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Dear local partnership

Joint targeted area inspection of the multi-agency response to children's mental health in Portsmouth

Between 9 and 13 December 2019, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation (HMI Prob) carried out a joint inspection of the multi-agency response to abuse and neglect in Portsmouth.¹ In the inspection of the 'front door' of services, we evaluated agencies' responses to all forms of abuse, neglect and exploitation, and also evaluated responses to children living with mental ill health. This inspection included a 'deep dive' focus on the response to children subject to child in need and child protection plans, and children in care who are living with mental ill health.

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 Portsmouth.

Children in Portsmouth benefit from a wide range of services to support their emotional well-being and mental health. Professionals work effectively, as part of a multi-agency network, to support children. Relationship-based practice through a strong focus on a restorative practice is improving the response to children's mental health. Schools are fully engaged in supporting children's emotional well-being and mental health. Attending school is seen as integral to supporting children's emotional well-being and safeguarding them. The new Portsmouth inclusive education quality mark for schools supports this approach.

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



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Increasingly strong integrated working at strategic and operational levels is leading to some excellent and innovative work that is having a positive impact on the emotional well-being and mental health of children in Portsmouth. The child and adolescent mental health service (CAMHS) is strong and provides children with good support and intervention. It increasingly offers support and advice to staff and carers across the system in order to help them support the children they work with and care for.

Hampshire Constabulary recognises the importance of prevention and early intervention in supporting children and diverting them away from the criminal justice system. This approach is having a positive impact on reducing the numbers of children being arrested and brought into police custody.

Effective decisions are made in the multi-agency safeguarding hub (MASH), and decision-making is enhanced by strong agency partnerships. However, not all relevant agencies attend strategy discussions. This has a negative impact on the quality of the assessment of risk and the planning of section 47 enquiries. Agencies work together with children with mental ill health to provide them with helpful and effective support. However, for some children, increasing risk is not always recognised, and this leads to delays in them getting the help they need.

The recruitment and retention of frontline staff across children's social care and health is challenging, and, in some services, staff vacancies have had a negative impact on the delivery of services to children. Children's individual plans, management oversight and quality assurance processes do not consistently focus on the quality of children's experiences and the progress that they make.

Key Strengths

- Joint working and integration at a strategic level in Portsmouth is strong and is increasingly leading to children in Portsmouth receiving the emotional well-being and mental health services they need. Further examples of strong partnership working were seen in the health and well-being board and the Portsmouth safeguarding children's partnership (PSCP), both of which include representatives of statutory and non-statutory partners. These bodies have strengthened relationships between leaders and underpin the ambition to improve support for children's emotional well-being and mental health needs.
- The director of children's services (DCS) has a strong vision with which she has successfully engaged stakeholders. This has led to a coherent development of services and a model of working which support that vision and enshrine the partnership's values, for example the development of early help, effective partnership working with schools and integrated working at a strategic level and frontline practice. The implementation of a clear operating model of restorative practice across the partnership has been led by a multi-agency steering group



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chaired by the assistant director, commissioning and performance. The vision of the partnership is to equip all professionals to be able to meet the emotional well-being needs of children.

