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Dear local partnership

Joint targeted area inspection of the multi-agency response to abuse and neglect in Hampshire

Between 5 and 9 December 2016, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMI Prob) undertook a joint inspection of the multi-agency response to abuse and neglect in Hampshire.[1] This inspection included a 'deep dive' focus on the response to children living with domestic abuse.

This letter to all the service leaders in the area outlines our findings about the effectiveness of partnership working and of the work of individual agencies in Hampshire.

The inspectorates recognise the complexities for agencies in intervening in families where there is more than one victim and where, as a consequence, risk assessment and decision-making have a number of complexities and challenges, not least that the impact on the child is sometimes not immediately apparent. A multi-agency inspection of this area of practice is more likely to highlight some of the significant challenges to partnerships in improving practice. We anticipate that each of these joint targeted area inspections (JTAIs) will identify learning for all agencies and will contribute to the debate about what 'good practice' looks like in relation to children living with domestic abuse. In a significant proportion of cases seen by inspectors, there were risk factors in addition to domestic abuse, which reflects the complexity of the work.

[1] This joint inspection was conducted under section 20 of the Children Act 2004.

Strategic arrangements for responding to domestic abuse in Hampshire are robust and effective. Across all partners, the overall standard of practice is strong and the areas for improvement are minor. Inspectorates found some variability in frontline practice and in a small number of cases considered that improvements were required. In a county of such size this may be expected to some degree nevertheless there remains scope for a greater consistency of service provision.

Hampshire is a large local authority with geographic and demographic complexities that present significant challenge to the partnership. Leaders respond to this well, demonstrating a clear culture of strong, co-ordinated leadership which is underpinned by a commitment to continuously improving services. All partners are dedicated to improving outcomes for all vulnerable children, including those experiencing domestic abuse. It is evident that leaders in all organisations are committed to the partnership and that they appropriately prioritise the protection of these children.

This shared commitment results in strong, established and mature partnership working. A key aspect of this maturity is the ability and openness to challenge and be challenged. This was demonstrated effectively through the recent undertaking of a multi-agency audit which focused on the effectiveness of the front door Multi Agency Safeguarding Hub (MASH) as well as service provision in relation to domestic abuse. Findings showed much good work and also opportunities for the partnership to continue to do better. The partnership has sustained and continued to build upon its work, despite challenges that include constraints on finances and external pressures such as significant re-structuring in some agencies. An example of this is the effective work of the Hampshire Safeguarding Children Board (HSCB) which ensured that the National Probation Service (NPS) and Community Rehabilitation Company (CRC) were supported to remain active partners during their organisational transition.

The multi-agency service delivery arrangements in Hampshire are complex and reflect the need for an understanding of the nuance of the impact of domestic abuse rather than a 'one size fits all' approach. Good examples of a sophisticated understanding of domestic abuse are evident through the innovative role of the domestic abuse workers in the family intervention team (FIT), which is based within the local authority child in need teams. These examples of good practice evidence a highly effective service that provides one of many examples where the strategic intention of the partnership has been successfully translated into practice.

The HSCB is dynamic and forward thinking. During inspection, it was evident that individual leaders take responsibility for their organisation's role within the board and that this has led to tangible improvements in multi-agency arrangements. For example, the police have worked effectively to ensure that the data they provide to

the board is appropriate, purposeful and in line with that of other partners, to inform planning and improve service provision.

There are a number of effective sub-groups that support and feed into the HSCB. The health sub-group is attended both by health commissioners and providers and has demonstrated some notable progress. For example, it has developed a dataset which reports on the wider commitment of health partners. This includes a 94% return rate from GP practices of section 11 audit returns. This is the first time these audit returns have been included in the dataset, and they are significant because they require orginasations to have appropriate safeguarding arrangements in place. This is reflective of concerted effort and engagement with and by GPs.

The partnership has been particularly successful in ensuring that there is shared understanding of the impact of domestic abuse for all those affected by it – children, victims and perpetrators. This has informed planning and the delivery of services. This clear and distinct focus on the needs of each of these three groups means, for example, that there is a particularly impressive range of perpetrator programmes available.

