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Chief Superintendent Daniel Knowles, Commander, North West London Borough Command Unit
Sophie Linden, Deputy Mayor for Policing and Crime
Chris Miller, Independent Scrutineer

Dear Harrow Strategic Safeguarding Partnership

Joint targeted area inspection of Harrow

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to children and families who need help in Harrow.

This inspection took place from 26 to 31 March 2023. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

Headline findings

The Harrow Strategic Safeguarding Partnership (HSSP) does not have effective oversight or scrutiny of the multi-agency safeguarding hub (MASH), or early help offer in Harrow. Children and their families benefit from a wide range of early help services that support them to improve their lived experiences. However, this is uncoordinated without a lead professional or multi-agency focus and often provided through a single-agency approach at the exclusion of partners. This means children and their families need to tell their stories over and again to different agencies, and that the support the family receive is not always tailored to their specific needs.

What needs to improve?

- The strategic oversight and scrutiny from the HSSP of the MASH and the provision of early support.
- The location of the MASH to ensure that agencies are co-located safely and are supported to assess risk and make timely joint decisions.
- The capacity of police and health resources to support the work in the MASH.

- Seeing children in a range of venues, including their home.
- The sharing of information and co-ordination of support for children and families needing multi-agency early help.
- The gathering, recording and acting on the child's voice to support decision-making and improve outcomes for children receiving early help.

Strengths

- In Harrow, children and their families have access to, and use, a broad and varied range of early help services from birth to adulthood to improve their lived experiences.
- Schools' contribution to early support work with children and families is strong. Staff in schools ensure that work is well planned to identify and meet children's needs.
- Children's health records demonstrate strong professional curiosity among health practitioners, who think beyond the presenting concerns. Practitioners undertake holistic assessments of children's needs and external influences on their lives. This results in informed decision-making and planned interventions for children.
- Police staff complete comprehensive checks from a variety of resources available to them prior to information being sent to social care. This means that broader risks are better understood, enabling more informed decisions around the appropriate intervention for the child and their family.

Main findings

The partnership has a lack of focus and oversight of the early help offer for children and families and the MASH in Harrow. There has been limited scrutiny and challenge by the safeguarding partnership of early help practice and the MASH. The lack of regular multi-agency audits means that the partnership does not have the much-needed qualitative evaluation to give leaders the assurance that these services are effective.

Alongside the HSSP arrangements, there are a number of strategic partnership boards which all have some degree of oversight of the various connotations of early help provided by the local agencies. The independent scrutineer sits on some of these boards, as well as the designated safeguarding leads and general practitioner forums. However, these arrangements are not providing the necessary challenge or ensuring that the HSSP has the necessary information to effectively monitor early help provision in Harrow.

Safeguarding partners are not always appropriately involved in service planning. The Metropolitan Police Service, as a strategic partner for the local area, has not been involved on the strategic steering group for the development and embedding of the 'family hub' model. Additionally, the police have only recently become involved in the

strategic planning for the expansion of the Social Workers in School's project, despite police officers working with schools and operationally supporting the project.

Not all schools and colleges in Harrow are receiving Operation Encompass notifications. It is positive that the majority are receiving notifications. However, it is not clear what action the HSSP is taking to ensure that this is adopted more widely.

There is an absence of any recent multi-agency training from the HSSP on early help. There is an overreliance on each organisation to train their respective workforce.

The partnership has taken appropriate steps to implement learning from local case reviews. This includes the funding and commissioning of a specific model of practice to address the risks of shaken baby syndrome and adopting the 'Think Family' approach within health agencies. Both initiatives are very new and, therefore, are not having an impact on children at the time of the inspection.

Regular consultation with children and their families in Harrow means that leaders do understand local needs. However, there is no coherent plan for how this translates to service delivery.

The local authority is the main contributor of funding for the HSSP. The local authority reports that this is not sustainable, and the lack of partnership funding has already resulted in the recent cancellation of a partnership learning conference.

