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Dear local partnership

Joint targeted area inspection of the multi-agency response to identification of initial need and risk in Hampshire

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency ‘front door’ services in Hampshire.

This inspection was a pilot to test proposed new arrangements for JTAIs. It took place from 15 to 18 November 2021. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

Headline findings

Vulnerable children in Hampshire benefit from highly effective multi-agency safeguarding children’s partnership (HSCP) arrangements, ensuring that the vast majority of them and their families get the right level of help, at the right time, across the front door services. These mature, well-established professional relationships enable committed leaders to set high expectations and standards of themselves and their staff. This permits them to challenge and support each other to strive for excellence constantly, and constructively.

Key strengths

- Progressive, Hampshire senior leaders throughout the safeguarding partnership are outward-looking, and welcome external scrutiny. They have a sustained record of placing children, and their needs and safety, at the centre of their work across agencies. Underpinning these principles is a shared multi-agency understanding, vision and passionate culture focused on doing the right thing for children. Senior leaders are not complacent; they know their strengths and

challenges but strive for continuous improvement, devoid of blame. These values permeate across agencies and their front door teams.

- Partners recognise the importance of addressing needs early to support children. Exceptionally skilled, experienced and enthusiastic early help hub (EHH) managers and practitioners, together with their partners, provide sensitive, imaginative and innovative child-centred help and protection. This joint approach is making a substantial difference to helping vulnerable children and their parents, reducing risk and improving their life chances. Escalating risk and harm to children are understood by professionals, and children requiring a statutory service are promptly referred into the multi-agency safeguarding hub (MASH).
- Strong professional partnerships in Hampshire's MASH serve to protect children from harm. The co-location of the children reception team (CRT), children's social workers, health professionals, the police and adult services is a strength. Thresholds for statutory services are understood; professionals work collaboratively to share information, mitigating risk and ensuring that children receive the right level of help and protection.
- Risks and strengths for children are identified and carefully analysed and consistently informed by their previous history. The child's views and lived experiences are central to multi-agency decisions leading to proportionate action. Most contacts and referrals into the MASH by professionals are concise and holistic, and clearly articulate risk and needs using the inter-agency referral form.
- Child protection strategy discussions take place promptly and result in appropriate outcomes with swift and clear actions recorded about the next steps. Information is shared well by health professionals and the police, and while schools are contacted, there is less information available. Schools are not usually invited to strategy meetings, but they are fully included in child and family assessment and in child protection conferences.
- A daily high-risk domestic abuse (HRDA) multi-agency meeting held in the MASH shares information speedily about children and victims deemed at higher risk resulting in targeted early action and support for victims of domestic abuse and their children.
- The multi-agency response to children at risk of criminal exploitation, trafficked, smuggled or who go missing is pioneering and impressive. Strong and effective communication, between police officers in the Missing, Exploited and Trafficked (MET) team, the Willow Team and the child assessment safeguarding teams (CAST) social workers, appropriately uses current intelligence to target and protect children most at risk.
- Extremely effective and comprehensive out-of-hours services, supported by well-established strong partnership arrangements with the police and health professionals, ensure that children and vulnerable adults are well protected.

- Assessments completed in the child assessment safeguarding teams (CAST) use the strengths-based Hampshire model of practice effectively. Partners work successfully to share information and take action to provide help and protection to children during the assessment process. Joint agency information is appropriately gathered and is used to positively inform child in need and child protection thinking, planning and decision-making.
- All staff spoke very positively about working in Hampshire. They have access to an array of training and development opportunities, both joint and single agency. They are also leaders in developing and delivering bespoke training to other professionals, enhancing their multi-agency safeguarding expertise and cementing relationships.
- Multi-agency tools and protocols developed by the local safeguarding children's partnership are used well across agencies, for instance the age-specific neglect tools, and the bruising and unborn baby protocols leading to earlier support and action by professionals to prevent harm to children and to vulnerable adults from escalating.

What needs to improve?

- The delivery of joint enquiries by the police and children's social care when this has been agreed at child protection strategy meetings.
- The consistency and timeliness of feedback by the MASH to health colleagues following contacts and referrals.
- Timeliness in processing domestic abuse incident public protection notices (PPNs) for children deemed to be at medium or standard risk.

Main findings

The safeguarding partnership in Hampshire is highly effective. Strong governance arrangements are firmly in place, augmented by a culture of professional accountability and respectful challenge. Consequently, agencies work diligently together across their array of front door services to help vulnerable children and to prevent risks from escalating.

Leaders have a comprehensive knowledge of strengths and areas for improvement about what is happening in the 'frontline', informed by accurate performance management information and quality assurance activity. They have been quick to respond to the increase in demand for services. For example, in recognition of the 20% increase in referrals and assessments during the COVID-19 pandemic, additional health, police and children's services staff have been employed in the MASH, and for most workers in the CAST caseloads have remained manageable

Established and consistent recording, investigation and review systems ensure that safeguarding decisions and responses about individual children in the MASH are purposeful and timely. Risk is 'owned' by dedicated and committed health, police and social care practitioners, leading to tailored, child-centred actions that are informed by thorough assessment and by previous family history. However, a small number of children are referred into the MASH on multiple occasions or have been open to children's social care previously without changes being sustained.

