

# **Cardiff Council, Cardiff and Vale University Health Board, South Wales Police**

## **Report of Joint Inspection of Child Protection Arrangements**

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

## **Introduction**

Between 15 and 19 January 2024, Care Inspectorate Wales (CIW), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Healthcare Inspectorate Wales (HIW) and His Majesty's Chief Inspector of Education and Training in Wales (Estyn) carried out a joint inspection of the multi-agency response to abuse and neglect of children in Cardiff.

This report outlines our findings about the effectiveness of partnership working and of the work of individual agencies in Cardiff.

### **Scope of the inspection**

The Joint Inspection of Child Protection Arrangements (JICPA) reviewed:

- the response to allegations of abuse and neglect at the point of identification
- the quality and impact of assessment, planning and decision-making in response to notifications and referrals
- protecting children aged 11 and under at risk of abuse and neglect
- the leadership and management of this work
- the effectiveness of the multi-agency safeguarding partner arrangements in relation to this work

We have endeavoured to use plain language to describe the findings from the JICPA. We refer to several terms throughout the report which are defined as follows:

Term or Phrase	Definition
ALN	Additional Learning Needs
CAMHS	Child and Adolescent Mental Health Services
Care First	Children's Services IT data base
CASPP	Care and Support Protection Plan
CLA	Children Looked After
CP/ CPR	Child Protection/ Child Protection Register
CPCC	Child Protection Case Conference
CVUHB	Cardiff and Vale University Health Board
DSL	Designated Safeguarding Lead is the person appointed to take lead responsibility for child protection issues in schools and Pupil Referral Units (PRUs).
DSP	Designated Safeguarding Person is a school or PRU's lead person on safeguarding and child protection
EHE	Elective home education
ELSA	Emotional Literacy Support Assistant is a social and emotional intervention programme delivered by trained staff in primary, secondary schools and PRUs.
IDVA	Independent Domestic Violence Advisors (IDVAs) are trained to provide specialist advice and support to victims of domestic abuse
PCC	Police and Crime Commissioners (PCCs) aim to cut crime and deliver an effective and efficient police service within their police force area. They are elected by the public to hold Chief Constables and the force to account, making the police answerable to the communities they serve.
MARAC	MARACs are Multi Agency Risk Assessment Conferences. They are regular meetings of professionals who discuss how to help individuals who are most at risk of serious harm due to domestic violence and abuse.
MARF	Multi Agency Report (Referral) Form
MASH	Multi Agency Safeguarding Hub - A single point of contact for all new safeguarding concerns.
NICHE	The police intelligence and information system
Operation Encompass	Operation Encompass is a partnership between police, schools and PRUs. One of the principles of Operation Encompass is that all incidents of domestic abuse are shared with schools and PRUs, not just those where an offence can be identified.

PLO	The Public Law Outline (PLO) process takes place when the Local Authority is concerned about a child's well-being and unless positive steps are taken to address and alleviate those concerns, the Local Authority may consider making an application to the Court. (Family Law Group)
PPN	Public Protection Notices
PRU	A Pupil Referral Unit (PRU) is a type of school established and maintained by a local authority to provide suitable education for children and young people who, by reason of illness, exclusion or otherwise, may not receive such education (section 19 of the Education Act 1996)
RSB	Regional Safeguarding Board
Section 47 (S47)	Under Section 47 Children Act 1989, a local authority has a duty to investigate if it appears to them that a child in its area is suffering or is at risk of suffering significant harm.
Signs of Safety	Signs of Safety approach is a relationship-grounded, safety-organised approach to child protection practice, created by researching what works for professionals and families in building meaningful safety for vulnerable and at-risk children.
TAC	Team around the Cluster (TAC) model aims to support schools and PRUs to identify and support families earlier when the needs arise by collaboration with key partners.
THRIVE	Thrive offers a trauma informed, whole school or setting approach that helps to improve the mental health and well-being of children and young people.
VAWDASV	Violence Against Women, Domestic Abuse and Sexual Violence. A VAWDASV Strategy 2022 to 2026, was launched in May 2022
Wales Safeguarding Procedures	Wales Safeguarding Procedures detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect.

## **Summary**

The current children's safeguarding context is one of persistently high levels of demand and increasing complexity. The local authority reports a 44% increase in strategy discussions undertaken in 2022/2023 compared to 2019/2020. This is consistent with a similar increase in Section 47 enquiries (46% increase in the same period), reflecting the increase in demand across services.

Budget challenges, deficits in the number of practitioners and a competitive market, have resulted in an increasing proportion of newly qualified and inexperienced workers across partner agencies. This exacerbates the challenge of safeguarding children across multi-agency activity.

There is, however, a positive focus on safeguarding across the local authority, local police force and health board. A culture of safeguarding is promoted as everyone's collective responsibility. Professional relationships across agencies are positive with professional differences easily resolved between senior safeguarding leads. Leaders and managers, particularly in the local authority, have a good understanding of the experiences of children and families that need help and protection in the area and the prevalence of need and risk. Cardiff and Vale University Health Board (CVUHB), however, needs to strengthen its governance arrangements to support safeguarding practice and report on and scrutinise key safeguarding data.

Local partnership working is supported by the regional safeguarding board. There have been recent changes to board governance arrangements with the introduction of a safeguarding delivery group which aims to strengthen monitoring, accountability and improved coordination across the partnership. This has helped promote the message that safeguarding is everybody's business and a collective responsibility.

Practitioners mostly understand their roles and responsibilities in the context of protecting children and maintain a positive focus and commitment. Information is generally shared appropriately and in a timely manner when concerns are identified about children's safety and well-being.

There is good multi-agency attendance and participation in child protection meetings arranged under the Wales Safeguarding Procedures. Partners understand their roles and responsibilities in relation to safeguarding children. It is positive that following a targeted increase in resources, police attendance at review child protection conferences is significantly improved.

The multi-agency response to safeguarding referrals is generally proportionate to the presenting risk. Child protection enquiries are thorough with a focus on the needs of the child, involvement of relevant agencies and with mostly timely action to reduce

the risk of harm to children. Sometimes there can be delay in progressing assessment and plans, despite managerial oversight.

Children and their families' views are heard. This is evident in the developing practice approach adopted in Cardiff which is strengths-based and solution-led. This provides good opportunity for families to be involved in the design and delivery of care and support protection plans (CASPP).