The recent procurement of the location for the MASH was undertaken singularly by the local authority. At the time of the inspection, we found that the new location was not meeting the needs of all agencies to work effectively as a partnership to jointly assess risk and make timely next-step decisions. Furthermore, some partners describe the location as 'not fit for purpose'.

Capacity in the MASH for police and health colleagues remains a concern. There is a shortage of permanent police officers and staff. Current demand is being met using overtime and some weekend working. The police in Harrow do not have reliable data or performance figures to fully understand demand, or to establish the required number of full-time posts to service the MASH in the longer term.

Police officers and police staff in the MASH do not have access to the social care children's recording system. This causes delays and often leads to unnecessary research by already stretched police colleagues. Leaders agreed to address this area for development when inspectors were on site.

One full-time equivalent worker covers the health MASH service. Inspectors were made aware of a bid to secure additional health resources, although, at the time of the inspection, this was not in place or agreed. Despite the health practitioner frequently working above their hours, as well as additional support from other health

professionals, there are often delays in responding to requests for information. This means that health information is not always provided about children, young people and their families who are referred into the MASH in a timely manner.

Referrals into the MASH made by multi-agency practitioners do not always have clear information about what has already been done to support children and their families and what may be needed. Some referrals are overly focused on parents' rather than children's needs.

The management oversight of children's contact records is not always specific to the child and their circumstances. For some children, actions are too generic and without timescales.

The application of threshold, and quality of decision-making in child protection strategy meetings and joint child protection enquiries, are inconsistent. When a strategy meeting is agreed, this is held promptly. When planned well, professionals who have first-hand information about the child are invited to attend and they contribute to the analysis of risk and decision-making. However, the 'right' person who knows the child is not always invited. Decisions for joint or single-agency enquiries are not consistently made and some children are visited by a social worker only, when it is clear that a police officer would enhance the visit for the child and their family.

Children's records are not updated with the relevant conversations between the MASH education representative and other professionals. The minutes from the daily MASH meetings are not recorded on children's records. These limit accountability and mean that children's records do not fully capture multi-agency activity and decision-making.

Not all missing children who are reported to the local authority emergency duty team are reported to the police. Written records of return home interviews for missing children are not shared with the police. Social workers give a verbal account. This practice means that not all agencies are aware of missing children and the reasons why they go missing, meaning that the multi-agency's attempts to track, trace and safeguard some missing children are less effective.

The local authority early support model is not child centred. The local authority explained that the model is designed to be parent led. However, the evidence seen by inspectors found the model to be parent focused. It does not encourage practitioners to routinely visit children and their families at home. The model is to encourage children and their families to use the services accessible in the 10 'family hubs' throughout the borough. However, not all families engage with this request, and therefore some children are not seen as part of the early support needs analysis (ESNA). This means that children's whole lived experiences cannot be fully understood, and they may have needs that remain unidentified and unassessed.

Children receiving early support or early help from the wider community services do not benefit from having an identified lead professional to help coordinate multi-agency working. Multi-agency meetings to review the impact of early help interventions with the child and their family are not taking place. Information-sharing relies heavily on the individual practitioner to share details of their involvement. This does not always happen. The impact of this is that professionals are assessing children and family's needs based on limited information available. There is a limited plan of intervention and opportunity to assess the impact of this on the outcomes for the child. However, some children do make good progress with the single-agency intervention.

Children receiving early support often wait too long for specialist interventions such as cognitive behaviour therapy, Harrow Horizons and CAMHS. Early support practitioners try and mitigate some of the impact of this by providing additional help and interventions.

Health practitioners do not always receive information of what early support is being provided to children and their families. This too often results in duplication of work delivered by health and early support practitioners. Intervention is not always tailored to the child and family's needs because of the lack of information-sharing.

Inspectors found that practitioners working with children reflected they would have benefited from a multi-agency approach to working with the family. Many practitioners did not know the roles and responsibilities of colleagues in early support and were not routinely informed when early support work was offered or ongoing with a family they were working with.

