National Child Protection Inspection Post Inspection Review

South Yorkshire Police
28 April - 1 May 2015

July 2015

ISBN: 978-1-78246-826-4

www.justiceinspectorates.gov.uk/hmic

Contents

1. Background

HMIC carried out a child protection pilot inspection in South Yorkshire Police in May 2014 and provided the force with a report of our findings in September 2014. In November 2014, the force provided HMIC with an action plan setting out how it intended to respond to the recommendations in the inspection report. Inspectors carried out a post inspection review in late April/early May 2015 to assess progress with the implementation of the recommendations.

The review included:

- a document review;
- interviews with staff including the head of public protection; and
- audits of 28 child protection cases relating directly to areas for improvement identified in the inspection report and associated recommendations.

2. Post inspection review findings

Inspectors selected and examined 28 cases related to the inspection report recommendations. Two were assessed as good, 19 requiring improvement and 7 inadequate.

Initial contact

Recommendations from inspection report

> We recommend that South Yorkshire Police **immediately** ensures that there are procedures in place to escalate any concerns about incidents involving children at risk if, for whatever reason, police have been delayed in attending the incident or alleged crime.
>
> We recommend that, **within three months**, South Yorkshire Police ensures that officers always record their observations of a child's behaviour in domestic abuse incident records, so that a better assessment of a child's needs can be made.
>
> We recommend that, **within six months**, South Yorkshire Police ensures that staff training on safeguarding and protecting children highlights how important it is to understand and assess the implications of a child's behaviour when considering the risk to that child.

Summary

South Yorkshire Police had improved its initial response when attending incidents involving children at risk. Training and guidance had resulted in a better understanding of risk by control room staff. However, inspectors there saw no evidence of any improvement in recording that the welfare of children had been checked at domestic abuse incidents.

Review Findings

South Yorkshire Police had undertaken a review of procedures to escalate any concerns if officers were delayed in attending incidents involving a child at risk. Training had been delivered to control room staff to improve the assessment of risk for child protection concerns. Inspectors found that changes had also been implemented in the control room, providing better oversight of child concern incidents.

Inspectors examined 21 incidents where police were called to children at risk and found an effective initial response in 19 cases. On two occasions the risk to a child was not identified by police staff, and officers did not attend immediately. We were pleased to find that in one case, as a result of the new procedures, the incident was recognised during a daily review held in the control room. Supervisors identified that the initial assessment was incorrect and rectified the problem by ensuring the child was seen immediately.

South Yorkshire Police had taken some action to improve staff awareness about the importance of understanding and assessing the implications of a child's behaviour at domestic abuse incidents. Presentations had been delivered to frontline staff emphasising the effect domestic abuse can have on children within the family. The force reported that plans were underway to improve recording of a child's behaviour in domestic abuse incidents (by adapting the risk assessment form), but this had not been implemented at the time of the revisit. In six of the seven domestic abuse cases examined, police did not record that they had checked that a child was safe. The behaviour of a child was not recorded in any of the cases.

South Yorkshire Police had delivered training to frontline staff to understand and assess the implications of a child's behaviour when considering the risk to that child. Training had focused on child sexual exploitation, female genital mutilation and honour based violence. However, inspectors found that the training had not yet translated into consistent better practice.

Assessment and help

Recommendations from inspection report

We recommend that South Yorkshire Police **immediately**:

- undertakes a review of any concerns raised about children in care homes across the force area and brought to the attention of the police, to ensure that there are safeguarding plans in place for those children at risk of serious harm to themselves or to others;
- takes action to review its plans for identifying, disrupting and prosecuting perpetrators involved in child sexual exploitation against children in care homes; and
- ensures that police officers know how to escalate their concerns about children at risk, and that senior officers raise these concerns with relevant agencies or, where appropriate, with the local safeguarding children board.

We recommend that, **within six months**, South Yorkshire Police:

- undertakes a review of the options and measures that can be considered to safeguard adolescents, and ensures that this informs future service improvements; and

- improves staff awareness of their responsibilities for protecting adolescent children – in particular, where cases are complex and require a multi-agency approach.