Consideration and analysis of the regular multi-agency audits undertaken by the partnership promotes a high degree of self-awareness, and this knowledge is used to ensure that learning is fully shared and makes a difference to improving practice. There is a strong degree of self-evaluation and self-reflection and a relentless aspiration to achieve and continually improve services.

Overall, frontline practice is strong, although with a small degree of variability and there are some specific actions that would improve practice further. For example, the consistent use of domestic abuse, stalking and honour based violence (DASH) assessments across agencies and the sharing of the full documents with children's social care. There are no priority actions that the partnership is required to consider. The priority for the partnership is to ensure that all work is consistently of a strong standard and in line with the partnership's own expectations and intent. The wide range of existing high-quality audits, data and performance information provides a wealth of information. This is used to good effect and is leading to changes in policies and practice.

Key strengths

- Senior leaders in Hampshire ensure that there is good planning and long-term foresight to promote the protection of children living with domestic abuse. There is clarity in commissioning arrangements that have streamlined domestic abuse services effectively into two key providers supported by smaller localised grant-supported projects and individual agency work. The range of services are very

impressive. Through innovation, the partnership ensures that there is a range of provision, including interventions to prevent escalation of risk, such as the innovative police project Operation Cara. This is an award winning project using conditional cautions for domestic abuse offences effectively alongside other interventions. The CRC is currently working with HMP Winchester to review interventions within the prison and, where possible, to link delivery of domestic violence interventions seamlessly from 'inside' to 'outside'. The local authority dedicated domestic abuse specialists in the FIT are also demonstrating highly effective work.

- Hampshire has had a dedicated domestic abuse steering group in place for over five years, reflecting the identification by the joint task force partners of the need to focus on domestic abuse. The refreshed domestic abuse strategy for 2017 to 2022 has recently been agreed and demonstrates a good understanding of the extent and nature of domestic abuse including localised variations. The partnership has carefully considered how its response to domestic abuse aligns with other areas of complex needs, such as neglect, and continues to monitor how the issues of neglect and domestic abuse are linked. The maturity of the partnership is evident in this approach taken to understand the best way to support children and families with entrenched, multiple and highly complex needs.
- The partnership in Hampshire has thoughtful and accessible senior managers who are visible to practitioners and who know their services well. There are clear performance management arrangements in each agency, and these are particularly strong in the local authority. The narrative behind the data, and what this means for children, is well understood. Individual agencies understand the prevalence of domestic abuse and have ensured that this has had an appropriate profile within practice and service delivery. Considerable work has been undertaken within the HSCB to ensure that the shared dataset informs partnership working by focusing on the key criteria and supporting any partner who requires additional input to provide the most relevant data.
- The Community Safety Partnership and the Children's Trust are effective mechanisms by which partners work, plan and evaluate their work together. Consideration of domestic abuse has a profile in each of these groups in addition to the HSCB and the dedicated Domestic Abuse Steering Group, which leads on this area of work.
- All partners in Hampshire appropriately identify the prevalence and impact of domestic abuse. Clear referral pathways are consistently used by the partnership to ensure that children who are at risk or in need as a result of domestic abuse are referred appropriately for a service in the Children's Reception Team (CRT) and the MASH. Thresholds for referral into children's social care are clearly understood and consistently applied. Children are appropriately referred for a social work assessment if required. The majority of referrals are made by the police, but good evidence was seen to demonstrate that a wide range of partners

refer appropriately when domestic abuse is a concern. These partners include staff at school, nursery, health and the perinatal mental health service. Strong specific examples were seen, including a referral from the Vulnerable Adults Safeguarding Team (VAST) in the Emergency Department of Southampton Hospital. This demonstrates a clear understanding of risk, including coercive control, the relevance of previous domestic abuse as well as the impact of social isolation.