Children and their families benefit from evidence-based approaches which reduce risks and meet their needs. There are a range of services supported by agencies, for example the Goleudy service, which provides a multi-agency crisis response to emotionally distressed children. The Police and Crime Commissioner (PCC) funds a range of initiatives supporting children and families affected by violence and harm. Some of these initiatives include hospital and community-based provision.

There are areas of immediate concern identified by HIW in relation to CVUHB's safeguarding of children arrangements that could pose an immediate risk to their safety. HIW has requested CVUHB provide an immediate improvement plan for the actions it has taken and/or intends to take, to address these issues to ensure children and young people are safeguarded and their safety is maintained. The concerns are referenced later in this report.

Safeguarding of pupils is a high priority in schools and the pupil referral unit (PRU) and as a result, they are safe places for pupils to learn. Schools and the PRU know pupils and their families well and respond to meeting their needs. There are lots of opportunities for children to be involved in plans for them and decisions that are made.

Schools and the PRU are significant and effective contributors in the multi-agency response to ensure children get the right help and protection at the right time. They identify children in need of help or protection and make timely referrals to children's social care when appropriate, although awareness and access to external early help services could be improved. Children receive appropriate support within the school or the PRU, with a comprehensive range of programmes used to promote health and well-being.

## **Key findings and evidence**

### **Well-being**

#### **Partnership Arrangements - Strengths**

Changes to the Cardiff and Vale of Glamorgan Regional Safeguarding Board (RSB) governance arrangements, forming a delivery group, present as positive in terms of efficiency and clarity in communication, although it is early in the process of change. Tracking of recommendations of adult and child practice reviews is improving.

A training needs analysis undertaken by way of a self-assessment across the partnership is recognised as a positive development, although all agencies need to engage with this. It is important this leads to a practice focused joint training programme. Shared resources and provision of training are being developed, with multi-agency training already delivered as part of National Safeguarding Week at the end of 2023.

Partner organisations are successful in collaborating, commissioning and delivering safeguarding services. The local authority's Corporate Safeguarding Policy 2022–2025 includes clear objectives and guidance to ensure safeguarding is everyone's business.

Illustrative examples of partners collaborating include South Wales Police attending the CVUHB internal bi-monthly safeguarding meetings, with the local authority receiving minutes of these meetings. This means partners can be made aware of safeguarding issues within CVUHB and opportunities taken up to manage challenges together.

The Goleudy service provides a crisis response to emotionally distressed children presenting in hospital and coordinates the planning for ongoing support. The team comprises clinical psychologists, mental health staff, occupational therapists, social worker assistants and education coordinators. Children's services have a CAMHS/crisis pathway consultant social worker who does not hold primary care planning responsibility. This post sits across health and social services and is highly regarded by staff in enabling closer links across services.

There are examples of collaborative working where domestic abuse is a concern. In the Multi Agency Safeguarding Hub (MASH), daily joint multi-agency arrangements provide opportunity to review high risk circumstances. CVUHB based Independent Domestic Violence Advisors (IDVAs), funded by the PCC, include an IDVA specifically to work with young people aged 11 to 17 years. A dedicated domestic abuse lead in social care has established positive links across other services including third sector partners. The post holder is a qualified and experienced social

worker who is; non-case holding in leading practice, developing practice tools and delivering training.

There is a focus on strengthening practice in Cardiff regarding children who go missing. This is supported by a strategic commitment to working with partners. There are procedures in place and a designated missing persons coordinator based in the Safeguarding Adolescents from Exploitation (SAFE) service, acting as link for partners. There is a commitment to achieving consistent application of a missing persons protocol in practice, supported by an improving focus on performance oversight. For example, practice has been strengthened through development of a data visualisation tool to capture information relating to missing persons, provision of weekly data to operational managers for young people deemed most at risk, and fortnightly strategic missing persons meetings involving the SAFE service and Police Missing Team.

Professionals identify children in need of help and protection and report their concerns accordingly. Partners value the accessibility of practitioners in the MASH and the opportunity to discuss their concerns with front door practitioners prior to completing the Multi Agency Report (Referral) Form (MARF). One partner commented '*we can easily access advice from MASH which is useful and supports the safeguarding process.*'

### **What needs to improve**

The practice of single agency Section 47 visits by social workers is a recognised practice response across Wales, but this should not be a response routinely led by capacity. For example, delay was identified in responding to a child protection incident evident partly because a single agency recommendation was made, and communication between social services and police faltered thereafter. Partners said the decision to undertake such single agency visits is partially related to the increase in referrals relating to the change to physical chastisement law and police capacity to respond. There is also a noted lack of relevant experience, confidence and potential delay in recourse to police uniform response for these types of concerns.

The local authority is reviewing the process for outcome strategy meetings, which generally involve the police and children's services with information shared across email communication. This includes consideration to the child protection medical process. Wider contribution from partner agencies would improve understanding of the circumstances of children and the quality of the care and support protection planning process.

## **Individual Agency - Strengths**

### **Cardiff and Vale University Health Board**

CVUHB staff are aware of the processes to follow when a child at risk attends their services, although, this could be strengthened by the implementation of an organisational safeguarding policy. Staff are confident they can access safeguarding advice in a timely manner from the safeguarding team. Regular meetings are in place within CVUHB to review child safeguarding decision making. Examples include weekly paediatric emergency department (ED) meetings and monthly child protection medical peer review. These provide an additional safety net and oversight of safeguarding referrals (the duty to report) and an opportunity to learn and improve practice.

There are positive examples of services supporting the safety and well-being of children and working across disciplines. CVUHB links with primary care colleagues is positive. A digital safeguarding health pathway has recently been developed to support GPs in safeguarding decision making and processes.

There is a Frequent Attender staff member based in the ED to follow up cases of multiple admissions and where appropriate, this can be discussed in the paediatric ED meetings. The CAMHS Crisis service is available until midnight, and this can be accessed by paediatric ED.

In midwifery, the Named Safeguarding Midwife provides consistent support across maternity services. The Pre-Birth Team is working well, with excellent multi-agency working relationships identified in this area.

There are two emotional wellbeing nurses which support children in the PRU and the Elective Home educated children. These are valued by schools and the PRU.

### **Education**

Cardiff schools and the PRU seek to develop and encourage a continuous improvement culture to secure high standards of school governance, operation, and safeguarding. In doing so they are committed to working collaboratively, and with openness, with partners in the education system.

