12 December 2024

Angie Ridgwell, Chief Executive, Hertfordshire County Council
Jo Fisher, Executive Director of Children's Services, Hertfordshire
Jane Halpin, Chief Executive Officer, Hertfordshire and West Essex Integrated Care Board
Charlie Hall QPM, Chief Constable, Hertfordshire Constabulary
Nicky Pace, Independent Scrutineer
Neeve Bishop, Head of Prison and Probation Service, Hertfordshire
Jonathan Ash-Edwards, Hertfordshire Police and Crime Commissioner

Dear Hertfordshire Local Safeguarding Children's Partnership

**Joint targeted area inspection of Hertfordshire**

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to children who are victims of domestic abuse in Hertfordshire.

This inspection took place from 21 to 25 October 2024. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and His Majesty's Inspectorate of Probation (HMIP).

**Context**

This inspection focused on the multi-agency response to unborn children and children aged 0 to 7 years who are victims of domestic abuse. Our evaluation of strategic arrangements in the local area took a broader look and considered the multi-agency response to children of all ages.

The inspectorates recognise the complexities in providing a multi-agency response to children and families when there is more than one victim and where there may be risks in addition to domestic abuse. Consequently, risk assessment and decision-making have several challenges for partners, not least that the impact on the child is sometimes not immediately apparent.

A joint inspection of the multi-agency response to children who are victims of domestic abuse will highlight the significant challenges to partnerships in improving practice. We anticipate that these JTAIs will identify learning for all agencies and will contribute to the debate about what good practice looks like.

## Headline findings

Most unborn children and children aged 0 to 7 who are victims of domestic abuse receive the right types of multi-agency help and support that they need. They benefit from consistent relationships and high levels of support from multi-agency professionals. Children across the continuum of need receive a wide range of trauma-informed and individualised help and interventions that support them in their recovery. The embedded family safeguarding teams are providing a whole-family multidisciplinary response to tackling the root causes of domestic abuse within families, while keeping children within their families when it is safe to do so.

Leaders across the partnership in Hertfordshire are committed to working together to improve the support and services for all children who are victims of domestic abuse. They have created a strong ethos and culture of openness and learning across the partnership. Overseen by the Hertfordshire Domestic Abuse Partnership (HDAP), the prevention-based Hertfordshire domestic abuse strategy brings partners together at the earliest stage, to prevent escalation and to identify and respond to all children at risk of harm from domestic abuse. In 2023, an independent review of domestic abuse was commissioned by the Hertfordshire's Safeguarding Children's Partnership (HSCP). This comprehensive and rigorous review identified both strategic and operational learning, and recommended key areas for improvement. While the review reflects the strong strategic intent of statutory partners and partner agencies, the impact of the review and the benefit for children who are victims of domestic abuse is not yet evident in frontline practice, and many actions remain in progress.

Leaders acknowledge they are on a continuous improvement journey. Areas for improvement include the identification and response to indicators and signs of potential harm to children from domestic abuse, the impact of training and learning on practice and the quality of police referrals. The lack of a shared understanding across the partnership about what it means in practice to respond to a child being a victim of domestic abuse in their own right has led to an inconsistent multi-agency response.

## What needs to improve?

- The inconsistent quality of domestic abuse referrals from the police, which do not identify cumulative risk.
- The timeliness of information-gathering, and multi-agency checks for some children who are referred directly into early help services or children's statutory assessment teams.
- The consistent identification and response by professionals to unexplained bruising in children aged 0 to 7 who are victims of domestic abuse as requiring a child protection response.

- The awareness and understanding by primary care health practitioners of the identification, risks and impact of domestic abuse on children.
- How well practitioners across the partnership are listening to the voices of children and understanding what it means for children to be victims of domestic abuse.
- The over-optimism and lack of professional curiosity by some practitioners of the impact of domestic abuse on unborn children and children aged 0 to 7, and the low level of professional challenge and use of formal escalation processes across the partnership when practitioners have concerns for children's plans or decision-making.
- The over-reliance of safety plans on non-abusing parents, mostly mothers, in protecting children, and insufficient recognition of risks to children and lack of identification of coercive control.
- How effectively perpetrators are held to account in safety planning and how well police and probation use their respective powers to protect children.
- The adult focus and incident-led approach to multi-agency risk assessment conferences (MARAC), police referrals and police risk assessments.
- The oversight and quality assurance of Operation Encompass domestic abuse notifications by police.

