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Dear Telford and Wrekin Local Safeguarding Partnership

Joint targeted area inspection of Telford and Wrekin

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 Telford and Wrekin.

This inspection took place from 14 July to 18 July 2025. 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

Leaders across the local safeguarding partnership are committed and ambitious for children in Telford and Wrekin. A strong vision is shared, with a track record of continuous improvement. For the majority of children, the identification and initial response to children in need and those who need to be protected is strong. Despite this, there are aspects of the initial response where information-sharing is not sufficiently effective. This impacts on the coordination and understanding of a small number of children and their needs across the partnership. Leaders have made considerable investment in multi-agency early help and continue to prioritise financial investment in this area.

A strong early help offer, and plans to further enhance it, are impressive. This enables many children to have their needs understood and met at the earliest opportunity. Several family hubs have been established, which are valued by local communities.

What needs to improve?

- To ensure consistently effective information-sharing between professionals, so that practice is based on a shared understanding of children's needs, risks and strengths within their immediate and wider family networks. This cuts across Family Connect, which shares information to assist with screening referrals, and

sharing the outcomes of referrals and child and family assessments with agencies involved with the child.

- To ensure that professionals who know the child are invited to strategy meetings, are involved and receive a record of strategy meetings.
- To ensure that all professionals across the partnership are familiar with the threshold guidance and know how, and when, to make a referral to Family Connect.

Strengths

- Innovative and creative approaches to engage and enable children to participate in the planning and design of services are a strength across much of the partnership.
- Children benefit from confident and skilled practitioners across the partnership who take up a wide range of high-quality training.
- An effective wide-ranging early help offer, which is highly valued by families.
- Children are immediately safeguarded through timely joint action between the police, education and social workers, which ensures they are protected from harm.
- A mature partnership with well-considered multi-agency safeguarding governance arrangements and structures.

Main findings

Most children benefit from timely contacts to the Family Connect service from professionals. While most professionals are familiar with the area's threshold guidance, there are a few exceptions in health services, namely primary care and some public health nurses.

When children and families need support, they receive a child-focused, proportionate, sensitive and timely response from the multi-agency Family Connect service. Advisers in Family Connect provide helpful advice and guidance or signposting to other services, which result in families having their needs met at the earliest opportunity. Contacts are not all overseen by a manager. However, regular dip sampling provides assurances that appropriate action is taken in response to contacts. When needs are more complex or there are safeguarding concerns, Family Connect social workers are reflective and balanced in their consideration of needs. Social workers speak with families sensitively to help decide the next steps and will often try and capture the views or experiences of children from schools or other partners who may know them well. They make clear recommendations that are proportionate to the level of need and take steps to access the help needed by

children. Contacts are appropriately closed following screening activity, but the recorded rationale for management decision-making is not sufficiently detailed.

Partners located within the Family Connect service gather comprehensive information to help inform decision-making and understand children's needs more fully. The police force triages referrals effectively based on risk level. Internal police systems are checked to inform risk assessments, responses and onward information-sharing. When requests are made to partners based in Family Connect for further information, insufficient detail about the contact is shared, which means partners are unable to target their information requests within the wider service. Sharing health information within Family Connect is a challenge, due to the different data systems used in the health landscape. This can sometimes impact on the timeliness of information-sharing from some health agencies. Partners involved with the child are not updated about the outcomes of referrals. This means that they do not have up-to-date information about the child's circumstances and who is working with them.

While most child protection enquiries are thorough and lead to timely and proportionate joint multi-agency action that reduces the risk of harm to children, there are some factors relating to information-sharing that impact on effectiveness. For example, although strategy meetings involve core agencies, including education, some other partners are not invited to attend strategy meetings when they have relevant information about the child or might contribute to planning. Also, when there are safeguarding concerns, the police national computer (PNC) is not routinely checked as part of the initial safeguarding assessment. This limits the full understanding by partners of a child's circumstances and associated risks. A single record of the outcomes of strategy meetings is not consistently shared, which limits the understanding of partners about what has been agreed.

When children need to be immediately safeguarded, timely action ensures that they are kept safe. In these circumstances, children benefit from strong joint working between the police, education and social workers to ensure their safety. Education providers are highly committed to the partnership approach to safeguarding. They are very much a key safeguarding partner, which has been strengthened over the last couple of years. As a result, education providers meet their responsibilities and have a strong well-informed voice, which is valued within the partnership.

