

13 March 2025

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Angela Bahn, Executive Children's Clinical Commissioning Group  
Lewis Collins, Borough Commander Metropolitan Police  
Kaya Comer-Schwartz, Deputy Mayor for Policing and Crime  
Sir Mark Rowley, Commissioner, Metropolitan Police Service  
Jim Gamble, Independent Children and Young People's Commissioner

Dear Bromley Local Safeguarding Partnership

### **Joint targeted area inspection of Bromley**

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 Bromley.

This inspection took place from 20 to 24 January 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**

Bromley's Safeguarding Children Partnership (BSCP) arrangements are well established and effective. Professionals at all levels work persistently together to ensure that children's needs are recognised, so that most children are provided with the right help and protection at the right time. At a strategic level, Bromley's local authority chief executive, together with the independent BSCP children and young people's commissioner, strategic leads in the health Integrated Care Board (ICB), senior Metropolitan Police officers, the director of children's social care and director of education avidly champion excellence. Stability of leadership and a well-articulated, shared multi-agency vision to 'put children first' strengthen the impact of flexible operational services. A culture of collaboration that permeates across agencies and services, and objective oversight and effective challenge by the independent BSCP scrutineer, are key factors driving improvement.

Leaders have an accurate understanding of children's needs, supported by improving data and a good understanding of the complexity and challenges presented when working across agencies and departments. Demand for services is increasing for all partners. Leaders and staff have high workloads. In health and police services, responsibility does not only relate to Bromley, as leaders are also responsible for children across other local authority areas. Despite staff capacity challenges affecting the quality of work with some children, dedicated and committed professionals in the police, in schools, across health services and in children's social care work effectively to help and protect children.

## **What needs to improve?**

- Children's consistent access to child protection and specialist sexual harm medicals when required.
- Social work capacity in the local authority emergency duty team and health staff involvement in strategy meetings out of hours.
- Police child protection investigation team capacity to attend child protection strategy meetings.
- The process for notifications to schools from the police-led Operation Encompass.
- Communication to ensure that appropriate professionals and organisations consistently receive the correct reports and decisions following the outcome of referrals, strategy meetings and child protection investigations.
- The level of participation by staff across all agencies in multi-agency BSCP training.

## **Strengths**

- Experienced and knowledgeable health, education, police, children's social work and early help professionals co-located in the child and family multi-agency hub (MASH) recognise and respond quickly to harm and risks to vulnerable children.
- Robust multi-agency governance arrangements are enhanced by a culture of professional curiosity, inclusion, accountability and respectful challenge.
- An inclusive culture ensures that professionals' concerns about children and their families are listened to and acted on.
- Effective police-led 'Every child, every time' multi-agency meetings critically review practice for children who have been missing, in custody or in police protection.
- Interventions with children are evidence-based. Their views and concerns inform plans made for them.
- Practitioners across agencies are attuned to children's needs. They understand the impact that poverty, unstable housing and discrimination can have for families. They work alongside voluntary sector agencies to support families with these challenges.
- Schools are equal partners in the BSCP. Headteachers and designated safeguarding leads in schools are key partners in identifying children and families who need help and protection.

## **Main findings**

Vulnerable children in Bromley benefit from leaders and managers who work together to analyse the prevalence of need and risk in the local area and take proactive action to prevent harm from escalating. Leaders quickly identify emerging

themes and challenges and take decisive action as a partnership. For example, education and health leaders have used data about children attending emergency departments in hospitals in a mental health crisis to understand the levels of need and risk. Acting on this intelligence, leaders have targeted specialist support and intervention from child and adolescent mental health services (CAMHS) through specific schools. They have also implemented an integrated single point of access for children's mental health services, which has resulted in children being quickly triaged and then assessed by the right service. Waiting times have reduced as a result and children are accessing the mental health support they need.

Leaders and managers have created an equal partnership and a positive learning environment underpinned by effective scrutiny of practice. The leadership of the chief executive in quarterly multi-agency children's safeguarding assurance meetings, and of the BSCP independent children and young people's commissioner, foster constructive challenge and model a 'children first' culture. This is reinforced by active scrutiny through single-agency and multi-agency audits and is having a positive impact across teams and services. These arrangements, shared data and performance information, and good practice models, provide the conditions for continuous review and improvement.

The reconfiguration of the 'front door' MASH has strengthened the response to referrals about vulnerable children from diverse backgrounds. Most children who become known to early help services are provided with effective support to reduce concerns. Leaders and practitioners across Bromley are sensitive to children's diverse needs, and there is a good understanding of national and local inequalities affecting Black boys and children from Traveller backgrounds. This has informed the development of early help support. For example, professionals in early help teams have created positive links with the large Traveller community in the east of the borough, working collaboratively with families and local schools, so that children's experiences are understood, and barriers to learning and poor attendance are alleviated.