- Joint commissioning arrangements are generally effective through the commissioning committee within Health and Care Portsmouth. The director of children's services (DCS) at Portsmouth City Council has delegated responsibility for the commissioning of health services on behalf of the CCG, and reports to the chief clinical officer in the CCG governing board to ensure that governance and oversight are retained. This integration ensures that an increasing number of commissioning decisions are informed by joint assessment of need across the partnership. A deep dive review is currently being undertaken to understand whether there is an effective multi-agency response to children with conduct disorders and whether there is a gap in the commissioning of services for these children.
- The strategy and vision of strengthening relationships, resilience building for children and supporting children at an early stage by the PSCP is clear. This is linked closely to the health and well-being board priorities and the social, emotional and mental health (SEMH) strategy. The partnership does not yet have an effective overview of the impact of the delivery of the strategy on multi-agency frontline practice.
- The functions of the community safety partnership and the children's trust have been integrated into the health and well-being board. This is leading to much more integrated planning and delivery of services for children. For example, the health and well-being board considers the emotional well-being and mental health of a range of specific groups of children, including children who offend, or who are at risk of doing so, and this is included as a priority in their SEMH strategy.
- A dynamic community and voluntary sector works together to deliver services to vulnerable children with a range of emotional well-being and mental health needs. They are well represented strategically on several boards. This has led to integrated working where the sector feels valued and an equal partner. This, in turn, is helping to make a positive difference for children.
- There are a number of good examples of co-production and gathering of the experiences and views of children to inform practice or develop services. This includes working with families to develop a new way to respond to need at the earliest opportunity for children with special educational needs and disabilities, rather than relying on a formal diagnosis, and Portsmouth Parent Voice contributing to monitoring the CAMHS contract.
- Effective work is being undertaken to reduce the number of children being admitted to hospital. Innovative and collaborative working between strategic and operational leaders enables robust monitoring and tracking of those children who are at high risk due to their mental ill-health. When risk increases, multi-agency



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packages of support are swiftly put in place. This has meant that more children who are at significant risk because of their mental health have been able to receive treatment while maintaining support from the critical relationships with their families and friends in their local communities.

- The emergency department at Queen Alexandra Hospital has been responsive to increasing attendance by children with mental ill-health. In partnership with CAMHS, it has successfully piloted a children's psychiatric service based within the department to promptly assess and respond to the mental health needs of children, and with appropriate onward referral and support. Consequently, there has been an 83% reduction in hospital admissions for these children. Due to this success, a substantive children's psychiatric service will commence in April 2020.
- Innovative practices are having a positive impact on the emotional well-being and mental health of children. These include the trauma-informed model of care for children in care and the team around the worker approach. Individual workers are provided with significant support from a range of mental health specialist services, enabling them to conduct more effective assessments and interventions for children. This is valued by the multi-agency workforce and is increasing practitioners' confidence in working with children who have been subject to adverse childhood experiences.
- The local authority and school leaders have built effective relationships to support children with emotional well-being and mental health needs. This has resulted in a needs-led approach that is based on consultation with children. The local area is developing a 'team around the school' approach, providing multi-agency support from CAMHS, the educational psychology service, outreach services and safeguarding professionals. Consequently, children's mental and emotional health and safeguarding needs are better understood and addressed.
- CAMHS managers and leaders carry out regular audits, and, as a result, have a wealth of data that is used intelligently to identify gaps in current service provision. CAMHS leaders value the relationship they have with commissioners and are continuously developing and improving service specification and delivery to ensure that children's emotional well-being and mental health needs are effectively met.
- Training and support provided to foster carers by CAMHS enables them to better understand children's behaviour that may be the result of trauma and mental ill-health. This helps carers manage such behaviours and is supporting stability of placements for children.
- Hampshire constabulary and its senior leaders have a strong focus on child-centred policing and a clear ambition to divert children away from police custody and the criminal justice system, as well as to protect children. This focus informs the way the police deal with children and their emotional health and well-being needs. There is evidence of both inter-agency and multi-agency work at both a



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strategic and operational level identifying opportunities to intervene early and prevent harm.