- Children at risk of domestic abuse who meet the threshold for social work intervention are progressed to MASH for multi-agency information gathering and decision-making. Co-located agencies work well together to share information, which supports effective decision-making about the next steps. Case summaries include clear analysis and recommendations that inform appropriate management decisions for further action. Children are promptly seen by social workers and their needs assessed in a timely manner. This includes a response from the well organised and well managed out of hours service, which offers an appropriate response to risk, including the convening of strategy meetings to ensure timely action to protect children.
- There has been significant investment to co-locate key partner agencies, including children's social care, police and health in the MASH. This supports effective and timely communication between these agencies. This investment provides senior police officer oversight at chief inspector rank, MASH police inspectors leading the team on site, and police sergeants attending strategy meetings. There is a daily police safeguarding meeting chaired by a MASH inspector immediately preceding and feeding into force management meetings, which reviews overnight and ongoing safeguarding concerns as well as MASH workloads, staff resilience and other critical areas of business.
- Agencies who are 'virtual partners' in MASH, such as the NPS and CRC, find communication more of a challenge. Agencies continue to work hard to mitigate any impact from this and have found ways to ensure appropriate communication takes place. Examples include the identification of single points of contact in both of the probation services and agreements to address issues of consent. The CRC and NPS are currently reviewing their roles and contributions as virtual partners.
- Information Technology (IT) systems ensure that agencies can access and share information. For example, MASH health practitioners have access to the children's social care records. The recent facility for health services to have access to a number of GP summary care records for adults and children has been helpful, both in enhancing initial information gathering and the quality of risk assessment within the MASH. The Youth Offending Team (YOT) has access to children's social care records and is now better able to see whether young people are known to children's social care.

- The voice of the child is well understood and is given a high profile across partners. The voice and lived experience of children was particularly well recorded in perinatal mental health, child and adolescent mental health service (CAHMS) and health visitors' records considered by inspectors. Social workers place a high priority on the voice of the child and know children with whom they work well. This was evident in all work and particularly strong in longer term casework. However, it is more limited by the short-term nature of work in some teams. The local authority is aware of this and is reviewing the current structure of service provision.

- The local authority shows a clear commitment to partnership working. The open style of leadership and innovation is creatively driven by the director of children's services. Considerable support for this innovation is offered from both the lead member and the chief executive. There is a high level of senior leadership awareness of the 'front door' service and domestic abuse, which is assisted by a continuity of leadership and a focus on keeping in touch with frontline practice and individual outcomes for children. The director of children's services and the assistant director have a good understanding of the experiences of children in Hampshire. The championing of Supporting Families, Hampshire's troubled families programme, by the lead member is a good example of this. The style of both senior and operational management encourages learning and reflection within a strong culture of performance management, including, for example, the robust, well-embedded peer review process.

- Frontline social workers are committed and highly knowledgeable about individual children and strive to ensure that each child has their needs met at an appropriate level of intervention. Not all case records or plans fully reflect the degree of detail, understanding or effort that is made by social workers. Inspectors observed focused skilled practitioners who understood the needs of children and the impact that domestic abuse has on them. Children are supported by social workers who they know and trust. Practitioners and managers understand the complex inter-play between neglect, domestic abuse and other forms of abuse. As a result, there is a considerable willingness and commitment to address complex issues and not seek single-issue solutions. Social workers work hard to understand the complicated experiences that children face. Demands on the service are high and some staff are managing caseloads that are higher than expected. Social workers manage these caseloads well and describe themselves as being very well supported by their managers. Child protection work is understandably given priority and a concerted focus on children in need must continue.

- Management oversight in children's social work and on case records is a strength. All cases reviewed demonstrated regular management oversight of the work undertaken by social workers. Managers authorise all key decisions and good

examples were seen in all the teams of their oversight and analysis to improve outcomes for children. This included, for example, appropriately changing the outcome of assessments to recommend that children are protected through consideration of their needs at initial child protection conferences.