Officers from a range of teams share intelligence around individual schools and the PRU at the All-Schools Risk meetings which are held termly. This enables the local authority to understand the needs of Cardiff schools and the PRU and provide support as required.

School staff at all levels understand their roles and responsibilities in respect of keeping learners safe. Use of a digital platform for all schools, the PRU and service

areas across the education department is improving consistency in recording and reporting concerns. This also improves communication and sharing of information between schools, the PRU and service providers and is beginning to be used to monitor trends from which targeted intervention can be identified.

There are regular opportunities for designated safeguarding persons (DSP) in schools and the PRU to meet and have professional dialogue as part of the DSP forums. DSPs respond quickly to safeguarding concerns and follow correct referral procedures. They share child protection information appropriately, but sensitively, with key school staff.

School and PRU staff have a secure knowledge and understanding of the chronology of pupils who have been named on the child protection register (CPR). There is evidence of multi-agency referral forms (MARFs) being submitted by school and PRU staff in a timely manner.

The roll out of the Whole School Approach to Emotional and Mental Wellbeing has continued, in partnership with Public Health Wales. Schools and the PRU provide vulnerable pupils with a high level of emotional and wellbeing support through Emotional Literacy Support Assistants (ELSA), THRIVE and wellbeing classes.

Cardiff meets the statutory requirement set out in the School Standards and Organisation (Wales) Act (2013) through provision of a face-to-face service school-based counselling service, operating in every Cardiff maintained secondary school and in Year 6 in primary schools, alongside an internet chat message-based service. Many schools adopt Nurture Principles approach that helps pupils develop vital social skills, confidence, and self-esteem, and become ready to learn.

There are identified trusted adults in schools for pupils to turn to if they are worried about something. Pupils say they are well supported and listened to by these people if they are distressed or anxious.

Within the local authority Digital Team, a comprehensive set of online safety resources are made available to all schools and the PRU in Cardiff via Hwb and the Curriculum Teams online learning platform.

The local authority is continuously reviewing the well-being class provision across the city and have aligned the provision with the Additional Learning Needs (ALN) code and processes. The local authority has a dedicated team of ALN transition workers who support children and young people from birth to 25 years. They provide a high-quality service, adopting a person-centred approach in line with the local authority's statutory duties. The team maintain collaborative partnerships with stakeholders.

There are over 500 elected home education (EHE) learners in Cardiff, and anxiety is the second highest reason given for exiting schools. The EHE local authority fund supports officers to track and support pupils. This helps strengthen safeguarding arrangements, where appropriate, for this group of children and young people.

The Education Welfare Service (EWS) has a robust Children Missing Education (CME) procedure and plays an important role in tracking all pupils leaving schools in year, Year 6 to 7 pupils at transition, and children arriving in the area to ensure they arrive safely at their next destinations.

The prevalence of Anxiety Based School Avoidance (ABSA) has increased since the return to schools and the PRU following the pandemic. The Cardiff Educational Psychology Service has produced guidance and training for schools and information leaflets for parents and carers and young people.

The Ethnic Minority and Traveller Achievement Service (EMTAS) have an established working relationship with the Gypsy Traveller community and have developed the respect and the trust of families. Targeted support is provided for Year 6 to 7 transition and enrolment at primary schools, for example by supporting families to complete school applications and transition to high school. The targeted support is having a positive impact.

### **South Wales Police**

We found good use of flags and warning markers by officers to highlight vulnerable children, such as those who have been reported as missing. Call handlers in the Public Service Centre use these flags and markers to quickly identify and assess level of risk, so as to inform the type of response to an incident. This helps to make sure children are safeguarded quickly.

The Force has recently revised and strengthened its policy on responding to missing children. Incidents involving children aged 11 and under, when missing, are treated as high-risk. Most incidents we sampled were assessed and graded appropriately, although the force acknowledge this to be a work in progress.

Police reports for initial case conferences are thorough. Minutes are detailed and are recorded on the force's systems, Niche.

### **Children's Services**

Generally, safeguarding practice led by children's services is underpinned by consideration of risks relating to children's safety, balanced with consideration of the strengths within their families. There are examples of thorough explanation of complex family situations in assessments which provide clarity of the family situation and who is in the children's immediate and wider family circle.

Referrals and duty to report records are screened, RAG (red, amber, green) rated to indicate assessed priority level, and triaged at MASH. During this process there is consideration and focus on parental consent. Potential risks to siblings are generally considered as part of the safeguarding process. There is also consideration of contextual safeguarding factors, although some records would benefit from more

detail to demonstrate practitioners' consideration of the wider risks associated with children and / or vulnerable adults.

Families are regarded as central to safety plans and achieving desired outcomes. There are good examples of safety plans being used, setting clear expectations of parents in terms of managing risks. There could be improved consistency in how these are recorded to ensure there is clarity about risk, safety and what needs to happen to be assured about safety.

There is a strong emphasis on transformational planning activity for positive reasons with a clear practice focus. For example, reconfiguration of panels, which is being positively received by staff. Also, a new escalation policy in Child Protection Case Conference process and a new management oversight policy has been developed.

## **Individual Agency - What needs to improve**

### **Cardiff and Vale Health Board**

Whilst reviewing health board documents to gain an understanding of the governance arrangements in place, a concerning incident was identified regarding a child who had developed grade three skin pressure damage as an inpatient. HIW was informed that following the incident investigation, the pressure damage was deemed to be unavoidable, because all risk assessments had been completed. However, HIW was not assured that the information provided by the health board demonstrated the child was appropriately safeguarded. This, therefore, highlighted concerns with the recognition of, and actions taken by the health board to safeguard children from developing skin tissue damage.

The numbers of children looked after (CLA) who do not receive an initial health assessment within the statutory timescale is high, reaching 95% in November 2023. This is a longstanding risk. Compliance data for statutory review health assessments was not available to inspectors.

School health nurses are not undertaking health assessments for school-aged children who are subject to an initial child protection conference. In addition, most school nurses do not have access to GP records and so may be unaware of a child's health care needs. It is recommended a comprehensive health assessment is completed for every school aged child to identify if there are any health needs to inform the CASPP.

In light of the issues highlighted above, HIW issued an Immediate Assurance letter to the health board requesting an urgent response and an improvement plan to address the areas of concern. HIW has since accepted the improvement plan.