**Strengths**

- The mature and respectful relationships between statutory partners in the HSCP, and inclusion of education and early years settings within the structure and governance of the strategic partnership boards and wider partnership forums.
- The robust partnership oversight and governance of the multi-agency safeguarding hub (MASH).
- The wide range of statutory partnership services, commissioned services and community and voluntary services that provide support to children who are victims of domestic abuse, their families and to adult victims and perpetrators.
- The understanding of the risk posed by adults and the appropriate risk management in domestic abuse cases by the Multi-Agency Public Protection Arrangements (MAPPA).
- The expansion of Operation Encompass domestic abuse notification to early years settings.
- The consistent relationships and strong support from professionals across the partnership to children aged 0 to 7 who are victims of domestic abuse and their families.

- The impact of the family safeguarding teams in reducing the risk of domestic abuse for unborn children and children aged 0 to 7.
- The engagement of the voluntary, community, faith and social enterprise sectors in the work of the strategic partnership boards and the development of domestic abuse community champion roles.

## Main findings

Strategic arrangements in Hertfordshire are strong and well established and an increasingly unified partnership approach is evolving. Leaders are highly committed to safeguarding children, including unborn children, who are victims of domestic abuse. They have a good understanding of partnership strengths and most areas for improvement. Leaders attend multiple strategic boards to provide consistent and improved oversight, support and challenge in this area of work. They are open about their workforce capacity issues and financial pressures. Leaders recognise they are stronger together, and their openness and transparency are building respectful and resilient relationships. This is supporting them to work effectively as a partnership.

The HDAP is a cohesive and well-functioning partnership. It is accountable for delivering the statutory duty placed on the local authority (in this case Hertfordshire County Council) in supporting victims of domestic abuse, including children, and in providing safe accommodation. The recently refreshed HDAP domestic abuse strategy is robust. It reflects the most recent changes in domestic abuse legislation and learning from national and local reviews. The strategy is adeptly informed by a number of comprehensive and targeted needs assessments that provide essential information about the prevalence and context of domestic abuse in Hertfordshire. It makes clear its preventative ambition and identifies the services and support that are needed for all victims of domestic abuse and aims to offer long-lasting support after domestic abuse has ended. The HDAP has a range of effective subgroups and wider forums that help issues to be understood, from a local community level up to a county level. Each district is engaged and has a wide range of domestic abuse services and support to meet identified need in their local area.

The influential voice and positive contribution of the community and voluntary sector are very evident in the work of HDAP. The sector is well represented at a strategic level and involved in a wide range of partnership subgroups and stakeholder forums. They offer a wide range of services to children and adult victims, and perpetrators. The sector is rightly proud and passionate about the universal domestic abuse training that is available to their community, and the role of community champions in raising awareness, identifying and responding to victims of domestic abuse. The HDAP benefits from an independent co-production panel of adult survivors who play a key role in delivering the strategy and act as a voice for victims. While inspectors

met with an inspiring group of children who are receiving targeted support, the voices of children are not as explicitly well represented in the work of the HDAP.

The HSCP is a similarly collaborative and high-functioning board that is making good progress to reflect the changes in the new statutory safeguarding guidance. Statutory partners are equal partners in the HSCP. Effective arrangements are in place for engaging education leaders in the HSCP. A range of boards and forums ensure that education leaders have an influential voice within the safeguarding partnership.

The HSCP has a clear strategic plan, strong governance and strategic commitment to the alignment of strategic priorities with the HDAP and Hertfordshire Safeguarding Adults Board (HSAB). The work of the HSCP is purposeful and is positively influencing operational practice and the support and services being provided to children who are victims of domestic abuse across the partnership.

The probation service has recently joined the HSCP executive group. The partnership is actively identifying any potential impact on children from domestic abuse following the recent national changes to prison and probation practice. This work is seen as a broader partnership challenge and not a single-agency probation issue.

In 2023, the HSCP commissioned an independent review of how well agencies were providing domestic abuse support and services to children. This rigorous review identified both strategic and operational challenges, and learning, across the partnership. The recommendations of the review have provided leaders with a blueprint for improvement across the partnership. Actions are being appropriately progressed by the HDAP and include creating a subgroup that sits between the HDAP and HSCP to help bridge the gap between the boards more effectively. While this review reflects the strong strategic intent of statutory partners, the impact of the review on making a positive difference to children is not yet tangible, and many actions remain a work in progress.

Children who are victims of domestic abuse benefit from a wide range of trauma-informed support and services. An array of in-house, commissioned, voluntary, community, faith and social enterprise services are providing children with the help they need to support their recovery. This includes the provision of safe accommodation and high-quality support for children who are living in this accommodation. The services and programmes provided to children, adult survivors and perpetrators are making a positive difference and, for many children, successfully helping to reduce risk and harm from domestic abuse. Many have been evaluated and are able to evidence positive impact and success measures. Inspectors met with a small group of parents who were incredibly positive about their involvement in a programme aimed at preventing the escalation of domestic abuse. One parent described the impact of the group work as ‘life changing’.