Thresholds of risk, need and harm to children are mostly understood and applied by co-located health, education, children's social care, early help practitioners and police officers in the MASH. Most staff are clear about their roles and responsibilities. Safeguarding and information technology training for police officers is limited and impacts on the quality of information available. Nevertheless, an inclusive culture ensures that most children's experiences are understood, and professionals' views are listened to and acted on. Children's social care team managers in the MASH provide timely and detailed management oversight. Obtaining parental consent to share information is consistent, supporting effective and timely decisions for children.

Referrals into the MASH from health services are concise and clearly articulate risks. Health advisers in the MASH have access to multidisciplinary electronic patient

records, including GP, acute hospital, public health nurse and community health records. Alerts are used effectively to note safeguarding concerns. Health advisers provide timely, comprehensive health intelligence that supports secure decision-making.

When frontline police officers identify children at risk, they submit a vulnerable person notice report to police in the MASH. Reports that contain details of children at highest risk are not consistently identified, as reports are processed in date order. As a result, some children who are most in need are not prioritised quickly enough. Police national computer (PNC) and police national database (PND) checks are not completed consistently in the MASH. This limits the quality of intelligence shared with partners and can result in important information being missed. In contrast, the police child abuse investigation team (CAIT) referral desk staff consistently complete PNC and PND checks to inform next steps at strategy meetings. Police leaders are helping to develop tools so that managers can better understand and prioritise risks.

Social care managers in the MASH pre-screen and identify the most urgent children's cases, the majority of which progress promptly to strategy meetings. Schools are active and consistent participants in strategy meetings, and they provide real-time information as they know children well. Practitioners from the 0-19 public health nursing team attend strategy meetings, as do other relevant practitioners when necessary. While the police attend most strategy meetings and bring important information about children and families which is shared with partners, some strategy meetings are delayed due to limited police capacity. Strategy meetings sometimes involve police professionals who are not safeguarding officers. Most will have received some internal training to ensure that they can make immediate decisions about children's welfare in these meetings. However, these officers do not have the level of knowledge and experience to be able to plan future action to safeguard children.

Most children identified as being at risk of significant harm or having more complex needs are allocated promptly to social workers in the referral and assessment teams. Management direction about the next steps needed to help and safeguard children is recorded clearly. Most child protection investigations are thorough. Social workers use the agreed BSCP relationship-based assessment model to evaluate parental and family histories and cultures, as well as the impact of mental illness, domestic abuse, poverty and insecure housing. Social workers work with families in a culturally competent way, sensitively evaluating the impact these and other vulnerabilities have for parents, while keeping a clear focus on children's needs. Children's wishes and feelings are central to work undertaken by social workers. Direct-work tools are used purposefully to allow children the time to express their views and share their concerns. This work informs the assessments and plans made for them. Most children receive thoughtful and sensitive multi-agency work during the assessment, so that support for them is timely. However, this was not consistent in a small

number of children's cases referred to leaders during the inspection, in which cumulative risk and needs were not clearly identified.

Leaders accept that more work is required by partners to strengthen communication internally within their agencies to ensure that the right people receive the right information following assessments, referrals and strategy meetings. This means that all professionals involved with the child will have the most up-to-date and overarching plan.

Despite their efforts, staff in the local authority emergency duty team do not have enough capacity to respond effectively and consistently to the needs of children out of hours. A single social worker is responsible for covering referrals for children at risk and conducting approved mental health assessments. This limits their availability for joint work with the police and health staff and to conduct visits to children at home. When referrals are received from the public about concerns for children, or when children are subject to police protection, they are rarely visited by social workers at night or at weekends, including when they come into care. Children are sometimes left for prolonged periods in the police station. This is not in children's interests. In addition, out-of-hours access to specialist health safeguarding support is limited. Strategy meetings involving health are not held out of hours. Referrals that arrive overnight or at the weekend are managed by health advisers the next working day.

Multi-agency guidance for convening child protection and specialist sexual harm medicals is clear. In a small number of children's cases, a lack of professional curiosity and understanding about when to access child protection medicals means that some children are not receiving the right service. There is a lack of clarity, including by health practitioners, about when to implement the bruising policy. Bromley has a clear pathway for children where there is a suspected sexual assault, including access to specialist assessment and support. Practitioners do not consistently follow the pathway, resulting in delays for some children and families receiving specialist therapeutic intervention.

Unborn babies and their mothers in Bromley are supported well by specialist midwives, who provide effective early intervention in collaboration with relevant partner agencies. This includes support with poor mental health, homelessness, substance misuse and for women living in domestic abuse situations.