The number of different Health Board IT systems in use impedes the timeliness of information gathering and sharing. Key safeguarding documentation is not always recorded or logged, and other records provide only limited information. This means important details about care and support plans and multi-agency meetings are not always available to inform progress about a child's safety and well-being.

The safeguarding lead midwife role is the responsibility of one practitioner, a large remit which is disproportionate to the remainder of the safeguarding team. Areas of services previously offered by the safeguarding team to maternity staff have been discontinued (supervision and Level 3 training to hospital midwives). This is a potential risk that needs revisiting.

## **Education**

No specific areas to record under this section.

## **South Wales Police**

There was a backlog in the processing of domestic violence disclosure scheme (DVDS) applications at the time of the inspection. This has been recognised by the force who are working to reduce it, however, decisions about sharing safeguarding information to victims who are responsible for protecting children is delayed in some cases.

## **Children's Services**

The 2022/2023 Annual Welsh Government Performance Submission by the local authority records 44% of contacts where a decision was not made by the end of the next working day. The same data set records high numbers of children not seen as part of a well-being assessment. This is an area for the local authority to address and better understand. In MASH, however, referrals are screened with practitioners applying ratings to determine priority level (low, medium, significant). This is an important process against the context of increasing demand.

There is inconsistent compliance with statutory timeframes for Section 47 enquiries, the timeliness of visits to CLA and children named on the CPR. These areas require improvement as essential elements of safeguarding processes. Records should clearly record the rationale for any deviation to relevant timeframes. The timeliness of the first core group following initial CPCC also needs to be addressed. Some core groups are postponed at short notice, and this can mean important updates to CASPP can be delayed.

Strategy discussions and core groups would be strengthened by ensuring key documents are shared with attendees and absent partners. This would enable all

staff to be aware of updates to plans and their role in the protection of children. It is reassuring to note children's services have introduced a new Core Group Resource Project which will bring the required focus on core group practice.

Overall, systems support decision making within the public law outline (PLO). This ensures leaders have line of sight on the lived experience of children. However, there are situations where there are significant delays within PLO. Leaders should ensure timely oversight of such instances to prevent delay in meeting children's needs for safety and permanence. This has commenced with the reconfiguration of a panel, actions being logged and business support resource dedicated to ensure there is no drift and delay towards permanence planning.

Practitioners generally use strengths-based approaches when responding to risk. In a few situations, we have found staff would benefit from training on exploitation, safeguarding adolescents, and culturally harmful behaviour.

Use of genograms, ecomaps and chronologies is variable, which practitioners told us was impacted by allocated worker capacity. These are important tools in understanding context and helping practitioners rationalise decision-making.

## **People**

### **Partnership arrangements - Strengths**

This year Cardiff has been named the UK's first child friendly city. This is a global award celebrating cities where children's rights are a part of decisions and policy made by local government. Since 2017, the local authority has worked with organisations across the city to help children and young people contribute to areas such as leadership, communication, culture, and education.

Overall, practitioners work well with families and involve them in decisions about their lives. There is strengths and outcome focused practice evident in CPCC. Best practice examples include the use of plain language in communication with parents and a clear focus on what parents need to change. The use of scale questions helps the multi-agency group focus on what they are worried about.

### **What needs to improve**

There is recognition by partners of the importance of understanding the individual circumstances of the child, but capturing and or recording the voice of the child requires strengthening.

The recording of ethnicity and language in health and police records could improve. This is significant in responding appropriately to the diverse population in Cardiff. Leaders should ensure accurate and clear record keeping of important demographic information.

### **Individual Agency - Strengths**

#### **Cardiff and Vale University Health Board**

CVUHB has a well-established Youth Board which is consulted for relevant initiatives, policy development and pertinent staff interviews. A representative from the safeguarding team attends some meetings.

CVUHB and GP practice staff value the support and advice from the CVUHB's safeguarding team, though it is evident the volume of calls can at times, impact the timeliness of the response.

The voice of the child is generally well evidenced but could be strengthened in some records. There are examples of children being involved in their health assessments and their health care planning when they are CLA. This involves 'what matters' and strengths-based conversations and wishes and feelings captured. The relationship

between healthcare staff and children is collaborative with evidence of young people being involved in decision making in relation to health matters.

Staff generally access safeguarding support and supervision in a timely manner when making important decisions in relation to safeguarding children. Leaders and managers use their knowledge to challenge and support practitioners and promote continuous improvement.

## **Education**

Safeguarding is central to the work of leaders and officers within the education directorate and is always placed on the agenda of the Senior Leadership Team (SLT) and other meetings. Senior education officers meet with colleagues from the Children's Services Directorate monthly to discuss a broad range of current issues around safeguarding.

The Director of Education and Lifelong Learning has a good understanding of the importance of establishing and supporting a strong safeguarding culture, processes and systems at both corporate and school level. There are strong links with the Children's Services Directorate and especially the Education Safeguarding Team, which sits within this directorate.

The elected member for education is highly committed to safeguarding. All elected members complete the corporate safeguarding training upon appointment.

Leaders value improvements in multi-agency working which strengthen safeguarding arrangements in schools and the PRU. The Education Safeguarding Team provide schools and PRUs with a high level of support. This includes timely advice, regular safeguarding updates and high-quality training for DSPs and governors.

The Youth Service vulnerability assessment profile (VAP) tool is distributed to schools three times a year, where a risk status is populated with a focus on specific data such as number of school moves, exclusions, free school meals and CLA status to identify the most vulnerable learners. Schools and the PRU review and update the pupils' status to identify those most at risk of exploitation, becoming disengaged from education, or being vulnerable in the community. Cases are triaged by the Performance and Governance Team so that targeted support for transition can be implemented. Support is provided for pupils in Years 7 to 11 in mainstream, special schools and EOTAS (Educated other than at school).

The local authority has funded the roll out of a common electronic system for recording safeguarding concerns across all schools and the PRU which has improved the recording of information. Many schools are also beginning to use this system appropriately to report incidences of bullying. Officers have worked alongside school leaders to produce useful guidance on recognising, recording and dealing with allegations of bullying.

Most schools and the PRU report the Education Safeguarding Team (EST) organises regular and useful training for schools and governors on child protection as well as holding a wider range of contextual safeguarding sessions. Relevant staff access a range of worthwhile training for example on, Prevent and Violence against women, domestic abuse, and sexual violence (VAWDASV). The local authority, in partnership with Central South Consortium, organises an annual programme of governor training.