Alongside other agencies, the local authority family safeguarding service provides specialist support to children, adult survivors and perpetrators. It is achieving very positive outcomes for many children and their families in tackling the root causes of domestic abuse and reducing risk. The role of the independent domestic violence advocates (IDVAs) is also highly valued across the partnership. The impactful work undertaken with adult survivors who are parents is helping them to better protect and safeguard their unborn children and children from domestic abuse. IDVA roles are embedded in the local hospitals and are recognised as providing timely support to adult victims of domestic abuse.

Leaders recognise the importance of education as a crucial protective factor in children's lives. A range of proficient school boards, partnership networks, forums and specialist link officer roles positively connect most schools and early years settings to the wider strategic and operational partnership work of the local authority, HDAP and HSCP. They receive helpful performance information to understand the scale of domestic abuse and the needs of children who are victims of domestic abuse within their local communities. Working alongside health and education leaders, the local authority is trialling innovative ways of using data to proactively promote multi-agency planning for vulnerable children. This includes identifying children who are victims of domestic abuse and have poor school attendance. There is a local pilot which is helping a small number of schools to provide targeted support to address barriers and help children to attend school regularly.

Following domestic abuse incidents, the police send Operation Encompass domestic abuse notifications to schools. This process has recently been extended to include early years settings and health visitors. While schools and early years settings value and recognise the significance of this safeguarding process, not all notifications are reaching them early enough. This is impacting on how quickly schools and early years settings can give children the support they need. Strategic leaders do not have sufficient oversight of this area of practice. There is an absence of performance management information and a quality assurance framework to provide them with the necessary assurances that the process is helping schools and early years settings to safeguard and support children.

Leaders across the partnership have created a culture of continuous learning and development that is helping to improve practice and the experiences of children who are victims of domestic abuse, including unborn children. There is a regular cycle of single and multi-agency quality assurance activity that reviews the experiences of unborn children and children, including those who are victims of domestic abuse. Learning is identified and used to drive improvement in practice. A strong single and multi-agency training offer is also in place to support practitioners in their knowledge, identification and response to children as victims of domestic abuse.

The application of knowledge and learning by practitioners across the Hertfordshire partnerships, however, is not consistently being evidenced within practice. There is some inconsistency in practitioners understanding children as being victims of domestic abuse, recognising the indicators of domestic abuse, including coercive control, professional curiosity, safety planning and the need to better engage fathers. The voices of children are not consistently sought or captured well in some records. There is too much variation, and sometimes little recognition by practitioners of children being direct victims of domestic abuse, specifically by those working in probation, who are well placed to identify risk and harm. Some children are being described as 'indirect victims'.

Leaders across the partnership promote a culture of high support and respectful challenge, but some practitioners are not sharing their concerns about practice and decision-making. There is little evidence of professional challenge within practice, and some practitioners are not aware of the escalation process. Health practitioners are making better use of these processes to escalate their concerns.

The quality and consistency of the multi-agency approach to managing high-risk domestic abuse within key partnership meetings are variable and there is often an insufficient focus on the risk to children from domestic abuse. While MAPPA are taking appropriate and responsive action to identify and manage high-risk domestic abuse perpetrators, not all adults are being appropriately referred into MAPPA. Discussions held in MAPPA do not sufficiently focus on the risks to children from domestic abuse.

There is inconsistent engagement by key partners in MARAC. Discussions about high-risk victims who are parents are adult-focused and incident-led. The impact of domestic abuse on children is not always considered or identified as a risk. Following the review of domestic abuse by the HSCP independent scrutineer, a review of the quality and functioning of MARAC has taken place and an improvement plan is currently being progressed. It is too early to see the impact of these improvements.

A monthly domestic abuse multi-agency tasking and coordination meeting (MATAC) is well attended by a range of partner agencies. However, information is not always provided by agencies who are working with families. The impact of offending on children is not sufficiently covered and there is limited discussion regarding the enforcement options and activities that are available to manage and reduce the risk of domestic abuse posed to children.

Many parents, children aged 0 to 7 and unborn children receive the right types of support and services, at the earliest point in time. This helps to prevent the escalation of risk and harm from domestic abuse. An extensive range of multi-agency universal, early help and targeted support and services provide families with the help

they need. Early help assessments are detailed and lead to multi-agency family support plans that help to improve children's lives. Children's plans are frequently reviewed and updated to reflect the progress. Fathers are not always included in these assessments or meetings about their children.