Most partner agency practitioners seek consent from families when it is appropriate and share information with the MASH. Local authority social workers respond swiftly and mostly make relevant decisions for the child, based on presenting information and an analysis of historical information.

Professionals in the MASH work well together and with wider partners. For example, the education representative provides support and advice to a range of school leaders and colleagues to contribute to the decision-making for the child, and this is welcomed by school leaders. Key partner agencies come together daily to consider risk to children. These meetings are effective in ensuring that decisions and next steps are the right ones for children and are progressed promptly. Inspectors saw decisions being appropriately revised based on the broader multi-agency information-sharing. This means the right decision is more likely to be made for the children at the right time.

The MASH health lead appropriately accesses a range of health systems, including the children's social care recording system. This helps to gain a holistic view of the needs of the whole family to support multi-agency decision-making.

Children and families who present to the London North West University Healthcare NHS Trust are discussed by practitioners in a weekly multi-agency meeting to ensure that any concerns about their welfare are addressed swiftly.

When children's circumstances change, effective processes are in place to ensure that most children receive the right help at the right time through the stepping up and down between early help and statutory intervention.

The local authority 'family hubs' deliver a comprehensive range of good-quality support and services to children and their families, who agree to the support, from birth to adulthood. Parents who spoke with inspectors talked positively of the help and support available, stating that they receive lots of useful advice. They report taking the learning away with them and this helps them to support their child's development.

Children and parents that have experienced domestic abuse can access a range of interventions and help from the early support service. Children and parent victims, or perpetrators, are supported to recognise risk of harm, and provided with education and advice to reduce risk.

The Metropolitan Police Youth Engagement Team, along with partners in Harrow, conduct a range of work with children in the community, many of whom are on the edge of criminality, and are vulnerable to, or are at risk of, exploitation. This includes the Holiday Activity and Food Fund, held in August 2022, which provides a different approach to identifying vulnerability and an innovative approach to intervention activities.

Children, young people and their families benefit from a range of services from the community voluntary sector (CVS) to meet their needs at an early stage. This includes emotional and mental health well-being, substance misuse and domestic abuse. Many of these services have been developed and strengthened since the COVID-19 pandemic.

The Metropolitan Police Safer Schools Team covering Harrow is working with children attending the pupil referral unit. The team supports children taking part in the Duke of Edinburgh's Award, junior police cadets as well as charitable organisations. The team also delivers talks to children to give them advice on staying safe in the community.

The local authority, early support practitioners and social workers report favourably about the range of relevant single-agency training available to them. Early help practitioners reported feeling fully engaged in the transformation of the early help hubs.

Parents who spoke with inspectors had varied experiences of early help support. One parent told inspectors they were extremely happy with the support provided and the positive impact it had made for them and their children. Others, however, described not being clear about what support was available to them.

Practice study: highly effective practice

Multi-agency practitioners spoke highly of the access to and availability of the translation and interpretation service, and how well managers support this for families to ensure it is available promptly. They feel this is well funded by leaders and supports them to undertake their role and their work with families. Inspectors observed this during the inspection.

Practice study: area for improvement

Jack and his siblings live with their mother in temporary accommodation. Jack attends school. However, his siblings are too young to attend school. The family experienced significant delay in having their needs fully assessed and met. This was because partner agencies did not know of each other's involvement and did not communicate with each other. Once the early support worker had engaged with the mother several weeks later, the focus of intervention was too parent focused, although the school was supporting Jack. The children's mother was encouraged to attend the family hub, meaning that the children were not seen in their home environment. The lack of a multi-agency response and intervention at the earliest point in time meant the family experienced prolonged financial hardship, potential risk of harm and cramped living conditions.

Next steps

We have determined that the Local Authority Children's Social Care is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response should set out the actions for the partnership and, when appropriate, individual agencies. The local safeguarding partners should oversee implementation of the action plan through their local multi-agency safeguarding arrangements.

The Director of Children's Services should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 3 August 2023. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

Yours sincerely,

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