds.

Senior leaders fully accept the inspection findings and know that they have more to do together to assure themselves that children consistently receive effective help and protection. They are responsive to external challenge and have taken swift action throughout the inspection to increase the capacity of police and education staff at the front door, revise and implement changes to management processes in the multi-agency early help and safeguarding hub (EHASH) and strengthen communication across services. Fundamental changes are planned in line with statutory requirements following the publication of Working Together to Safeguard Children 2023 and to implement the recommendations from their recent independently commissioned peer review of the RBSCP. A new chair has been appointed, and the recruitment of an independent scrutineer and reconfiguration of sub-groups are imminent. An agreed multi-agency 'beyond green' strategy and work plan are intended to ensure that the impact of work across all teams and services is evaluated routinely. Partners accept that the pace of these changes needs to accelerate.

What needs to improve?

- The RBSCP's quality assurance arrangements and routine multi-agency audits, to offer assurances on the impact of front door services for vulnerable children.
- Consistent consideration of the voice of children, their lived experiences and unique and diverse needs in referrals, practice and plans across all agencies and by the RBSCP executive.
- The provision of additional capacity and resources for staff in schools and in health services, to support the lead practitioner role, including when health navigators are absent from the EHASH.
- The quality of internal and external information-sharing systems, so that appropriate individuals and organisations receive timely reports and are included in decisions following the outcome of referrals and strategy meetings.
- Increased capacity in the police domestic abuse triage team.
- Consistent police national database and computer checks to inform decision-making for children subject to strategy meetings and child protection plans.
- The quality and timeliness of work with the police and children by out-of-hours staff.
- Systematic sharing of Operation Encompass information with schools, early years and health professionals for children living in domestic abuse environments.

Strengths

- Senior leaders are open and receptive to external scrutiny and have taken swift and appropriate action to address the identified areas for improvement throughout the inspection.
- Targeted support in the reconfigured neighbourhood multi-agency early help 'family hub' service means that multidisciplinary early help is prioritised and starting to make a difference for the most vulnerable families.
- Carefully targeted early help frontline practitioners and leaders across the partnership provide sensitive and innovative child-centred interventions. For example, they work to help families with the impact of the increase in the cost of living by providing access to food for children, and the emotionally based non-attendance panel (EBNA) supports children whose attendance at school is affected by their emotional health.
- Effective and authoritative practice by committed multi-agency partners is helping and protecting children across all age groups.
- Relationships between professionals within the partnership are strong and respectful.
- A tangible culture of learning and openness to challenge when there are concerns about children experiencing harm and in response to child safeguarding practice reviews and thematic pieces of work across the partnership.
- Professionals across services spoke highly about the support from accessible and approachable senior leaders and safeguarding professionals.
- The take-up of multi-agency training which enhances professional skills, knowledge and interactions with children, young people and their families.
- An effective council-wide poverty strategy that recognises the impact of deprivation on children's well-being and actively supports vulnerable children and their parents across services.

Main findings

Early help in Rochdale is rooted in an all-age prevention approach, underpinned by early help principles aligned with the Greater Manchester combined authority. Children and their families benefit from responsive, well-coordinated, universal and targeted early help services delivered in five reconfigured and locally based multi-agency neighbourhood family hubs. These arrangements are helping to reduce risk of harm to children. Early help workers, health visitors and midwives, co-located in the family hubs, work alongside schools, police officers, youth workers and commissioned voluntary sector organisations effectively, which is helping to build relationships with parents and children.

Targeted, innovative and continually evolving joint work across services is helping families with a wide range of needs, including those with very complex difficulties. Staff in each neighbourhood provide support and advice to professionals prior to referrals to the statutory EHASH front door, to ensure that they have explored early intervention provision tailored to specific needs. This enables a proportionate response to identifying risk and harm earlier, ensuring that children access the right level of help and protection quickly. Consequently, there has been a reduction in referrals to statutory services.