The children's substance misuse service is child-focused, and workers support children at their own pace. They offer flexible support centred on the child's wishes and needs. Children with additional vulnerabilities, such as young carers, benefit from highly specialised school nursing practitioners, who complete robust health assessments. Effective mental health services across child and adult pathways in



Bromley ensure that children and their parents who have mental health needs can access the right level of support.

Effective police-led 'Every child, every time' fortnightly multi-agency meetings critically review the practice with children who have been missing, in custody or in police protection. Strategy meeting attendance is also monitored through these meetings, and the multi-agency response is evaluated and learning shared. Attendance by health practitioners at these meetings is not consistent.

The police recently implemented a new electronic recording system. This brings together functions that were previously separate. These changes are positive in calibrating information and create the foundations for further improvement.

BSCP leaders are fully cognisant of the constantly changing and increasing risk to children affected by serious youth violence, criminal and sexual exploitation, and to those missing from home. They recognise that some groups of children are particularly vulnerable. While professionals are working well together to reduce harm at an individual level for most children, for a small number of children, exploitation risks do not reduce, and the multi-agency partnership is not always involved in information-sharing and safety planning that includes disruption activity. Leaders are not complacent, and early identification of children at risk is a priority, for example for school leaders and neighbourhood police teams.

Children's services' action to review and realign arrangements for criminally and sexually exploited children is intended to strengthen the quality of relationship-based direct work, although it is too soon to see the impact of these changes. The police have enhanced their local response to missing children through implementation of a local missing hub. Trained staff operating a 24-hour/seven-days-a-week service help find missing children more quickly. Routine return home interviews increase understanding about the reasons why children go missing. Most of these interviews are shared with the police as intelligence that can be added to police systems and used to protect children.

Schools are an integral part of Bromley's multi-agency approach and are equal partners in the BSCP. Headteachers and designated safeguarding leads in schools are key partners in identifying children and families who need help and protection. They have well-established processes to identify and report concerns. Referrals into the MASH and contributions to multi-agency assessments are timely and appropriate. Well-established systems both within schools and across the partnership are supported by the highly valued education safeguarding officer. They play a crucial role in ensuring that schools receive timely safeguarding information, training and updates from across the different partners.

Bromley schools, including special schools, work closely with education welfare teams to promote children's welfare when children are at risk of exclusion or where their attendance gives cause for concern. School staff work diligently with other agencies to ensure that children receive support swiftly. A senior police officer engages with school leaders and other partners, supporting joint working with neighbourhood police teams. The local authority's education and children's social care teams are alert to the additional vulnerabilities of children with special educational needs, and they take appropriate action to safeguard them.

The police Operation Encompass process for sending information to schools about children who are experiencing domestic abuse is inconsistent. When notifications are sent, details are limited, they are not always timely and sometimes they are not sent at all. The police do not send notifications outside the force area, to pre-school establishments or during school holidays. There is no process for children who are home schooled.

Staff across teams and agencies are extremely positive about working in Bromley. Staff morale is good, despite high demands and increased complexity in their work. They feel supported by visible and committed leaders who listen to them, prioritise their well-being and take action to make changes. Supervision is regular and bespoke. Single-agency safeguarding training and professional development are supported well. A range of multi-agency training is available across the partnership, including easily accessed digital bitesize sessions on learning from reviews and via a bespoke Bromley safeguarding app. The BSCP strategic risk register, which sets out potential risks and their impact for children, identifies attendance at multi-agency training as an area where the partners need to improve. Tangible plans are in place to address this area for development.

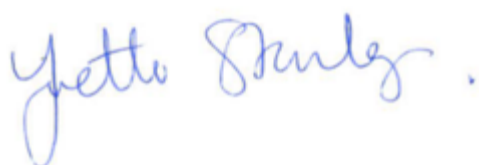
The BSCP's ethos of putting children first drives a strong commitment to continuous improvement. Leaders have openly welcomed the findings from this inspection as an opportunity for learning, and they are already taking action to make the requisite changes.

### **Next steps**

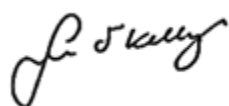
We have determined that the BSCP chair is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response 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 of the BSCP should send the written statement of action to [ProtectionOfChildren@ofsted.gov.uk](mailto:ProtectionOfChildren@ofsted.gov.uk) by 25 June 2025. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

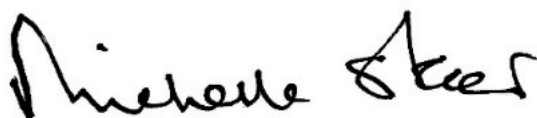
Yours sincerely



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