- Training on neglect, mental health, trauma-informed practice and adverse childhood experiences has been provided to frontline officers and custody staff. This is enabling them to understand the impact of childhood trauma and identify those who may be vulnerable and in need of support. Control room staff have also had suicide awareness and prevention training.
- There is a clear escalation process to senior officers and the ability to challenge other professionals where children are identified while in police custody as requiring a mental health assessment. This increases the opportunity to quickly, and appropriately, remove children from the custody environment.
- Children entering police custody are referred to the Hampshire liaison and diversion scheme, enabling the police and health professionals to share information and provide advice as well as support. This screening assists in identifying pre-existing history to help inform the assessment of risk and manage a child's welfare while in custody, as well as signposting to appropriate services.
- Where children are detained in custody, there is clear evidence that their needs are considered. Custody officers draw in a range of professionals, including the appropriate adult scheme and the liaison and diversion service, in order to consider the children's circumstances, emotional well-being and mental health needs.
- There is a small dedicated mental health police team. Part of the remit of this team is to work with individuals identified as high intensity users of services. This is being piloted in Portsmouth and is being jointly funded by the office for the police and crime commissioner and Solent NHS Trust to include children.
- The force has 60 autism ambassadors, who act as points of contact for officers and staff to access advice and guidance. This enables better recognition and response to children with autism spectrum disorder.
- The youth offending team (YOT) provides children with specialist support, and there are few delays for them in accessing help with emotional well-being and mental health.
- Parents and carers told inspectors that every professional they had contact with developed positive and respectful relationships with them, and they described how CAMHS had made a positive difference to their children's emotional well-being. Parents said they 'felt heard' and 'were listened to and not judged' by their child's social workers and said that professionals are 'child-centred and that's how it should be'. One parent said, 'The head and deputy head are wonderful; they explain things, see me straight away and they understand my child.'
- Children in Portsmouth benefit from professionals being trained in a restorative practice model of working across key agencies and a culture of close partnership working, which is enhancing the initial responses to needs and risks for children.



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Children and families benefit from agencies having a common language and approach, which supports children and families in improving their relationships.

- Funding to address serious youth violence from the office of the police and crime commissioner has been used to creatively support the recruitment of education partnership managers working with four secondary schools in Portsmouth that are linked to high harm areas.
- Creative work carried out most recently on exploitation through the PSCP with taxi drivers, retailers, hoteliers and sports clubs through Project Bridge is giving the community the skills that they need to recognise the risks of exploitation.
- There is a strong learning culture in the multi-agency safeguarding arrangements. Learning is effectively disseminated to practitioners. An extensive review of criminal exploitation was undertaken and has increased the partnership's understanding of this area of practice. This is leading to an increasing range of services to try and prevent the circumstances which might make a child vulnerable to exploitation. The next deep dive is planned on the mental health of adolescents. This demonstrates the priority the partnership gives to children's emotional well-being and mental health.
- A police problem profile for children at risk of criminal and sexual exploitation and of going missing has been produced and shared with partners. This provides the partnership with a greater understanding of risks, emerging intelligence, and opportunities to inform the use of resources to assist prevention and enforcement.
- The force shares information on children affected by domestic abuse incidents via Operation Encompass with schools each working day. This approach allows schools to contribute to the development of protective plans and provide support and practical help to children who are living with domestic abuse.
- Good work is being undertaken to prevent offending, as well as to prevent children from entering the criminal justice system. Out-of-court disposals are used; a multi-agency panel makes recommendations to ensure that children do not enter the criminal justice system when it is not appropriate. The 'teachable moments' workshop is being delivered to young people at risk of criminality, exposure to drug abuse and violence. Workshops are being delivered in the pupil referral unit, and are led by experienced youth intervention and diversion workers.
- Secure systems are in place in schools for safeguarding, children who are missing education and children who are electively home educated. This includes children who attend independent schools. Safeguarding training is tailored to need, as well as regular designated safeguarding leads training being provided. Portsmouth City Council has led and supported a strong restorative approach in schools, and this is having a positive impact on children.