Early help assessments are written alongside parents and capture the voices and needs of children and families thoroughly. Assessments are holistic, and appropriate information is gathered from partner agencies to inform analysis and plans. In response to the cost-of-living crisis, electronic vouchers to purchase food are available to working families. Commissioned services support young carers effectively. A joint protocol with housing ensures that homeless 16- and 17-year-olds are advised of their rights and offered appropriate support or care if required.

Partnership work has been central to the support offered to asylum-seeking families, with dedicated resources in place. Collaborative joint work with colleagues from housing, adult services, schools, health, the Department of Work and Pensions, translation services and the voluntary sector ensures that there is a consistent response for families arriving in Rochdale from other countries. Joint home visits are undertaken, and early help assessments are completed with families to identify ongoing needs. Support to integrate families into the local community is provided, and information sessions for new arrivals take place, which ensure that attendees are supported with practical issues, for example having access to clothing banks and being given food and toiletries. To date, 141 children have been supported, placements have been maintained and families have reported that they feel supported.

Partnership working with schools in relation to reducing permanent exclusions is also underway, although at an early stage. Multi-agency triage meetings have resulted in more children remaining in school with support packages. An innovative EBNA panel provides support for children whose attendance at school is affected by their emotional health. In 2023-24, 37 referrals were received, with 83 schools supported through training sessions on the EBNA guidance and approach. As a result, more children with emotional and mental health challenges are being helped to access and remain in school.

School leaders have opportunities, through their regular network meetings with senior managers, to share wider concerns that they may have about front door services. They welcome these opportunities and report that their concerns are listened to and responded to quickly. Schools seek advice quickly from early help professionals, for example to help them to fulfil their roles as lead practitioners.

There are clear systems in place for schools to identify children in need of help or protection. Schools make timely and appropriate referrals to children's services or to early help where necessary. They know how to escalate their concerns when they feel that things are not improving for children. At the time of the inspection, children's services increased education capacity in the EHASH to further enhance support for schools.

Nevertheless, while leaders and managers across early help services work extremely well to establish a culture of continuous improvement, they recognise that there is more to do to understand the impact that allocating lead practitioner roles in early help can have on practitioners' day-to-day work. More work is needed by senior leaders across the partnership to ensure that staff in smaller schools and health visitors, school nurses and midwives have the requisite support, capacity and resources to carry out their lead practitioner roles effectively.

Thresholds of risk and harm are understood well by professionals in Rochdale. Most children who need a statutory service are referred promptly to the EHASH using the RBSCP agreed multi-agency referral form (MARF). Police submit a care plan (CAP) when concerns about children are identified. Swift checks and historical information inform analysis of harm and current risk to vulnerable children and their families. Children at immediate risk are transferred quickly from EHASH to the duty and assessment team, usually within four hours. Consent to share information is obtained, or appropriately over-ridden, when necessary, to safeguard children.

The quality of MARFs and police CAPs is variable. They do not consistently include the voice and lived experiences of children or consider children's unique ethnicity, cultural or learning needs. Due to the lack of clarity for police officers about the time frame for submitting CAPs, there are at times delays in referrals. Police leaders acted quickly during the inspection to increase capacity in the EHASH and to strengthen how the police child protection triage team differentiates risks.

While MARFs are reviewed daily by social care managers, for a small number of children requiring a statutory service, there is insufficient consideration about wider safeguarding concerns and previous history. This means that some decisions about the next steps to help and protect children are made too quickly without the requisite information. This has resulted in some children not receiving the right level of help and support and being stepped down too soon to early help. Some professionals raised concerns about needing to make repeat referrals. In addition, there are no formally recorded multi-agency triage processes or meetings in the EHASH to consider referrals that do not meet child protection thresholds or to confer and agree with partner agencies when social work managers make decisions to close referrals. Social care leaders acted appropriately to improve and increase the management oversight of joint decisions following a small number of weaknesses in the system identified during the inspection.