Summary

South Yorkshire Police had undertaken a review of arrangements with care homes and provided guidance to police staff. However, this had not resulted in improvements in practice and inspectors had significant concerns about failure to recognise risks to children and work jointly with other agencies.

Review Findings

South Yorkshire Police had reviewed its engagement with children's homes and implemented changes to improve safeguarding measures for resident children. Guidance had been provided to police staff, reinforcing the necessity for safeguarding plans for vulnerable children. Missing from home co-ordinators regularly visited local authority care homes to build relationships with staff and children. Looked after children from other local authority areas continue to be placed in children's homes in South Yorkshire and police are not always informed about their new placement. When police are forewarned, and there is a specific concern about a child, inter-agency action plans are put in place to protect the child.

However, we found limited evidence that the changes had improved information sharing and joint working to protect children in these homes. Inspectors examined six cases involving children in local authority and private children's homes and assessed three as requiring improvement and three as inadequate.

Inspectors were particularly concerned because the cases judged as inadequate related to children who were at risk of sexual exploitation. There was a failure to assess and recognise escalating risk to children; lack of inter-agency working and planning, (for example, strategy discussions) and a failure to investigate effectively allegations of crime leaving children at risk of harm.

Inspectors were concerned about the poor police response during an Ofsted inspection of a children's home in the force area (graded as inadequate). Ofsted inspectors raised concerns with children's social care services about the welfare of two boys, one of whom was at risk of sexual exploitation and regularly reported missing from the children's home. Although South Yorkshire Police had previous involvement with the child at risk of sexual exploitation and held information about him, officers did not respond to a request from children's social care services to attend a strategy meeting, nor was a joint investigation carried out.

South Yorkshire Police had delivered training to staff to raise awareness about escalating concerns to other agencies and senior officers when children were considered to be at risk of harm. We were encouraged to find that in one case, during a strategy discussion, officers had challenged children's social care services about the suitability of a children's home for a 15-year-old girl who had been regularly reported missing and found under the influence of drugs.

The force had made a public commitment to identifying, disrupting and prosecuting perpetrators involved in the sexual exploitation of children. Considerable attention had been focused on improving the response, including a peer review by the College of Policing (for child sexual exploitation) and an internal review following the independent enquiry into child sexual exploitation in Rotherham[1]. The force had introduced weekly meetings in all four of its districts to focus on tackling child sexual exploitation – and had some success in both safeguarding children and bringing offenders to justice. However, inspectors did not find a specific focus on children in care homes at risk of sexual exploitation. For example, the force produced a child sexual exploitation problem profile in March 2015,[2] but there was no reference to offenders who target vulnerable children living in children's homes. There are 61 local authority and private residential children's homes within the South Yorkshire Police boundary (data provided by the force - May 2014). Profiling would provide a better understanding of the risk to children living in them. In one case examined, men aged between 18 years and 26 years were targeting four vulnerable girls aged between 14 years and 16 years. The girls lived in the same children's home. There were numerous records concerning the girls on police systems, including allegations of sexual abuse and involvement in drink and drugs, but the force had failed to gather all the information together to assess correctly the significant risk posed by the offenders to these and other vulnerable girls. Inspectors were told that a multi-agency problem profile had been commissioned and would be completed by September 2015.

South Yorkshire Police had worked towards improving practice to safeguard adolescents. The 'vulnerability' training programme had been developed to raise awareness and improve the skills of frontline police officers and staff. However, the effectiveness of training had not been evaluated, and inspectors found practice had not improved and investigations were not handled well.