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- Strategic responses to domestic abuse are innovative and tailored to need. The Up2U domestic abuse programme is now being adopted by organisations across the country, with Portsmouth City Council providing support in implementation and evaluation.
- Social workers report feeling well supported by their managers, and they have access to frequent reflective supervision, although the records of these sessions are minimal and, currently, many are handwritten. Reflective supervision sessions run by an external provider have been well received by social workers as it provides them with an external perspective. This is supporting social workers to manage some of the most complex children's cases in relation to child protection, including those of children with mental ill-health.
- Multi-agency reflective practice meetings, led by social workers, are helping to address the needs of children who need longer-term plans, particularly where there are longer-term concerns around neglect. Plans are made more effective by reviewing which previous interventions made the most difference for children.
- Social workers say that the local authority is a supportive employer, and say that they are given access to training and development opportunities to enable them to further their careers. All the workers and managers who spoke to inspectors are positive about working for Portsmouth City Council and describe a supportive culture, with access to managers at all levels.
- The safeguarding team in the CCG, including the named GP, offers a wide range of safeguarding children training to GPs on a variety of topics and in a number of different formats. These include formal TARGET training days, learning sessions and workshops, as well as one-minute guides. The CCG also provides weekly newsletters to practice staff, including GPs, and this always contains at least one article on an aspect of safeguarding. This means that GPs are facilitated to better identify risks and vulnerabilities to children. The safeguarding team in the CCG also carries out an annual quality visit to every GP surgery. This includes a review of safeguarding practice and helps the team to understand themes and areas for improvement.
- The named GP is working with primary care partners to strengthen safeguarding practice. This increases the opportunity for GPs to be professionally curious and explore whether there may be wider vulnerabilities during every consultation with every patient, rather than being considered as something additional.
- The MASH is well resourced and processes contacts in a timely way, and there is end-to-end management oversight. The MASH decisions, overall, are clear and proportionate and are supported by family history.
- There is good knowledge and understanding in the MASH of roles and responsibilities of the YOT, National Probation Service and Community Rehabilitation Company, underpinned by information-sharing protocols. Good practice has been seen in review and retention of notification of people who pose a risk to children. Co-location of the YOT is leading to discussions that aid



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referrals, and the quality of information provided by YOT referrals is quality assured by managers.

- The MASH benefits from having a probation officer for two days a week. This facilitates swift information-sharing between the agencies in order to assess risk with adult probation services systems. In addition, the MASH employs a named senior social worker who liaises with the relevant professionals, planning for children who are in or are being discharged from Tier 4 mental health provision.
- A culture of learning and improvement across agencies in Portsmouth is underpinned by multi-agency training and CPD days across all MASH staff and regular multi-agency audits of decision-making in the MASH across children's services, police and health. Through an audit of the quality of health referrals into the MASH, the health navigator has identified a need for further training for health professionals on what a good referral would look like.
- Information on all domestic abuse incidents, where there are connected children, is shared by police with the MASH, along with the DASH risk assessments, where these have been completed. High-risk police notifications of domestic abuse have the benefit of additional oversight by a police sergeant, and they are all subject to MASH enquiries that take full account of family history and make proportionate and child-focused decisions. There are close links between the MASH and MARAC.
- Children living with domestic abuse benefit from a range of tailored support, including direct work with children through the Helping Hands programme. An emphasis on changing long-term behaviour is helping to make meaningful and sustained change in some family relationships.
- When there are clear and immediate child protection concerns, strategy discussions take place quickly, and timely joint visits by social workers and police happen where indicated to address risks in most cases. They result in clear analysis and well-evidenced decisions about next steps.
- Chronologies are consistently started in the initial planning stages for children and as an integral part of the assessment process, and they are enhanced by detailed genograms.
- Social care assessments recognise children's emotional well-being and support children to access the appropriate therapeutic services.
- Information-sharing with multi-agency partners is effective. Information received from social care, other health partners, police and youth justice is being used to inform holistic assessments and decision-making. Risk management plans in CAMHS are detailed, take a holistic approach and are contextualised. CAMHS practitioners are well sighted on all the risks and vulnerabilities of the children and young people who they are supporting.
- A collaborative approach by the looked after children team, CAMHS, the YOT and social care is embedding trauma-informed practice to help children displaying symptoms that are indicative of post-trauma and loss. Trauma-informed practice



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supports children, including those unaccompanied asylum-seeking children. The local authority recognises the importance of this work, and, as a result, has commissioned an additional post to support the delivery of these programmes.