For most children, the multi-agency responses to safeguarding referrals are timely. The co-location of EHASH professionals, including the police, early help practitioners, social care and health, leads to effective and timely information-sharing for most children. EHASH staff work together to understand the impact on children of domestic abuse, child exploitation, physical, sexual and emotional abuse and poor mental health and neglect. There is professional curiosity and respectful challenge when consulting parents, which helps families to understand concerns for their children. Joint referrals made by ambulance professionals and police officers help to enhance the multi-agency response, especially where, for example, sexual assault has been reported and the child and their siblings needed to be kept safe. The health navigator diligently interrogates available NHS electronic patient records following referrals, searching for sibling and parent details, including cross-checking addresses and information from GPs and other relevant health providers. However, in the health navigator's absence from work, inspectors could not be assured that those important additional health checks were always being undertaken effectively.

Daily multi-agency domestic abuse triage meetings involving health, police and social workers inform timely decisions about risk and actions to support and protect children and victims. Operation Relentless focuses on the top 10 perpetrators and has effective links to the multi-agency risk assessment conference (MARAC). Despite this, there are police staffing capacity issues causing delay in the management of potential risk. For example, the police domestic abuse triage team was holding 19 Domestic Violence Disclosure Scheme ('Clare's Law') applications involving children, the oldest applications being delayed by over three weeks. In addition, systems for routinely sharing information with schools and health practitioners about children living in domestic abuse situations (Operation Encompass) are not consistent and are underdeveloped.

Emergency duty support for children and families out of hours is provided in collaboration with a neighbouring local authority. Children's services have an improvement plan in place as this was an area of concern at the last inspection. While communication and pathways for sharing information between the emergency duty team and EHASH are clear and managed well, operational police officers report that they receive conflicting advice and support from out-of-hours staff. In addition, officers told inspectors that children are sometimes left for extended periods of time in the police station. This may happen when parents are arrested or in crisis due to mental health concerns or they wait too long for out-of-hours staff to come back to them regarding checks on family members who may be suitable to care for children.

Child protection strategy meetings are timely, include key agencies involved with the child and are used constructively to share information. This is a significant improvement since previous social care inspections. Police information is limited, as some police staff do not have timely access to, or complete, police national database

(PND) or police national computer (PNC) checks prior to the strategy meeting but instead rely on Greater Manchester police checks. This means that some decisions about risk and harm to children are not fully understood or are made with insufficient information, which impacts on the multi-agency ability to safeguard children effectively. In contrast, police routinely conduct PNC and PND checks for children at risk of sexual and criminal exploitation and those missing from home. Minutes from strategy meetings are not shared consistently across the partnership. Therefore, professionals do not always have the most recent plan or current information to inform their work with children and families. Leaders have taken immediate action to address this.

Child protection investigations are mainly thorough. Most children are seen alone, and there is evidence of persistent child-centred social work across teams and services to engage the child and parents.

Timely assessments conducted by the duty and assessment teams are comprehensive and analytical. They demonstrate a steadfast emphasis on understanding the impact of parental capacity and behaviour on children. Risks and strengths are carefully analysed. More work is required to engage and include the views of parents, including fathers who do not live in the family home. Children's voices are evident throughout assessments, and social workers develop trusting relationships with children that enable them to tell their story. Careful account is taken of family history, the impact of parental mental or emotional ill-health, poverty and domestic abuse and neglect on children's experiences. While stronger assessments include a sensitive consideration of children's cultural backgrounds and heritage, more work is needed to ensure that relevant diversity issues are reported and analysed routinely.

Multi-agency child in need meetings take place every four weeks during the assessment period and include relevant professionals. Although the child in need plans are variable in quality, they are updated and decisions about next steps are recorded by managers. Social workers work in collaboration with partner agencies to progress plans, and this leads to purposeful joint interventions, using a range of appropriate tools which enhance the quality of direct work with children. All social work staff reported positively about working in Rochdale. Workloads are manageable. Management direction is clearly recorded when cases are allocated, and progress is reviewed by managers in supervision. Management checkpoints are completed every 10 days when assessments are underway, which helps to ensure that appropriate priority is given to their progression. This level of management oversight also provides workers with guidance as to next steps in response to emerging risks and needs. Newly qualified social workers benefit from protected caseloads, with incremental exposure to more complex work and additional mentoring and supervision.