Inspectors found there was often a failure to recognise the vulnerability of an adolescent at the earliest opportunity. In some cases, the behaviour of adolescents

[1] Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013, Alexis Jay OBE, Rotherham Metropolitan Borough Council, August 2014. Available from: www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham%20

[2] Under the National Intelligence Model, a problem profile identifies established and emerging crime or incident series.

was seen as a problem rather than a potential symptom of wider safeguarding concerns. For example, a 15-year-old girl was demonstrating signs of vulnerability due to sexual exploitation and drug taking. She was characterised as a 'naughty child' on police records and her behaviour was viewed in that context. There was insufficient consideration given to the pattern and meaning of her behaviour in the early stages of her involvement with the force, and she was not believed by officers when she made allegations about physical abuse by her stepfather. As a consequence, the allegations were not investigated and safeguarding action was not considered at an earlier stage.

In other cases, the force had failed to recognise patterns of child abuse in those of a similar age. It appeared to be accepted without challenge that young girls aged 15 years and 16 years, who were in relationships with young men, were not victims of child sexual exploitation but engaging in consensual sexual activity. Officers failed to identify that young men were sexually abusing girls of a similar age, be it through plying them with alcohol or drugs, or by making threats. There was insufficient action taken against the offenders. A strategy meeting did not always take place, nor were inter-agency plans put in place to protect the girls.

Inspectors found the risk to children who were frequently reported missing from home was not always recognised. Inspectors examined 4 cases involving 15-year-old and 16-year-old children who were frequently reported missing from home. Officers did not look more deeply into their behaviour, the places they were going to or the people they were meeting. Consequently, the risk to the children remained high for considerable periods of time without appropriate action being taken. Officers did complete checks on children who returned home after going missing to ensure they were safe and well. Children who go missing from home may be reluctant to speak to police. In the cases we examined, there was no information recorded from independent return interviews[3] for children, which could provide the reason for a child going missing from home or care and prevent future episodes. Inspectors were told that local authorities in the force area were working towards resolving this problem.

[3] Further information on independent return interviews can be found in *Statutory guidance on children who run away or go missing from home or care*, Department for Education, January 2014. Available from: www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care

Investigation

Recommendations from inspection report

We recommend that South Yorkshire Police **immediately** ensures that:

- joint investigation teams involve health expertise in their decision making, and that the health needs of children are considered in all cases where there are allegations of physical or sexual abuse; and
- decisions and actions, with timescales, are recorded for all discussions that are held by joint investigation teams.

Summary

South Yorkshire Police had improved joint assessments by including appropriate health expertise but the recording of decisions and actions in joint investigation teams needs further improvement. .

Review Findings

South Yorkshire Police had provided guidance to staff to reinforce the necessity of involving appropriate health expertise in decision making. Inspectors found that joint assessments with health services had improved; for example, a four-year-old said he had been strangled by a relative. There was a joint assessment and the investigation was handled well.

However, inspectors found that the recording of decisions (and the rationale that supported them) had not improved significantly for joint investigations. Details of strategy discussions, actions and minutes of meetings were not always recorded when children were considered to be at risk of serious harm. As a result, officers and staff were unaware of actions being agreed.

In seven domestic abuse cases inspectors examined, two were assessed by the force as high risk, but in neither case had officers recorded that a strategy discussion had taken place. In 14 other cases examined where children were at significant risk, either through a single incident or as a result of cumulative risk, only 5 strategy discussions were recorded. We also found cases requiring multi-agency intervention that had been investigated by police in isolation.

Decision making

Recommendations from inspection report

We recommend that, **within three months**, South Yorkshire Police:

- ensures that police officers and staff understand the significance of drawing together all available information from police systems to improve their risk assessments;
- ensures that all relevant information is properly recorded in all cases where there are concerns about the welfare of children and, as a minimum, provides guidance to staff on:
    - what information (and in what form) should be recorded on systems to enable good decisions;
    - maintaining up-to-date and timely records;
    - recording and communicating decisions reached at meetings; and
    - ensures that managers carry out quality assurance checks on records and provide feedback to police officers and staff.

Summary

South Yorkshire Police had delivered training and guidance to staff about the importance of recording information on police systems. However, recording practices remained poor. This limits the ability of staff to make good decisions about children. The force had not implemented a process to quality assure the standard of recording practice.