Advocates are used appropriately; they visit pupils in school to record pupils' views on important matters. Pupils feel adults listen to them and provide them with support and a voice. There are generally positive relationships between schools and parents.

Schools and the PRU have a good understanding of the issues faced by pupils and their families in their individual communities, for example the impact on families of the aftermath of the community unrest in Ely in 2023. Targeted support for communities is delivered in part through the youth service. As an immediate response to the disturbances in the Ely community, the youth service increased the street-based support, to gather the opinions and thoughts of young people and the wider community.

### **South Wales Police**

Vulnerability is a clear focus for force leaders. There are a number of structured force governance meetings in place to manage child protection and wider vulnerability. There are local domestic abuse performance meetings in each BCU, including one for Cardiff; actions appear clear and focused on understanding how qualitative data might impact children. For example, managers use their dashboard to identify any missed public protection notices (PPNs) and use this process to ensure they are completed expeditiously and shared with partners. This is positive as it means the force's partners have the necessary information to make timely decisions.

### **Children's Services**

Senior managers have a good understanding of the population needs, and services are aligned in response. There is an experienced senior management group, with positive feedback overall from staff about the support they receive.

Management support and supervision is evident, again with positive feedback across staff groups. There is managerial oversight of safeguarding decision-making and opportunities for practice consultation. Management oversight provides guidance and support to practitioners with reflection about complex family circumstances.

The staff group is dedicated and committed and a focus on safety and well-being is evident. The local authority has had to rely on a high number of temporary staff (agency workers) to maintain team complements and support workforce resilience. It

is positive to note vacancies are reducing and more permanent staff are in post. This is significant as it will help strengthen continuity of practitioners for children and families, which in turn will enhance trust and confidence in relationships.

Leaders and senior managers are committed to making improvements to support children's well-being. There continues to be a strong focus to secure and monitor improvements in children's services. Improved systems have been implemented to monitor compliance with legal requirements and good practice standards. The approach to quality assurance (QA) and auditing, whilst still in development, is effective with an improvement in compliance. There is a genuine commitment to working towards "what good looks like" and what is important in practice. Sharing and dissemination of learning via the QA team is beginning to be productive. There is positive work being undertaken by the practice leads and practice matters events for example.

Practitioners have access to a performance data dashboard. This is beneficial in providing an overview of work to be completed and timescales. This data is reviewed by managers for their ongoing monitoring of practice and compliance with statutory timescales and can be used to identify where resources are needed.

There is recognition of the importance of obtaining parental consent, where appropriate, notably in relation to referrals received in MASH. Generally, the voice of the child and parents is promoted within MASH, including consideration of the circumstances of siblings.

There are excellent examples of child centred work with children, to build trust and ensure they are involved in their plans. In the best examples, practitioners have been caring, persistent and creative to ensure the voice of the child is heard and understood. This includes circumstances where direct work has taken place with large sibling groups, to understand their individual needs. Practice would be strengthened by records being more consistent in capturing the work undertaken with children.

In most assessments and plans, practitioners identify what matters to people and record this clearly by sharing what is working well, any worries, and what needs to happen. Parents and children are positively included in their CASPP. This includes frequent participation in core groups and CPCC. All CPCC start with a pen picture of each child, and there are good examples of the conference chair summarising conference outcomes in the first person. Most Section 47 enquiries evidence the lived experience of the child and have good analysis, to support proportionate decision making.

Children do not always receive information from their social worker, such as reports, and conference chairs do not always meet with children prior to CPCC. High

workload is the main factor for this. Parents and children, however, describe practitioners as supportive and communicative. Conference chairs consistently meet with parents at least the day before the conference to explain what will happen, prepare them and answer any questions.

The local authority has recently started using social work assistants (SWAs) to undertake key roles previously undertaken by qualified social workers. This includes case management lead for CLA. This works satisfactorily when appropriate levels of supervisory support, co-working and mentoring are in place. We received mixed feedback about this, with positive feedback from a partner agency who said that with SWA support, there was less change of workers and more consistency for the CLA child. Conversely, some feedback indicated complexity in some situations was challenging for SWAs to address.

Generally, there is a commitment and emphasis in children being supported by advocacy. Time and resources have been invested in working with the advocacy provider regarding the active offer which was evident. In some instances, advocacy could have been better promoted to enable peoples' voice to be better understood. An App is available to encourage children and young people to engage, although its use across practitioners is inconsistent, partially driven by some children not wishing to use an App for this purpose.

Practitioners and partners demonstrate a good understanding of the cultural needs of the children and families they work with and awareness of the importance of culturally sensitive practice balanced with the need to protect and safeguard children from harm. 'Culturally competent practices' has been a training focus, and families have access to translation services, although finding interpreters for some languages can be a challenge.

The local authority oversees the Welsh language proficiency of its workforce to be able to deliver an active Welsh language offer. It is committed to strengthening this through a focus on workforce and service planning, auditing, data collection and staff development. There are Welsh speaking practitioners working across children's services.

## **Individual Agency - What needs to improve**

### **Cardiff and Vale University Health Board**

CVUHB's compliance with mandatory safeguarding training is 75%. This is not aligned to the National Training, Learning and Development standard of 85%. The health board should therefore reconsider its local target to comply with the national standard of 85%.

CVUHB does not mandate Level 3 safeguarding training. This is out of step with the Chief Nursing Officer for Wales' recommendation outlined in the Safeguarding Children and Young People: Roles and competencies for healthcare staff: intercollegiate document. Some staff groups complete Level 3 training, but this data is not recorded centrally, therefore no reliable data is currently available. Some staff groups appear unaware of the level of safeguarding training they require for their role. There is no data to identify if board members are compliant with safeguarding training. HIW issued an Immediate Assurance letter to the health board requesting an urgent response and an improvement plan to address this area of concern and has since accepted the plan for improvement.

In the 2023/2024 training schedule, 50% of safeguarding children Level 3 training was cancelled due to workload pressures in the Safeguarding Team. Numbers of staff attending the training that did take place were very low, some staff shared there is a lack of training available to support their role.

The sharing of information from the Safeguarding Steering Group (SSG) at Clinical Board meetings is limited. Safeguarding assurance data reported to the SSG is lacking with the Safeguarding Team unsighted on some safeguarding risks (for example, pressure damage on Paediatric Intensive Care Unit (PICU) and CLA statutory health assessment compliance). Senior Clinical Board representatives are not consistently in attendance. CVUHB should assure itself that robust governance arrangements are in place to report, scrutinise and disseminate safeguarding information and learning, and safeguarding assurance and risks are routinely shared at executive level.