- CAMHS practitioners, social workers and education staff work effectively together to address the psycho-social needs of children.
- Agencies work effectively to ensure that there is oversight and risk management of children who disengage from CAMHS treatment. Practitioners identify the 'agent for change' – a professional or significant adult with whom the child has a positive relationship. CAMHS practitioners aim to carry out joint appointments with the identified agent for change, to attempt to re-engage children and young people back in treatment.
- Parents and carers of children with social, emotional and mental health needs benefit from a broad offer of support. The CAMHS in Portsmouth is forward-thinking, innovative and responsive to the needs of the local area's demography.
- The CAMHS single point of access duty line offers consultation, guidance and advice to parents and carers who have concerns. Drop-in clinics equip parents and carers with strategies and skills to enable them to provide effective care and interventions at home.
- Assessments undertaken by the YOT are comprehensive and enhanced by specialist assessments from speech and language therapists and CAMHS. These provide a particularly good understanding of the child's emotional well-being and mental health. Children are routinely given opportunities to express how they are feeling and share the concerns they may have. These assessments often provide essential information for partner agencies, to inform how best to work with the child.
- Children who have experienced bereavement and loss are well supported by the school nursing service. 'The Lost Companions' service provides tailored and holistic support to children and young people in Portsmouth. The school nursing service is providing a wide range of drop-ins for children of school age in Portsmouth to support their physical and emotional health. This service is being provided despite a significant reduction in capacity due to staff vacancies.
- Children and young people with anxiety and low mood are benefiting from delivery of the 'Control and worries programme' which is delivered in school by school nurses. This programme promotes strategies of self-care and resilience building. Feedback indicates that this programme is reducing the number of referrals made to CAMHS for anxiety and depression. School nurses support children who are electively home educated, effectively identifying emotional well-being and mental health needs.
- Children and young people with autism spectrum disorder and co-morbid mental health needs are benefiting from improved continuity of care. The views of children and parents are well considered when deciding which care pathway is



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most appropriate. This means that there are no additional waiting times for children because there are effective pathways.

- Professionals are committed to making flexible and adaptable arrangements in response to children’s emotional well-being and mental health needs. This includes outreach work provided by schools, and recognition of anxiety around school attendance and curriculum subjects, resulting in reasonable adjustments being made. Speech and language therapy assessments conducted in the YOT helpfully inform a range of multi-agency interactions. Coordinated and consistent approaches are leading to improvements in the circumstances of some children.
- Most assessments are detailed and give an overview of the child’s circumstances and experiences and how these contribute to their current vulnerability. Children’s views are gathered effectively. There is evidence of trauma-informed practice being used. We saw professionals drawing on a range of sources and specialist input to inform assessments, and this was particularly evident in the work of YOT.
- Inspectors saw evidence of effective multi-agency meetings for some children, including network and planning meetings. These gave professionals the opportunity to regularly share intelligence, decide on a coherent approach and ensure that they were clear on each other’s roles and responsibilities. This avoided duplication and meant that children and families were not overwhelmed by working with a large group of professionals.

Case study: highly effective practice

Some children benefit from strong integrated working that is child-centred and clearly recognises their needs. Professionals work effectively together, leading to a strong multi-agency response to children who have mental ill health.

For example, Joanna who had traumatic early life experiences, including feeling rejected, and who consequently suffers from anxiety, is being supported in a flexible way to ensure that her mental health needs are met. Collaboration between agencies is ensuring that Joanna receives CAMHS support in school, which is her choice, and her carers are being assisted to develop a therapeutic parenting approach. This is enabling stability and reducing the risk of further disruption and harm to her emotional well-being.

Areas for improvement

- While referrals to the MASH are timely, the quality of referrals by partners is not consistently good.