The emergency duty team (EDT) provides an effective, child-focused response when children and families need help or protection out of office hours. Social workers speak to and see children and their parents, including absent parents or those who are perpetrators. When there are safeguarding concerns out of hours, strategy meetings are held with the police to agree actions to safeguard children. The relevant health agencies are not asked to contribute to these discussions, which limits available information-sharing and decision-making.

When children are missing from home, effective liaison between the police and EDT ensures effective joint working to share information and agree plans to find and protect children. The police force classifies some missing children as not meeting the missing threshold and a 'concern for safety' is recorded. This means that these episodes of children going missing do not appear on the Compact system, which leads to gaps in the child's safeguarding history and means that, in the future, the level of risk may not be accurately understood.

Some children who have been in custody do not have their risk assessments shared with relevant safeguarding partners by the police. This undermines a timely and proportionate response to their needs.

Notifications of attendance in accident and emergency are routinely shared with public health nursing teams and primary care in a timely manner, but are not always effectively reviewed by them for safeguarding concerns. As a result, there may be gaps in safeguarding concerns and multi-agency collaboration opportunities to support the safety of a child.

As part of this inspection, Ofsted inspectors also considered the social care response to 16 and 17-year-old children presenting as homeless. Children who present as homeless or at risk of homelessness experience a timely, child-centred and responsive service from the local authority. A clear pathway is in place that sets out the support available, alongside practice expectations in respect of this vulnerable group. Workers build trusting relationships with children to ensure that they are safeguarded and aware of their rights, with plans in place to secure permanent living arrangements for them.

Children at risk of exploitation receive an effective response from a specialist police officer and the children abused through exploitation (CATE) team. Specialist workers in the CATE service are passionate about the work they do. They build relationships that empower children to access support and reduce risks effectively. Exploitation risk assessments are thorough, detailed and completed in consultation with young people and partner agencies. Child exploitation assessments include detailed intervention plans. There is an appropriate focus on disruption and diversion activity. Safety planning is explicit and included in plans. Information-sharing is a strength in this service and, although the risk is dynamic and situational, awareness of the risks to young people is increased by this intervention.

On this inspection, Ofsted inspectors also considered the social care response to separated children seeking asylum at the front door. The response by the local authority to most separated children seeking asylum at the point of contact is prompt, responsive and child centred. Those who are identified out of hours experience a slight delay. Multi-agency 'strategy meetings' held in the Family Connect service are attended by key partners. Partnership information is used

effectively and informs next steps. Separated children are placed in appropriate accommodation that meets their needs in terms of culture and community, with access to support.

Early help staff, based in community multi-agency family hubs, are child focused and engage with families and children to understand the impact of their experiences. The new domestic abuse workers utilise tools and programmes to work with families to help them to understand the impact of their behaviour and to make the necessary changes. Emphasis on building trust and relationships with families enables tailored support to be provided to meet their individual needs and circumstances. This is reflected in positive experiences and extremely high rates of satisfaction from families who have used the service.

The quality of early help assessments received from partner agencies varies. The standard of assessments completed by schools is high. Schools identify the children who need help accurately and quickly due to their in-depth knowledge of children's needs. The comprehensive early help available in schools means that children and their families receive targeted support quickly. This often precludes the need for higher levels of more intensive support.

The length and complexity of the early help assessment is a barrier to completion by some professionals wishing to make a referral, particularly for some specialist health practitioners who do not know the family well enough to complete it. This means that the referral of children for early help by some health agencies can be delayed. Leaders are aware of this. Plans to develop early help further are being implemented to address this. The recent introduction of the early help assessment co-ordinator role is intended, in part, to raise the quality of early help assessments and support partners in this task. It is too soon to see the impact of this on practice.

While waiting for allocation, families are contacted regularly and sometimes visited to ensure that any immediate support needs can be responded to, and if circumstances change, they are prioritised. Early help assessments and plans completed by specialist practitioners in family hubs are proportionate, timely, child focused and co-produced with families.

Assessment practitioners in children's social care are well trained, confident and knowledgeable. They demonstrate professional curiosity. There is slight variation in the quality of assessments, but most identify and respond effectively to initial need and risks such as neglect and child sexual abuse. It is a strength that most assessments are written to the child and reflect their views and experiences clearly and powerfully via direct work. Social workers undertake complex and timely work with families and put in place specialist partner and commissioned support during the assessment period, which enables them to make a tangible difference to children's

lives. As a result, children and families make positive progress during and following the assessment process.

Child and family assessments contain information from other agencies, and the information shared helps to build a picture of the child and family's circumstances to inform decision-making. However, partners report that they do not always receive the outcomes of assessments, which limits their ability to understand children's needs and support them as part of a plan.