- Police leaders are highly committed to the partnership and have prioritised the protection of children living in homes where domestic abuse occurs. There is a clear determination to reduce the risks to those identified as being vulnerable, as well as evidence of police leaders working to develop a culture of continual improvement to enhance decision-making and protective practices. Significant investment in a sophisticated and robust performance management process is demonstrative of this commitment. There is clear evidence of the shift in the culture of the police towards thinking about the wider context of domestic abuse and of the force prioritising the reduction of risk and harm to children experiencing domestic abuse. This is evident at all levels of the force and is leading to improvements in processes and decision-making.
- Senior police leaders understand clearly the need to have a line of sight between strategic intent and operational delivery. The force leadership has placed clear emphasis on being assured as to the nature and quality of decision-making at the frontline.
- Frontline police officers routinely and appropriately identify and respond to domestic abuse incidents. They make appropriate referrals to social care using the appropriate forms, DASH assessments and the separate police referral forms. These are completed in the vast majority of cases, however there are further opportunities for improvement in the quality of the information contained in these forms and the way in which information is shared with children's social care to assess risk and inform the development of protective plans. In the majority of cases, it was not evident whether children had been seen, spoken to, or their welfare had been assessed. Police leaders are aware of this and work is ongoing to ensure that this information is evident and fully shared with partners.
- The five clinical commissioning groups within the complex health economy of Hampshire work collaboratively on the safeguarding agenda, including on policies, strategies and working groups. The senior safeguarding leads show commitment to improving quality across provider organisations within the county. An example of this is the Hampshire-wide Safeguarding Schedule for 2017/18 which includes reporting linked to domestic abuse.
- A strong commitment has been made to the Named GP (Safeguarding Children) role across Hampshire. The four GPs work collaboratively and lead on initiatives to support safe practice in primary care. GPs spoken to were aware of the named GP in their locality and could offer examples of work undertaken by them in relation to practice. Impact at an operational level is shown through the safeguarding primary care meetings and through Named GP safeguarding leads meetings held regularly. In one practice, a range of professionals including

a health visitor, a school nurse, a community mental health, a community police officer, a troubled family worker attended. An invitation had also been made to the military welfare office, and the inspector saw evidence of a number of domestic abuse cases being discussed.

- The work of the YOT, CRC and NPS is well integrated into the partnership. The needs of those people who offend are represented well by each organisation. As a result, partners understand the roles and specific contributions of these agencies to domestic abuse work. The expertise from these agencies in managing risk of harm and reducing reoffending is shared to inform policy and operational practice to help to protect victims, and includes the effective use of multi-agency public protection arrangements (MAPPA).

- Hampshire MAPPAs are managed effectively and are making a positive difference to safeguarding children work. MAPPA leads actively seek to foster the engagement of partners at the right level in Hampshire and out of area. They have put measures in place to hold agencies to account, move cases through levels to help achieve their aims and are able to provide examples of joined up, effective action to protect primary victims of domestic abuse and their children.

- Assessments in the YOT as well as the impact of domestic abuse on the child are well analysed and understood. They lead to the appropriate provision of targeted interventions including the use of parenting support, restorative justice and some sensitive one-to-one work with children and young people. A considerable amount of work has been successfully undertaken to support the transition of young people who transfer from YOT to the CRC or the NPS. The YOT similarly works well with the police; for example, through the joint triage process and the flagging of young domestic abuse instigators through the police offender management hub to safer neighbourhood officers. This improves the ability of both agencies to better manage the risk of harm to others.

- The CRC has established a strategic focus on safeguarding and domestic abuse. Its new operating model means that offenders will be seen in the community and in their homes, rather than at an office. CRC managers have recognised that this provides a better opportunity to observe the interaction of families and are developing a training programme for staff to best utilise this opportunity.

- Multi-agency risk assessment conferences (MARACs) in Hampshire were already under review through the MARAC Evolution Group at the time of the inspection. Good practice was seen through MARAC, including specialist police safeguarding, involvement of independent domestic violence advocates (IDVA) support, and action to support a victim to seek a restraining order. A very small number of cases seen would have benefited from consideration at MARAC. Children's social care have been monitoring their attendance at a senior management level and this oversight needs to continue.

- Within Hampshire there is a substantial presence of armed forces personnel. The CRC is part of an established group that considered the best way to support serving personnel and veterans, recognising their distinct needs. This has enabled the CRC to develop effective and trusted links so that assessments, planning and support can be effectively targeted. This includes finding the most appropriate support around mental health, peer mentoring and addressing offending behaviour.