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- Referrers and key agencies are not always informed of outcomes of referrals or notifications sent to the MASH.
- Initial strategy discussions in the MASH do not bring all the key agencies together, which means that the planning for section 47 enquiries is not always sufficiently well informed by key information, including information about children's developmental and emotional well-being needs.
- Insufficient challenge by agencies and the failure to use formal escalation policies means that some children's needs are not being effectively responded to by agencies in a timely way.
- A failure to identify the needs of some children at an earlier stage results in children not always getting the right help at the right time.
- The current process for addressing escalating concerns when families are receiving early help is not sufficiently robust. The decision to step up cases is taken by the early help social workers and does not involve the MASH. The lack of effective oversight in making decisions about stepping up cases can lead to delays in children receiving the appropriate help in accordance with their risks and needs.
- Housing services are not represented at MARAC, despite almost a third of victims referred being Portsmouth City Council tenants. This has a negative impact on the quality of planning and intervention.
- The named GP does not have good oversight of safeguarding practice in primary care. For example, GPs are encouraged to maintain their own databases relating to numbers of referrals made to the MASH, children in need, those subject to child protection plans and those who are in care. However, the named GP does not have assurance that all practices have these in place.
- There is a backlog of police referrals within the MASH. The cause of this has been identified by senior managers, and a plan of action is in place to mitigate risk. A longer-term solution to providing additional capacity and resilience in terms of staff resource is ongoing.
- Hampshire constabulary currently does not have enough information to understand thoroughly the impact and outcomes of the service it provides to children at risk of harm. Improved oversight and supervision is necessary to scrutinise the quality of decision-making and risk assessment. Such information would improve the existing focus on making children safer and less vulnerable.
- In children's cases seen by inspectors, there is no evidence of YOT involvement where child sexual exploitation assessments have been completed by children's social care. This represents a missed opportunity to use the extensive information that the YOT holds about children known to them.
- There is not consistent recognition of family's cultural heritage, which does not support or engage families in multi-agency planning and intervention.



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- Multi-agency decisions, for example to convene a child protection case conference, are sometimes overturned by children's social care service leads. The rationale for such decisions are not clear, and partner agencies are not routinely consulted about such changes. This means that effective multi-agency decision-making is not always taking place about whether the threshold for initial child protection conferences has been met.
- Quality assurance processes are in place. However, these do not sufficiently focus on the experience and progress of children or some of the critical decision-making points to evaluate whether children are getting the right help at the right time.
- There are challenges with recruitment and retention affecting the workforce across children's social care and health services. This has impacted significantly on the length of time that children have to wait to access CAMHS, for example, and reduces the ability of the partnership to deliver key objectives. Furthermore, reduced capacity in the school nursing service impacts on the ability to consistently meet the demands of their role. However, flexible and innovative ways of working have enabled the partnership to deliver an effective service. This is done, for example, through using resources to support other professionals to meet the emotional well-being and mental health needs of some children.
- Leaders across the partnership are not fully assured that children, parents and carers and universal professionals are always aware of the range of emotional well-being services that are available to support children or of how to access them. There is no single 'front door' or single point of access, and this has the potential to leave children without the right service at the right time.
- The quality of management oversight is not effectively monitored. Inspectors saw examples of managers in children's social care not identifying increasing risk or need, leading to some children not receiving the right service at the right time. There was insufficient evidence that management oversight was sufficiently focused on the experience and progress of children, including those children with mental ill-health.
- Not all children in care are benefiting from their review health assessments being carried out in their preferred settings. This creates a particular challenge for some children with emotional well-being and mental health needs who may feel that attending clinic-based appointments exacerbates their mental health presentation.
- Despite the investment in training and raising awareness of the vulnerability of children, this has yet to translate into consistent recognition and appropriate recording for those children who come into contact with the police. For example, the police are not always deploying to incidents where there may be a potentially vulnerable child, and this information is not always being shared with other agencies. In addition, information from these incidents is not being transferred from the incident log into the police information system (NICHE RMS). This



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information is therefore not readily accessible by others, including MASH police and their partners.