When unborn children, and children aged 0 to 7, are referred to statutory children's services as victims of domestic abuse, many benefit from a proportionate MASH response that appropriately reflects the level of risk and harm to them. There is strong governance and management oversight, and clear operational processes and systems within the MASH that support productive multi-agency working. Partners are co-located, and health practitioners provide effective and respectful challenge and escalation when they do not agree with decision-making. MASH practitioners understand parental consent. They give thoughtful consideration to seeking consent from parents who are alleged perpetrators of domestic abuse and balance this against the risk posed to children.

MASH practitioners respond to referrals in a timely way and gather a wide range of information from partner agencies to help them in their analysis and planning of next steps. The IDVA in the MASH provides valuable information, advice and guidance to practitioners. Practitioners make effective use of the domestic abuse toolkit to help them gather the right information to understand the risks to unborn children and children aged 0 to 7.

Following domestic abuse incidents, police referrals to children's services are not routinely sufficiently detailed. Referrals focus on the presenting incident and do not include information about previous incidents, immediate safety planning or whether children have been seen or spoken to. This is impacting on the identification and understanding of cumulative harm and how risk is prioritised by children's services. For example, the decision by children's services to transfer children to early help services is based on a single, incident-led referral and potentially an incomplete and inaccurate understanding of risk and cumulative harm. Similarly, the voice of the child is not consistently recorded by police officers completing child protection referrals and there is limited information provided to help practitioners in children's services to understand the impact for the child.

When children aged 0 to 7 are at high risk of harm from domestic abuse, new referrals are immediately sent through to children's services statutory teams. Social workers must then complete multi-agency checks and gather additional information from parents. This can lead to delay in practitioners identifying and understanding risk for children. This process also reduces the ability of practitioners across the partnership to help inform the analysis of children's needs, risks and decision-making for next steps.

The out-of-hours social work service provides effective support and help to children aged 0 to 7 who are victims of domestic abuse. Children's needs and risks are clearly identified and multi-agency child protection strategy meetings are held when needed. These meetings take appropriate steps to secure children's immediate safety and care when needed.

Children's voices are not being consistently captured or recorded well across the partnership. Police officers and probation workers are not routinely identifying and capturing the wishes and feelings of children in their work and practice. In stronger practice in children's social care and health services, the wishes and feelings of children aged 0 to 7, including disabled children, are well recorded and used to inform next steps and to identify risks. Practitioners use observations and play to understand children's experiences and to ascertain their wishes. For some children, using the child's own words in records is helping adults within the family to really hear and understand the child's experiences.

There is strong and sensitive multi-agency work to reduce risks of domestic abuse to unborn children. Midwives and health visitors provide enhanced home visiting and sensitive maternal care for women who are victims of domestic abuse. The members of the vulnerable women's midwifery team are professionally curious, and their persistence often identifies new and emerging risks for mothers and their unborn children. They routinely ask women about domestic abuse, including coercive control, at every midwifery and health visiting contact. Practitioners understand the nature of risk and there is appropriate escalation into child protection processes before children are born. Pre-birth planning is mostly very comprehensive. When risks of domestic abuse harm to children aged 0 to 7 increase, decisive action is taken by social workers and managers. The immediate safety of children is prioritised and there is appropriate escalation for most children into child protection processes, the Public Law Outline pre-proceedings process, or court. These decisions are carefully considered and based on detailed information about children's needs and the risks to them.

During this inspection, it was found that some fathers do not feature strongly enough in multi-agency work with their children. In stronger practice, thoughtful attention is given to how fathers, including those who are perpetrators, can safely contribute to family group conferences, child protection meetings and safety planning for children.

For a small number of children aged 0 to 7, practitioners did not identify coercive control or immediately identify and respond to unexplained bruising as a significant indicator of risk and harm from domestic abuse. While further action was taken to explore these children's experiences and to mitigate risk, child protection processes were either not clearly recorded or not instigated. Several of these children did not benefit from practitioners across partner agencies coming together at the earliest time to share information to inform the analysis of risk. Leaders across the

partnership will be taking action to improve practice in this area with primary care and across the wider partnership around identification and recognition of domestic abuse and use of child protection processes.

The family safeguarding service is making a tangible and positive difference to the lives of children aged 0 to 7 and unborn children. A strengths-based, whole-family approach is being used to support children and their families to make sustainable and positive changes that reduce risk. Mostly timely support is being provided by children's social workers, adult mental health practitioners, adult substance misuse workers and domestic abuse probation officers and is helping to safeguard children. For some children, the waiting list for domestic abuse probation officers is causing some delay in the timeliness of plans being progressed and risks being reduced. Children are telling their social workers that their day-to-day experiences at home are improving because of the help they are getting.