Partners demonstrate effective scrutiny and oversight of most frontline practice across all agencies. For example, midwives, health visitors, community specialist and general practitioners work effectively with the MASH to identify unborn children who are at risk or in need of help or support. Neighbourhood police officers have a good understanding of parental vulnerability, and the importance of speaking to and listening to children when attending incidents. Their focus is on 'health, happiness and home', ensuring that the voice of the child is heard. Professionals are respectful and empathic of unmet parental needs but retain a child-focused perspective. Children's need to be protected from abuse and escalating harm is prioritised and informs analysis and proportionate decisions about the requisite next steps.

Escalation processes when there is a difference of professional opinion are effective. Challenges by midwives and health visitors and child and adolescent mental health services (CAMHS) using the escalation procedure have led to more appropriate actions. Communication from the MASH to health partners about outcomes of referrals is more difficult for those health trusts based outside Hampshire borders but serving Hampshire children. This hinders the ability of these professionals to work jointly.

A comprehensive suite of formal joint protocols and risk assessment tools is used well with parents to help them make changes. A positive example is the health-developed ICON (infant crying is normal, comforting methods can help, OK to walk away, never shake a baby) initiative in response to findings from multi-agency case reviews, which is making a difference.

Highly effective integrated early help hub teams, strengthened by the weekly EHH multi-agency triage meetings, ensure that children get the right level of help from the most appropriate professional. Innovative, responsive and continually evolving services delivered by skilled practitioners help families with a wide range of needs, including very complex difficulties. Assistance is provided by numerous partner agencies, including community police officers, adult mental health, and substance misuse support, demonstrating well-planned, cohesive and seamless partnership arrangements. The impact and outcomes of this sensitive and creative work are strongly evident in assessments and multi-agency plans and planning. When risks escalate, children are referred to statutory services but continue to benefit from the involvement of EHH practitioners if appropriate.

Responses to children at immediate risk of harm are timely and effective. Strategy meetings are used constructively to share relevant information about children to make decisions about the next steps. In a small number of cases, appropriate decisions to conduct joint police and social care children protection enquiries were overridden outside of the strategy meeting, limiting joint risk assessment and interventions for these vulnerable children.

Proportionate checks are undertaken with most professionals, who work closely together and collaborate well. CAMHS and schools are not routinely invited to contribute to strategy meetings, and until very recently CAMHS information was not readily available to the health practitioners in the MASH. Consent of parents to share information is routinely considered. Persistent work by all CRT and the MASH staff demonstrates a resolute focus on understanding the impact of domestic abuse, parental substance misuse, and poor mental ill health and neglect on vulnerable children. Risks and strengths are identified and carefully analysed and consistently informed by the previous history. The child's views and lived experiences are central to decisions. Some delays in reviewing police protection notices (PPNs) by the police within the MASH mean that children deemed to be medium or standard risk are not assessed as quickly as they should be. Requests for information made to health services are too general and do not specify the child's individual circumstances or their family context.

Children and their families requiring ongoing help, further assessment and protection are immediately passed from the MASH to the social work CAST service, where they are allocated for assessment. Most children are visited promptly by social workers. Assessments using the strength-based Hampshire Approach model of social work provide an effective framework for multi-agency consideration of risk and need, informing child in need and child protection planning. The majority of assessments are comprehensive and analytical. Focused, purposeful direct work is planned well, is done at the child's pace, and ensures that most children understand what is happening.

During the assessment, professionals using direct work tools, genograms and chronologies make consistently strong efforts to understand parental history and trauma alongside the impact of mental illness, domestic abuse, poverty, parental addiction and insecure housing. Examples were seen of skilled social workers evaluating how these and other vulnerabilities affect the ability of parents to provide stable, safe and consistent care for their children. Assessments are signed off by team managers who clearly record the rationale for decisions and the next steps to be taken. Threshold decisions about children in need and child protection planning are proportionate. For a small number of children known to agencies, sometimes for many years, contingency planning is not robust enough, causing delay in achieving or sustaining changes.

The initial multi-agency response to children at risk of criminal exploitation, trafficked, smuggled or who go missing is pioneering and impressive. All asylum-seeking young people are provided with joint child protection and trafficked assessments coordinated with the eight district police-led MET teams. The quality of work is exceptionally high. Consequently, emerging risks to young people are identified early. Consistently strong and effective communication, including out of hours, targets children most at risk and is helping to keep vulnerable children safer. High-risk strategy meetings, attended by a broad range of relevant services, help to identify perpetrators and plan action to prevent children most at risk being drawn into gangs and associated areas of criminal and sexual exploitation.

Staff across frontline teams and services report feeling well supported in their work and in their professional development by visible, approachable and engaged managers at every level. For example, multi-agency trauma-informed training has been delivered to over 1500 members of Hampshire Constabulary from a variety of departments as part of the force's aim to help the police develop trauma-informed policing. Across frontline teams and services, morale is good. There is a tangible culture of professional accountability and respectful challenge that is improving outcomes for children.

Next steps

Because this inspection was a pilot to test proposed new arrangements, the inspectorates have decided not to require the local partnership to produce a written statement of proposed action that responds to the findings. The local partnership may choose to make a statement and share it with the inspectorates.

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