- Risk, including that to emotional well-being and mental health, is not always appropriately considered and assessed by agencies. For example, risks in relation to contact with the birth family were under-estimated for one child. The level of risk associated with children missing from home is also not always recognised. Despite being reported by parents or carers, children are not always recorded as missing, and this results in there being no operational activity to locate them. Furthermore, safe and well checks are not always completed, which impacts on the multi-agency response to vulnerable children.
- In some cases, it appears that the lived experiences of the child are not sufficiently assessed or understood, and there is a lack of professional curiosity and focus on the child. For some children, the impact of their mental health needs is not fully understood, particularly where parental engagement with agencies is inconsistent or challenging. While there is considerable inter-agency liaison, this has not consistently translated into effective decisions, planning and intervention.
- There is some evidence of drift and delay, with delays in the appropriate threshold being applied for a considerable period for some children. Examples were seen by inspectors where there were ongoing and escalating concerns about the children's emotional well-being and mental health, and delays in professionals taking appropriate action. This means that those needs have not been addressed at the earliest opportunity.
- There is inconsistency in decision-making. This included decisions around the thresholds at which children were held and the type of investigation to be conducted. Decision-making and rationale are not always recorded on children's files. It is not clear that children's wider, longer-term physical, emotional and mental health needs or circumstances are always considered in decision-making.
- While there are some stronger assessments, not all provide a thorough analysis of a child's needs and the impact of previous experiences on their emotional well-being and mental health. This means that the impact of children not attending appointments or education is not sufficiently considered in assessment, planning and decision-making.
- All children have plans, they are detailed and have an overview of the young person's needs and services needed to address those needs. But not all are up to date. Plans differ in quality. While plans did include objectives to address mental health needs, in some cases the information gathered in the assessment did not translate into a detailed plan with specific actions and measurable outcomes. Plans did not sufficiently focus on the progress and experience of children.
- There is insufficient assessment and intervention for some brothers and sisters of children with mental ill-health, with insufficient focus on the impact of brothers and sisters living with a child with mental ill-health.



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Case study: area for improvement

Some children experienced delay in professionals recognising and responding to the increasing risks they faced. Practitioners failed to challenge and implement escalation policies when they identified failures by partners. Plans and management oversight is not sufficiently focused on the experience and progress of the child. In addition, there is not enough focus on the needs of all children in a family.

David was known to services for some time, and there were long-term concerns regarding his physical and emotional health. Despite no positive progress and him being at risk of significant harm, David was not escalated into child protection processes quickly enough, resulting in him suffering emotional harm for an extended period of time. The needs of David's brother took precedence and there was insufficient focus on the needs of David. The members of the multi-agency partnership did not effectively challenge each other to ensure that the needs of David were met, that risks were managed and that appropriate thresholds were applied in a timely manner. This meant that David did not receive the right help at the right time.

Next steps

The DCS 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 police, children's social care, the clinical commissioning group, health providers in Portsmouth and the Youth Offending Service. The response should set out the actions for the partnership and, where appropriate, individual agencies.²

The DCS should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 13 May 2020. This statement will inform the lines of enquiry at any future joint or single agency activity by the inspectorates.

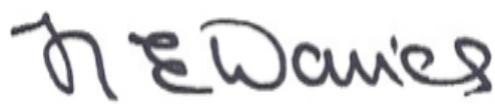
² The Children Act 2004 (Joint Area Reviews) Regulations 2015 www.legislation.gov.uk/ukxi/2015/1792/contents/made enable Ofsted's chief inspector to determine which agency should make the written statement and which other agencies should cooperate in its writing.



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Yours sincerely

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 Yvette Stanley National Director, Social Care	 Ursula Gallagher Deputy Chief Inspector
HMI Constabulary and Fire & Rescue Services	HMI Probation
 Wendy Williams HMI Constabulary and Fire & Rescue Services	 Helen Davies Assistant Chief Inspector