Review Findings

South Yorkshire Police had delivered training to staff highlighting the importance of recording information, such as strategy discussions and outcomes from meetings, on police systems. Inspectors found that this had yet to translate into improvements in recording practices. This created an intelligence gap for officers when dealing with incidents and circumscribed their ability to make fully informed decisions about vulnerable children.

Frontline officers did not complete risk assessment forms in sufficient detail to describe concerns about children. The lack of narrative prevents specialist teams from making the most comprehensive assessment of a child's needs. Cases examined showed that officers did not always include information available on police systems.

Inspectors examined seven cases where children were living in a domestic abuse environment. In three cases, relevant child notification forms had been completed and referred to children's social care but information had not been recorded on the correct police child protection system. As a result, information was not readily accessible to officers dealing with further incidents.

South Yorkshire Police requires officers attending domestic abuse incidents to conduct an initial graded risk assessment. An assessment was completed correctly in only one of the seven cases examined. On three occasions the specialist officer who later reviewed the information held on police systems assessed the risks to be greater than initially thought. This specialist scrutiny has merit, but it does not negate the need for officers attending the incident to be aware of important and available information to make good risk assessments.

Inspectors found some delays in sending information to specialist units. In one case involving sexual activity with a 14-year-old girl, there was a delay of 10 days from the initial report to an investigation taking place with specialist officers - despite concerns raised by the girl's mother. This left the child at risk of further harm during this period.

Supervisory oversight for child abuse investigations was inconsistent. Records assessed by inspectors contained few meaningful entries to demonstrate that supervisors were actively progressing actions through regular reviews.

Police detention

Recommendations from inspection report

We recommend that South Yorkshire Police **immediately** undertakes a review (with other relevant agencies) of how the force manages the detention of children. This review should include, as a minimum, how best to:

- ensure that all staff act within the law, and that children are only detained when absolutely necessary and for the absolute minimum amount of time;
- meet the welfare needs of children in custody, including the provision of food and drink, and ensure that the details are recorded on the custody record;
- improve awareness among custody staff of child protection, the standard of risk assessment required to reflect children's needs, and the support required at the time of detention and on release;
- engage families (for example, through a voluntary organisation, or a statutory agency) to increase the likelihood of children being able to return home and to meet bail obligations;
- ensure that children have access to someone who will advocate and challenge on their behalf;
- assess, at an early stage, the likely need for secure or other accommodation and work with children's social care services to achieve the best option for the child; and

- work with its constituent local authorities to ensure that no child who is looked after by a local authority is refused accommodation by them.

Summary

South Yorkshire Police has made some progress to reduce the inappropriate detention of children in custody by taking steps to improve assessment of the needs of children taken into custody at an earlier stage. Nonetheless, children and young people continue to be detained unnecessarily in police custody overnight due to a lack of local authority provision of alternative accommodation.

Review findings

Inspectors examined seven cases of children in detention and assessed one as good, two requiring improvement and four inadequate. In three cases the record keeping was poor and inspectors could not be certain that the minimum statutory guidance requirements[4] had been met.

South Yorkshire Police had provided additional child protection training to custody staff. Inspectors found evidence in some custody records that staff had considered the welfare needs of children being detained and taken action to support their needs.

A monthly audit process had been implemented to ensure that all cases were scrutinised where a child was detained after charge. Inspectors found a number of cases that demonstrated staff had considered the provision of alternative accommodation for children detained in custody and had escalated concerns to supervisors when it was not available. Nevertheless, inspectors found that in most cases examined, children were still being detained unnecessarily in police custody without any record of alternative accommodation being sought.

In seven cases examined, only one child had been transferred to the care of the local authority. Arrangements were better in some districts than others, for example, in Sheffield, youth services had worked with the local authority and the provision of accommodation for children had improved. However, in other local authority areas, there had been no improvement in transferring children to alternative accommodation because of lack of provision. Inspectors acknowledge that there were ongoing negotiations with local authorities to improve the situation; however, progress had been slow and children are still being detained unnecessarily.