Case Study: highly effective practice

The dedicated domestic abuse specialist role in the FIT is an impressive and creative service, generating its own evidence of effectiveness and impact, and supported through external evaluation. It challenges misconceptions about domestic abuse, provides high-quality and sensitive direct services to families and works to dispel myths among the professional community.

As part of the Department for Education Innovation Fund, a 12-month pilot started in September 2015, and on the success that is evident to date, it will now be extended more widely. Eight domestic abuse workers are placed in eight child in need teams, but accessible to a whole locality service. Seventy seven per cent of the families in the pilot displayed issues of domestic abuse. A total of 321 families were involved, and one in five showed some early short-term improvements – an impressive performance given that more than half of the families had historical long-term entrenched issues and involvement with children's social care.

This innovative pilot placed the domestic abuse expertise within child in need teams, and these seconded professionals work as a part of the multi-agency team. Partnership working with social workers occurs through a wide range of methods, including weekly team meetings where cases are discussed, the co-location of staff, use of tools such as the 'abuse wheel' and literature, including a 'Living with a Dominator' book. This promotes a more personalised and thought-provoking style of working, such as the sharing of poems – including 'Why doesn't she just leave' – at team away days. This helps to dispel and challenge myths among professionals about the emotional impact of domestic abuse.

Initial engagement of families has been a key factor in the success of the work, as mistrust of professionals is quickly eliminated. The workers have been influential in being seen not as a 'social worker' but more as a separate embedded voice for the parent victim. This direct involvement in the family home has offered social workers further insight on how compliance and control might be identified. The FIT workers have

particularly seen a difference in working with issues of coercion and controlling behaviour. They have immediate and direct routes into systems and services to expedite action, for example, the immediate initiation of target-hardening activity such as the fitting of alarms and the changing of locks.

The FIT teams works closely with IDVAs and refers cases directly to MARAC. It is notable that it has been found that a victim is more likely to speak at a child protection conference and attend a one-to-one freedom programme as a result of the support and encouragement of a FIT worker. FIT workers run the Freedom programme themselves but also offer 'lower level' safety planning. As secondees, they can refer back into their own dedicated domestic abuse commissioned services for direct work with children and have undertaken direct work with children themselves when this has been appropriate as part of a plan of support.

In addition to the specific benefits with regard to domestic abuse, this work is forming part of a wider understanding and plan to move towards multi-disciplinary teams.

Areas for improvement

- Partners need to ensure that there is greater consistency of frontline practice. Multi-agency strategy discussions take place in a timely way and are routinely attended by the three key partners of children's social care, police and health. Decision-making in respect of single or joint agency investigations is clear. This is good practice. However, the involvement of virtual partners is inconsistent and the strategy discussions do not include the written plan of how enquiries will be undertaken. This did not impact on the immediate safety of children considered during the period of the inspection.

- Greater emphasis could be placed on identifying performance information linked to domestic abuse by the partnership to ensure that it is fully exploiting all of the data already available to it. Health partners should particularly evidence that they are making a difference in this area.

- The Hampshire partnership needs to ensure that it consistently uses a single assessment tool for domestic abuse and uses it qualitatively to ensure that all partners are able to fully assess the extent of risk at the first opportunity. The police use both a DASH risk assessment and a separate referral form that incorporates the outcome of the DASH form but not the qualitative detail. Improved supervision of the frontline police response to domestic abuse would ensure that children were seen and their needs were immediately recognised. Dip

sampling of the quality of referrals is undertaken within the force but the overview of current practice needs to be expanded.

- Police DASH risk assessments are completed for every incident featuring domestic abuse. The quality varies and too often officers focused on risks in isolation and focused on the incident they are currently attending without sufficient consideration of history, type of risk indicators, vulnerability and wider factors. There are reviews of risk in MASH that are upgraded or downgraded appropriately with written reasoning. This demonstrates that the MASH effectively triages risk, but also supports a finding that there is more work to be undertaken by the police regarding their initial response.