The increased volume and complexity of safeguarding cases, coupled with the expanding safeguarding agenda, is impacting the Safeguarding Team's ability to provide assurance of safeguarding practice across all areas of CVUHB.

Although some specialist areas follow governance processes relating to policy development, a significant number of the documents shared by the CVUHB, lack dates, author, ownership details, version controls and review dates. To avoid confusion and to ensure staff are following correct processes, the governance, and monitoring of such documents requires significant improvement.

In the absence of an overarching CVUHB safeguarding policy, some Clinical Boards have developed their own policies and guidance documents. This poses a risk that safeguarding practice may be disjointed with services working differently across the organisation. This issue was addressed within the Immediate Assurance letter highlighted earlier, and the health board has since provided assurance to HIW on its plans to consider the implementation of an organisation safeguarding policy.

Data for safeguarding supervision compliance is not currently collated. It is recommended this is addressed for the CVUHB to assure itself all staff working closely with children where there are safeguarding concerns, are attending regular supervision.

The child's voice and viewpoint are inconsistently evident in healthcare professional records.

## **Education**

The local authority does not require schools or the PRU to submit an annual or regular safeguarding audit. As a result, they do not have sufficient overview of the outcomes of audits or if schools or the PRU complete them on a regular basis. Officers do not know schools' or the PRU's strengths and areas for development well enough in relation to safeguarding.

The local authority collects bullying data when it is recorded on the electronic safeguarding system. However, officers do not currently analyse the data to identify trends and do not challenge schools or the PRU if they do not submit data.

## **South Wales Police**

The force needs to develop how it collates and makes use of demographic data in a qualitative way to understand children's experiences and to reduce risk to children. For example, data on crime and incidents, complimented by demographic information such as languages spoken, disability, or neurodiversity factors. We found minimal evidence of this data (ethnicity, disability or language for example) recorded.

The force is not properly capturing whether children have been seen or spoken to; meaning their voice is not being documented in some cases. It is often not clear from a PPN whether a child was present at an incident and whether they were seen or not. Where there is a clear investigation by the child abuse team, the voice of the child is evident.

## **Children's Services**

No specific areas to record under this section.

## **Partnership and Integration**

### **Partnership Arrangements - Strengths**

UNICEF's recent recognition of Cardiff as the first Child Friendly city in the UK reinforces ambition and commitment to the children and young people across the city. This recognition is achieved by strong partnership working across the city.

There is a commitment by partners to work together in the interests of safeguarding children at risk of harm and abuse. This is evident through positive participation by partners in important multi-agency meetings and discussions, with an explicit focus on strengths and worries in families.

Some systems for information sharing could be improved to ensure all agencies can make informed and timely decisions. Looking ahead, however, the Single View is a local authority led project which will collect data from a range of sources including Children's Services, Education and the Youth Justice Service (YJS) into one system to create a single record for a child. The project team hope to have a viable product ready for piloting by schools in 2024.

Partnerships contribute effectively to safeguarding decision making and have confidence constructively challenging each other. There is evidence of healthy discussion and challenge in core groups and conferences. There is a RSB protocol for the resolution of professional difference and practitioners are generally aware of this and feel confident in challenging decision making and/or seeking advice from their managers. Consideration could be given to capturing and recording differing professional views that do not fall under the scope of the protocol, to inform learning and continuous improvement.

MASH arrangements are multi-disciplinary, and this is highly valued by partners. When safeguarding information needs to be shared (including the duty to report) this is generally completed in a timely manner. For example, there is prompt information sharing between agencies at the daily multi-agency domestic abuse meetings. At these forums there is effective use of time with strategy discussions incorporated into the agenda.

A process exists to ensure domestic abuse risk assessments and information sharing is consistent across teams. Managers use an internal data dashboard to identify any missed PPNs and use this to ensure they are completed expeditiously and shared with partners.

There is strong partnership working and the use of specialist teams to support the well-being needs of pupils in Cardiff. This includes initiatives such as School Around the Cluster Meetings, the SAFE Project, the virtual CLA Headteacher, and EMTAS.

This promotes contextual safeguarding, the emotional well-being of pupils, and good opportunity to improve outcomes.

A model of working that identifies and addresses contextual harm in communities has been developed in Cardiff. The SAFE model recognises children and young people can be at risk of or subjected to harm through exploitation and abuse from adults and / or other peers outside of their family network. The local authority has been successful in securing Youth Endowment Funding (YEF) to deliver The Keeping and staying SAFE project which aims to tackle youth violence and criminal exploitation.

A range of senior education officers support the children's services / YJS high risk panel to consider risk reduction for young people considered to be at high risk, including exploitation. Partnerships across the local authority support delivery of SAFE Curriculum Collaboration. This has a range of multi-agency partners collaborating to ensure cohesive and impactful resources, tools and interventions are in place to embed the core SAFE messages into the curriculum area of health and well-being. A range of relationships and sexuality education (RSE) training is provided to schools and the PRU, including delivering and creating an appropriate RSE Curriculum.

School projects include Mini Police, which introduces children to positive experiences of policing in partnership with South Wales School and Community Police Officer team as well as extensive work on Knife Crime across the city.

### **What needs to improve**

Some staff have suggested there should be further thought given to convening in person/ hybrid/ virtual meetings, notably in CPCC and core groups. Key stakeholders have highlighted the importance of and need to have clarity in approach. Feedback highlights the importance of meeting in person when complex and sensitive issues are being considered.

The CLA Nursing Team report they do not receive notification of placements in a timely way, and this is impacting their compliance with statutory timescales. GPs are not routinely invited to CPCC or asked to provide reports for conference. CPCC minutes are not routinely sent to GPs. This means essential information can be missed.

Emergency Duty Team (EDT) arrangements are in place for responding to safeguarding concerns outside of normal working hours. This is a regional arrangement. There are varied experiences reported in terms of EDT accessibility. There are reported issues around the team recording directly into CareFirst. The

local authority should review the arrangements in place to access EDT, and how important information is being recorded by EDT.

Leaders and partners should work together to ensure there is a clear understanding of thresholds for MARF submissions to ensure an efficient and proportionate response to managing demand. Partnership data from 2022/2023 identified 82% of contacts were directed to MASH and 18% to early help services. Senior managers have previously identified this as an imbalance. 'Referral guidance' is already available, but despite multi-agency input in its development the guidance is not embedded in practice. This means key partners such as schools' staff are consistently reporting many concerns directly to MASH and not utilising the support of early help services where it may be appropriate.