Effective multi-agency arrangements ensure that there is swift identification by the co-located multidisciplinary Sunrise team of children at risk of criminal and sexual exploitation. These arrangements are underpinned by a comprehensive RBSCP joint contextual safeguarding strategy. This provides a shared understanding and framework for prioritising and meeting children's needs. Highly committed specialist police officers, social workers and health practitioners make persistent efforts to engage children at their pace, and parents are actively included in safety planning. A daily meeting is used to identify opportunities to support children in need of help early and to intervene to disrupt adults who pose a risk to children. The delivery of multi-agency training, consultation and joint work with social workers and school staff ensures that risk is well understood. Collaboration with the youth justice service reduces children being criminalised, and regular referrals are made through the national referral mechanism. Tenacious child-centered practice and skilful individualised direct work are helping children to understand risks posed to them, helping them to develop strategies to exit harmful situations. While risks remain very real for some children, there is evidence of professionals constantly sharing information in real time to ameliorate emerging risks to children in local communities.

A multi-agency missing team led by the police is effective in responding to children who go missing from home or care, with a positive child-centred, trauma-informed approach. Staff actively engage children and support activity to help find children who are missing from home more quickly, for example updating trigger plans and attending strategy meetings. The Philomena Protocol is an initiative to help locate and safely return children who are missing from care. It has been widely adopted across children's homes and supported accommodation in Rochdale. It enables staff and agencies to respond swiftly and more efficiently when children do not return home.

Vulnerable families and children awaiting a neurodiversity assessment can access support from commissioned voluntary sector services, such as the Home-Start family befriending service, or where substance misuse is indicated, Early Break services. Professionals in both services are proactive in identifying need and risk. This supports children at the front door to help prevent unnecessary hospital admissions, especially for children with a learning disability or autism. It also includes intensive work supporting children on neurodiversity assessment pathways who are also at risk of exploitation or who might be known to self-harm.

Although GPs are experiencing an increase in attendance at their surgeries of children with social and emotional mental ill health problems, the waiting times for child and adolescent mental health services (CAMHS) are consistently below the national 18-week standard. Following prompt triage, most children in Rochdale are seen by CAMHS within 12 weeks for the first therapeutic intervention, and children in crisis are offered immediate support. This is augmented by the provision of support for children with

emerging emotional ill health in about half of the schools in Rochdale and through a drop-in clinic for those aged eight to 19.

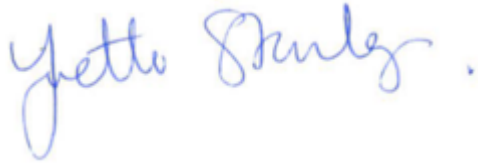
Staff across health services, social workers, police, schools and early help practitioners report that they are well supported, valued and have good access to a wide range of training and development opportunities. Managers are readily available and approachable and guide and advise the skilled workforce effectively. Relevant targeted multi-agency training has enhanced practitioners' knowledge and skilled interactions with children, young people and their families. There is a culture of learning and openness to challenge when there are concerns about children experiencing harm, which is devoid of blame. This has developed in response to the dissemination of learning from child safeguarding practice and rapid reviews and thematic pieces of work across the partnership.

Next steps

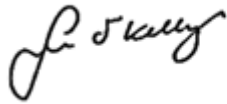
We have determined that the Chair of the Rochdale Safeguarding Children's Partnership is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies 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 Chair should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 21 October 2024. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

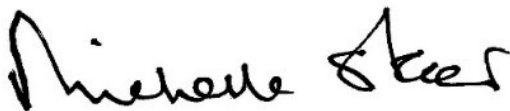
Yours sincerely



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