Pregnant women who are vulnerable benefit from a specialist midwifery team to help keep them and their babies safe from harm. Robust partnership safeguarding processes are in place to ensure early assessment and joint planning in the interests of the child. Adult alcohol and substance misuse services provide a specialist family recovery service. The team works effectively with families who have children who are in need. Parents have quick access to support, which helps to protect children and families from harm.

Operation Encompass ensures that timely information is shared with schools by the police about most children who have experienced domestic abuse. This has a positive impact for school-age children when the police attended the family home. For a very small number of children, the impact of these multi-agency arrangements is undermined when the police are unable to identify the correct school. The local authority does not consistently provide the necessary details. This impacts the timely onward sharing of safeguarding information.

A mature partnership has developed effectively well-considered, multi-agency safeguarding governance arrangements and structures through its boards and subgroups, which ensures a broad breadth of oversight of front-line practice across the partnership. Leaders have refreshed their governance structures to ensure that they are prepared for the new government reforms. Concerns between partners are escalated and challenged appropriately to improve services. An example of this is the development of the harm assessment unit, a centralised contact centre across four counties being established by the police. This development has led to engagement and challenge by partners to drive improvement through the safeguarding board. Consultation, escalation and challenge between partners about the way forward have positively led to the development of joint mechanisms to track and review the arrangement if issues emerge that impact on the partnership's effectiveness.

The independent scrutineer provides a balanced evaluation of the effectiveness of the multi-agency safeguarding arrangements. Partners have found the challenge helpful, strengthened by the presence of the independent scrutineer on various relevant subgroups.

The completion of multi-agency audits is well embedded across the partnership. This enables leaders to have a systematic oversight of front-line practice. In addition, a range of subgroups enables a coordinated partnership response to continue to improve the initial response to children in need and those at risk. There are many examples of impact, which include the introduction of early help module training and the updated partnership threshold guidance, which is understood and used by most practitioners. Multi-agency forums like the child sexual exploitation and child exploitation, and family connect subgroups, are proactive and make a difference to children's experiences and progress. The partnership is responsive and its meaningful focus on continuous learning enables it to anticipate and respond to new and emerging risks. The partnership's interrogation of specific areas of concern results in service improvements. This inspection identified some areas for improvement that leaders were not fully sighted on, but now plan to incorporate into their evaluation and improvement plans.

Leaders rightly recognise that the partnership's multi-agency data set is underdeveloped and is primarily based on local authority data. Despite this, performance reports are informative and analytical, evaluating performance and changes in trends. Action plans address dips in performance or ways to improve services, which are tracked regularly. Clear links between subgroups ensure that there is an understanding across the partnership so that actions are agreed, such as the reflection on the reduction of midwifery referrals.

Innovative and creative approaches to engage and enable children to participate in the planning and design of services are a strength across much of the partnership. The commitment to this by leaders is impressive and means that many services are based on what children want and need. For example, child-led children's safeguarding boards are established in many schools, the multi-agency conference listened and acted on the voice of children, and the 'explore more' guidance tool was developed in partnership with those with lived experience. All these examples highlight the value given to children's voices. The Dandelion parent group listens to the views and experiences of parents and actively uses its knowledge and expertise to shape practice and service delivery. The group has had a significant impact across a number of key priority practice areas, such as its contribution to the rewriting of the threshold of need document and ensuring that family hub websites are accessible and meet the needs of families in the community.

Children benefit from confident and skilled practitioners across the partnership, who take up a wide range of high-quality training. Leaders across the partnership actively engage with national best practice to strengthen frontline responses to children in need of help and protection, and inform the development of local training and practice to improve the response for children. Strong child-focused practice by the police force is visibly reinforced throughout its stations, with 'AWARE' posters on display. The education safeguarding team provides the means for schools and other

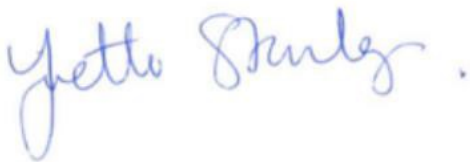
educational settings to keep children safe. Forums for sharing good practice, as well as learning, are key to this, such as the range of safeguarding subgroups with representatives from all types of educational settings.

Next steps

We have determined that Telford and Wrekin 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.

Telford and Wrekin Safeguarding Partnership should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 12 December 2025. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

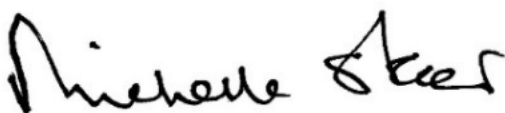
Yours sincerely



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