Referring partners should be consistently notified in a timely manner of the outcome of safeguarding reports. This will help promote a shared understanding about decision making and rationale.

Operation Encompass notifications are being received promptly by schools and the PRU. Sometimes additional information would benefit school staff to be better informed. This impacts school's ability to support children appropriately. Given some partners report there can be delays when trying to contact children's services staff at MASH for further information or updates, this can be an impediment to school staff for example, supporting children and taking appropriate action. Part of the issue here is that the police no longer send full PPNs to schools due to some challenges in complying with GDPR. School staff would benefit from receiving updates from the police, for example, whether an arrest followed the PPN report and other relevant information that could be helpful in supporting pupils. Partners have not agreed a process to make Operation Encompass more effective in Cardiff.

The partnership is currently reviewing the MASH arrangements and part of this should include an evaluation of the benefits of professionals being co-located and based in person at one location. This will ensure the benefits of working together, whether it be remotely or in person, can be realised.

## **Individual Agency - Strengths**

### **Cardiff and Vale University Health Board**

CVUHB commitment to continuous improvement is evident by its contribution in safeguarding board business, including the scrutiny and learning processes from child practice reviews.

Safeguarding Nurse Advisors are located in MASH each day and attend all strategy discussions and meetings as well as high risk domestic abuse safety planning

meetings. In addition, they place alerts for high-risk cases onto health board patient management systems. All PPNs submitted are researched holistically and discussed at the daily meeting. Emotional Well-being Nurses also provide School Nursing support to children attending the two pupil referral units, anxious school attenders and home educated children.

In the development of safety plans healthcare staff can constructively challenge where appropriate. Healthcare staff said their views were listened to and respected.

There is good understanding of the pathways for requesting a child protection medical, these are undertaken in a timely way and outcomes communicated to partner agencies. A sample of reports reviewed were clear and comprehensive.

## **Education**

Schools and the PRU benefit from the exceptional support they receive from a range of teams such as Educational Psychologists, the Emotional Health and Wellbeing team and EMTAS. This helps them provide beneficial support for vulnerable pupils.

The local authority uses a 'Team around the School' approach in schools and 'Team around the Cluster' meetings where professionals discuss how they can provide bespoke support for vulnerable pupils. For example, schools in Ely benefitted from discussions on how the local authority could support them to deal with growing concerns of social unrest in the area.

Schools and the PRU have sound strategies to improve pupils' attendance. They work well with the education welfare service to support this work. There are good examples of significant improvement in vulnerable pupils' attendance over the last 12 months. The local authority's Fresh Start panel is very effective in supporting these vulnerable pupils.

The local authority provides a valuable range of support and interventions to underpin the delivery of the health and well-being curriculum in schools and the PRU. They fund six well-being classes to support the individual needs of vulnerable pupils. Following support, many of these pupils transfer back successfully to mainstream education. The Community Teaching Team, Team @Severn, with the recent appointment of eight skills and support officers (SAS), strengthens the development of personalised curriculum opportunities with a clear focus on health and well-being.

In response to the increasing need to support pupils' mental health and emotional well-being since the pandemic the local authority has targeted support for schools and the PRU. For example, the educational psychology service provides support, training, and guidance for schools and the PRU around Anxiety-Based School Avoidance (ABSA). School In-Reach and Emotional Wellbeing and Mental Health

Services work to increase the skills and confidence amongst education staff, providing access to specialist support and direct intervention work.

The local authority is successfully piloting a Welsh Government initiative, the Children Looked After Virtual School (CLA VS) team. Led by the CLA VS headteacher, the team provides support for CLA to ensure these vulnerable pupils have a voice and their needs are met.

### **South Wales Police**

The force supports the RSB with dedicated leads at both strategic and operational levels, including sub-groups. There is consistent attendance at partnership meetings, and the force chairs one of the sub-groups (Case Practice Review Group).

### **Children's Services**

Whilst the practice model used in Cardiff is evolving, there is a long-term commitment to strength-based approaches. Practitioners consistently use solution focused thinking to work with families to identify solutions. This is evidenced by the regular use of family group conference and safety planning meetings, which promote the involvement of families in decisions about their lives. This is illustrated by parent feedback; *"Social workers have been helpful and have done what they have said, we understand clearly what we need to do as parents in order to get the family back on track."*

Strengths based and outcome focused practice is evident within CPCC. Conference chairs ask agencies to score risk, and this is used as guide to help practitioners determine whether children's names should be included on the CPR. This also supports families to understand professionals' views of the risks and what needs to happen to improve and provide assurance about safety.

Relationships between children's services and third sector partners are positive, there are named children's services leads who are their main point of contact, this is well received and underpins good communication.

### **Individual Agency - What needs to improve**

#### **Cardiff and Vale University Health Board**

Although PPNs are shared by police across partner agencies, and uploaded onto the CVUHB's IT system, school nurses do not receive an alert to notify them of this. They may therefore be unaware of domestic incidents in households, where school age children reside.

Where there are no identified health needs then the school nurse does not routinely attend core groups or review CPCC. This means there are potential gaps in essential information sharing. When the school nurse does not attend core groups or CPCC

then they do not receive the minutes, again this means important information exchange does not take place.

### **Education**

No specific areas to record under this section.

### **South Wales Police**

Child protection data is collected daily for managers. Quantitative figures are available and overall trends show volumes are increasing. A monthly report is also produced for more strategic analysis, but it is not clear how this is used to drive partnership performance.

### **Children's Services**

No specific areas to record under this section.

## **Prevention**

### **Partnership Arrangements - Strengths**

It is recognised the pandemic has impacted significantly upon children's emotional health and well-being. As recovery continues, focus has returned to longer term ambitions, detailed within Cardiff 2030 (a ten-year strategy document) with a recovery board initially established, later developed into the Children's and Young People board. This is a cross-directorate board which includes Education, Children's Services, Communities and Housing directorates which aims to ensure an effective, accessible Early Help and Family Support across the city.

Early intervention and prevention services are highly regarded by practitioners. Practitioners said, whilst there is a good range of preventative services, there are waiting lists for some services. Waiting lists are monitored and situations will 'step up' if circumstances change, although it is important these are monitored closely to reduce potential risks of family circumstances escalating.