- Health services are not routinely completing a DASH risk assessment tool when domestic abuse is suspected, disclosed or reported. Information is shared with children's social care and other relevant professionals, but this would be strengthened by conducting a full risk assessment to inform any discussions, joint decision-making and actions required to protect a child or unborn.
- The assessments and plans drawn up by the NPS and CRC varied in quality, with some missing essential details about the impact of domestic abuse on the primary victim and children. This in turn affected the quality of planning, with plans to manage risk of harm lacking, in many cases, details about how agencies would work together to protect the primary victim and children. There was evidence of timely first contact with the CRT/MASH, but it was often difficult to follow the experience of the child thereafter.
- In social care, a very small number of cases were stepped down from child protection to child in need before significant change had been maintained in a family's life, or there was an element of over-optimism of the change that had been achieved. The individual needs of children within large families should be fully evident within the plans to fully reflect the needs of each child. This is within an overall context of strong engagement and involvement of children and both parents.

- There is room for improvement in adult mental health and adult substance misuse services. For example, the impact of domestic abuse on children and parental capacity to safeguard them was not consistently well-evidenced in cases that were seen in adult substance misuse records. Referrals to children's social care by adult mental health practitioners did not consistently provide a clear analysis of the risks to and the impact on children and there is more to do to embed a 'think family' approach in this service. Adult substance misuse and adult mental health services need to ensure that they are sufficiently engaged at an operational level as key partners within local safeguarding children arrangements and processes.

- There are areas of work within health that need strategic leadership to progress and continue to support the identification and protection of children living with domestic abuse. These include engagement with MARAC, which is not consistent across all health providers, as well as a consistent approach to routine enquiry of domestic abuse in pregnancy. This is key to early identification and assessment.
- The CRC delivers the nationally accredited domestic abuse programme, the 'Building Better Relationship' programme. There are currently delays for people trying to access this programme. The NPS and CRC are aware of the issue and some steps have been taken to resolve this; both organisations need to ensure that this vital programme is available at the optimum time for the offender.
- Since August 2015, there has been a single provider for both health visiting and school nursing. There have been some capacity issues in the school nursing service and the partnership is aware that there is still more work to be done to increase the profile of this service. Hampshire County Council (Public Health) should continue to lead on progressing this.

Case study: area for improvement

Inspectors found that in almost all cases of domestic abuse attended by police, police officers completed both a DASH risk assessment and a safeguarding referral into the CRT. Risk is therefore recognised and responded to. However, there are opportunities for improvement in the quality of the information obtained in order to understand and respond to risk. This does have an impact on the way in which information is then shared with children's social care to inform the development of protective plans. Police leaders are aware of this and work is ongoing to consolidate and rationalise the way in which information is shared with partners.

In general, assessments are routinely conducted by the police and are of a good quality. There is some variability, and where the risk was highest, the response was the best. The DASH assessments themselves are not routinely shared with children's social care, which means that the detail is not fully understood and the score or rating can be misleading. This can lead to children's social care and the MASH not having the full picture of the extent of the risk.

In the case of one adult victim that was reviewd following the disclosure of an assault, a DASH assessment was undertaken. In response to the question of whether the abuse was happening more often, the victim had answered 'no'. Underneath she had written that this was because it was happening constantly. The tick rating or score in this case would have implied that the risk was not escalating and was the opposite of what was actually happening.

The police, in conjunction with the partnership, are aware of the need to respond when the incident is 'live' and are planning to alter the way of working to offer a more comprehensive multi-agency first response.

Next steps

The local authority 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 NPS, the CRC, clinical commissioning groups and health

providers in Hampshire and Hampshire Police. The response should set out the actions for the partnership and, where appropriate, individual agencies.[2]

The local authority should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by Friday 5 May 2017. This statement will inform the lines of enquiry at any future joint or single agency activity by the inspectorates.

Yours sincerely

Ofsted	**Care Quality Commission**
 Eleanor Schooling National Director, Social Care	 Ursula Gallagher Deputy Chief Inspector
HMI Constabulary	**HMI Probation**
 Wendy Williams Her Majesty's Inspector of Constabulary	 Alan MacDonald Assistant Chief Inspector

[2] The Children Act 2004 (Joint Area Reviews) Regulations 2015 www.legislation.gov.uk/uksi/2015/1792/contents/made enable Ofsted's chief inspector to determine which agency should make the written statement and which other agencies should cooperate in its writing.