Inspectors found that children arrested for a breach of bail conditions or breach of a court order were automatically denied police bail and detained in police custody. Officers had not considered whether this was necessary to protect the public or

[4] These are set out in the Code of Practice for the detention, treatment and questioning of persons by police officers (Police and Criminal Evidence Act 1984 (PACE) - Code C). Available from: www.gov.uk/government/publications/pace-code-c-2014

whether it was in the child's best interests. In one case a 14-year-old boy was detained for 36 hours without contact with family, carer or advocate.

In four cases, South Yorkshire police failed to give children access to an appropriate adult to advocate and challenge on their behalf.

Findings: leadership, management and governance

Recommendations from inspection report

> We recommend that, **within six months**, South Yorkshire Police develops a force-wide good practice regime aimed at improving its response to child protection issues, so that no child receives an inadequate service by reason of the place where they live.

Summary

HMIC recognises that South Yorkshire Police has faced unprecedented demand following the reviews in Rotherham and by the National Crime Agency. It is clear that the force is committed to improving the protection of children. Child protection has been prioritised and there is a strong desire to improve outcomes for children who are at risk of harm. Much work is underway to improve the protection of children and there are force and multi-agency plans in place. Some important steps have been taken to implement the majority of the recommendations from HMIC's inspection in April 2014 and some improvements were evident. However, this body of work has yet to translate into improved practice on the front line and some children have been left at risk of harm. Force leaders now need to accelerate the pace of change across all child protection matters with an unambiguous focus on improving the quality of services on the front line.

Review Findings

South Yorkshire Police is developing new joint working arrangements and structures to improve consistency across its four districts. The force had further reviewed public protection arrangements and additional resources had been invested to improve services across the force area. Governance arrangements had been refreshed and changes implemented to improve consistency, for example through a pan-South Yorkshire child sexual exploitation group and a public protection strategic board chaired by the assistant chief constable responsible for child protection.

The force had made progress to align resources to meet demand. Since our inspection, the force had invested in an additional 62 investigators, and extra support staff in public protection, leading to an overall establishment of 302 staff. The management team had been strengthened with the deployment of an additional three chief inspectors and two detective inspectors. The number of child abuse investigators had increased from 56 to 81.

Since our inspection in May 2014, the number of staff deployed to teams investigating child sexual exploitation had increased from 9 to 68. Inspectors found that staff working in child protection were dedicated to their role and committed to protecting children.

South Yorkshire Police had good working relationships with local authorities and other partners. A multi-agency safeguarding hub had been implemented in Rotherham, and arrangements are in place for the introduction of multi-agency hubs across the three other local authority areas (by September 2015). The police had been influential in driving this change – a significant achievement.

HMIC acknowledges that the force is working towards establishing a good practice regime. This includes the recent establishment of a 'delivery unit' to monitor the quality of practice force-wide and developing a framework for the dissemination of good practice to improve consistency across the four districts. In addition, at the time of the inspection, South Yorkshire Police was in the process of issuing operational guidance to staff to improve consistency across the force area.

However, a system of regular audits for child protection had not been implemented at the time of the HMIC revisit. The introduction of outcome-focused performance measures which are routinely and systematically monitored, along with regular auditing, would enable the force to evaluate the impact of its day-to-day practices and ensure consistency across all districts.

South Yorkshire Police had conducted an internal review of child sexual exploitation (March 2015) resulting in 27 recommendations. Recommendations included: a review of gaps in service to support children; an assessment tool which could be used by agencies across South Yorkshire consistently to identify the risk to a child; and profiles based on multi-agency information to support those who are at risk, and to tackle those who pose a risk. If successfully implemented by the force and its partners, these recommendations have the potential to improve the way child sexual exploitation is tackled across the force area.

3. Recommendations

We recommend that South Yorkshire Police continues to work to implement the recommendations made by HMIC following the child protection inspection in May 2014 and ensures that the recommendations are implemented in full. The force should systematically review the impact of improvement activity on the quality of frontline services to protect children at risk of harm and provide regular reports on progress to the Police and Crime Commissioner.