### **What needs to improve**

Step down support is an area to address. It is noted additional reviewer posts are now in place, and this will help ensure support for families is maintained where appropriate, for example in the post de-registration period.

Whilst emphasis on quality assurance and auditing of practice is very evident in children's services, multi-agency contribution to auditing safeguarding practice is variable. This means multi-agency perspectives are not consistently considered. Regular thematic multi-agency audits, however, have been undertaken in MASH.

Business support changes supporting the RSB will also help track and follow up on actions arising out of child practice review recommendations, some of which were previously delayed.

### **Individual Agency - Strengths**

#### **Cardiff and Vale University Health Board**

A multi-agency Violence Prevention Team, funded by the Home Office was set up in 2019. A Health Team comprising a nurse and an advocate, is based in ED, providing support and onward referral for any victim of violence with injury. Home Office evaluation has been positive.

### **Education**

Early intervention is evident when children first start school. Support to children is promptly considered as soon as needs are identified, and various support teams are available as noted earlier in this report. Many schools and the PRU have family

liaison officers in post. Vulnerable pupils are encouraged to play an active part in school life.

School and PRU staff ensure individual pupils have relevant support plans in place and these are regularly reviewed to ensure they are fit for purpose. There are generally positive working relationships with health visitors and other professionals to identify pupils needs when the first arrive at school or the PRU.

### **South Wales Police**

The PCC supports many interventions relating to children and families affected by violence and harm. Some of these initiatives include hospital and community-based provision and are best practice examples of multi-disciplinary approaches to helping vulnerable families.

### **Children's Services**

There is a positive approach to prevent need and risk escalating, for example in relation to raising awareness about risks associated with exploitation and engaging the community more widely to reduce risks. This is a view corroborated by partner organisations who said there was a collaborative approach led by children's services, with emphasis on co-operation across relevant services. Early help services offer a range of interventions and parenting programmes which practitioners highly value.

There are examples of these services making a positive contribution to care and support. The Adolescent Referral Centre (ARC) for example, offers a range of therapies and respite opportunities. Family Support Teams offer interventions to families who require help under care and support and care and support protection plans. Support from Thinksafe (a service offering interventions to children who are at risk of exploitation), and Turnaround is helping to reduce risk of criminal exploitation. There are positive examples of social workers utilising support from the Enfys Team (Clinical Psychologist and Mental Health worker), for example in relation to how to move forward in discussing with a young person the situation about why they are in care.

The Care and Support Plan (CASP) reviewer posts recently introduced, whilst not possible for them to review every family working under a CASP plan, can independently review a proportion of plans, including 'step downs' from CPR and CLA.

## **Individual agency - What needs to improve**

### **Cardiff and Vale University Health Board**

There is no safeguarding business continuity plan in place. This presents a risk that the Health Board may not meet its safeguarding responsibilities in a timely way if usual business is disrupted.

The quality of the action plans arising from child practice reviews is varied. It is unclear how the plans are monitored, and some actions are not completed in a timely manner.

### **Education**

School safeguarding audits currently do not fully capture those pupils who have received exclusions or have a pastoral support plan in place.

The Multi Agency Safeguarding Hub audit in 2022 identified education professionals are referring cases without fully considering alternative referral routes through the Early Help or the Gateway for care and support assessment. Subsequently, children's services led on developing and implementing multi-agency referral guidance. However, this is not always fully understood nor embedded in school practice.

### **South Wales Police**

No specific areas to record under this section.

### **Children's Services**

Delay in accessing services means not everyone is able to benefit from the service they require at the right time. The local authority should continue to closely monitor and review measures for addressing early help waiting lists, to ensure timely access to services to reduce risks of family circumstances escalating.

Records, overall, indicate a timely safeguarding response informed by multi-agency input. In some instances, however, exploration of potential wider safeguarding risks could have been better demonstrated. Records will be enhanced by evidencing all potential wider risks associated with children's safety and well-being are fully considered by practitioners.

The extent of children's names subject to repeat registration on the child protection register is an area to address. The local authority has already undertaken work to better understand this area, with audits completed to help identify remedial actions.

A new panel has also been developed and included in the remit is quality assurance of de-registration decisions and repeat registrations.

Some children have been named on the register for very long periods of time. Managers should assure themselves there are appropriate triggers to review and escalate cases where this is the lived experience of children.

Conference chairs have a key role to play in ensuring the new escalation policy is followed to improve practice standards. They are now using a checklist to identify challenges and support multi-agency improvement in making evidence-based decisions.

Some significant safeguarding decisions or changes to the child protection plan are made without re-assessment or multi-agency decision making. Leaders have recently developed practice guidance for management oversight. This needs to be embedded in practice, to ensure sufficient oversight of critical decision making by management and partners.

## **Next steps**

On behalf of the partnership, the local authority should prepare a written statement of proposed action responding to the findings outlined in this report. This should be a multi-agency response involving Cardiff and Vale University Health Board and South Wales Police. The response should set out the actions for the partnership and, where appropriate, individual agencies. The head of service for children's services should send the written statement of action to [CIWLocalAuthority@gov.wales](mailto:CIWLocalAuthority@gov.wales) by 17 June 2024. This statement will inform the lines of enquiry at any future joint or single agency activity by the inspectorates.

## **Methodology**

### **Fieldwork**

Most inspection evidence was gathered by reviewing the experiences of people through sampling agency records and file tracking children's care and support arrangements. We case sampled twenty files and tracked six.

Tracking a child's record includes having conversations with the child where appropriate, their family or carers, key worker, the key worker's manager, and other professionals involved.

We held focus groups with staff and two professional groups focused on the working arrangements and outcomes for two of the tracked files.

We visited a small sample of primary and secondary schools where we conducted meetings with the headteacher, the designated safeguarding lead and groups of pupils.

We met with representatives from a range of schools and the PRU including head teachers, DSPs and governors.

We interviewed a range of employees across different agencies.

We interviewed a range of partner organisations, representing both statutory and third sector.

We reviewed supporting documentation sent to the inspectorates for the purpose of the inspection.

We administered surveys to children's services and healthcare staff, third sector organisations, schools and children and family members.

We observed a child protection conference, a child exploitation review strategy meeting and a MASH strategy meeting as part of our inspection activity.

## **Acknowledgements**

The inspectorates would like to thank the people, staff, and partners who gave their time and contributed to this inspection.