Information-sharing between some partner agencies is variable. When information is shared, it is mostly used well to inform children's assessments and plans, and to establish ongoing and current risks. For many children, appropriate action is being taken and purposeful interventions are helping to reduce risk and harm. Children in need plans and child protection plans for unborn children and children aged 0 to 7 are regularly reviewed and include an appropriate focus on the work that is needed with adult perpetrators. There is much more to do to engage probation workers, general practitioners and adult mental health workers in these meetings for children. For a small number of children, over-optimism by multi-agency practitioners has led to plans being ended before change has been achieved and sustained. The decision to end a child protection plan for one child led to the unintended consequence of increasing risk, as probation workers ended their work with the perpetrator due to the child no longer being subject to a child protection plan.

Schools and early years settings are actively involved in the multi-agency planning for children and make helpful adjustments to school and nursery routines to help parents and children feel safer. Staff in these settings are benefiting from a wide range of training commissioned by the local authority, including domestic abuse training, and they are alert to recognising the indicators of domestic abuse. They are professionally curious in talking with children about their experiences and share pertinent information about children with the wider professional network. Many children benefit from having an identified trusted adult whom they can go to for help and support. Highly effective work, led by Hertfordshire's virtual school, the early years inclusion team and the emotional well-being and behaviour team, is making a positive difference in improving the experiences of children in early years settings who have experienced trauma, including domestic abuse. Early years practitioners actively support parents to understand risk and encourage them to engage with other agencies for support, including pre-natal support from health and the family centres.

Practitioners create safety plans with parents that set out protective measures that help to reduce risk and safeguard children. These plans rely heavily on non-abusing parents, mostly mothers, to be the main protective factor, and adult perpetrators are not held to account in plans and subsequent interventions. For many mothers, this planning is unrealistic and lacks an understanding of coercive control. Safety plans are also not widely accessible by practitioners across the partnership as these are held on local authority electronic systems, which limits their value and effectiveness. Most children are not supported to develop their own age-appropriate safety plans. They are not helped to know how they can get help and who to turn to at times of crisis in the family. In contrast, inspectors visited a safe accommodation site where staff worked together with young children to create their own age-appropriate safety plans. This process was seen to be helping children to name and express their fears, and to feel more confident that they know what to do if they need help.

While the probation service provides a range of intervention programmes for domestic abuse perpetrators, the take-up of these programmes is low, and some interventions do not take place. This is potentially providing false assurances to practitioners working with children around the support being provided to perpetrators and the impact this will have in reducing risk. The probation service is not consistently making effective use of available probation measures or the use of restrictive licence conditions to reduce risks to children from perpetrators.

Practitioners support parents to access Clare's Law to help them make informed decisions around the risks posed to them, and their children, by their relationships. While this is positive, there is some inconsistency in Clare's Law being used. Practitioners across the partnership are not proactively sharing information under the right to know principles of Clare's Law.

Police are aware that they need to make more effective use of their enforcement powers, including arrest, charge, Domestic Violence Prevention Notices (DVPNs) and breach of court orders to prevent harm and safeguard children. These protective measures increase safety for children and adult victims and prevent opportunity for further offending. While this strategic intent is positive, there are still examples of where these measures are not being considered when it would be appropriate to do so.

**Practice study: areas of highly effective practice**

For some children, there are areas of highly effective practice across the partnership that help to safeguard children and reduce the risk of domestic abuse. The impact of strong and effective multi-agency working brings positive and sustainable change to these children's lives. There is timely identification and recognition of risk, good information-sharing and helpful trauma-informed domestic abuse services and interventions from partner agencies that support children in their recovery and the progress of their plans.

For one child aged two, a referral was made by health services following a significant injury to a parent during a domestic abuse incident. The child witnessed the incident. This was not the first domestic incident in the home and there had been a pattern of parental separations and reconciliation, and previous concerns about domestic abuse in previous relationships for the non-abusing parent. Police issued a DVPN as a protective measure. The protective parent was considered a high-risk domestic abuse victim and appropriate support was provided to them and reviewed within a MARAC.

Partners across early years, health, children's services, police, probation and housing worked effectively to address the changing needs and risks to the child and protective parent. Appropriate and timely decision-making and robust safety planning helped the child and their parent to remain safe. Alternative accommodation was identified to help them to safely rebuild their lives. The child was clearly seen by some practitioners as a victim of domestic abuse and received intensive trauma-informed psychological support to help them to understand their experience and to make sense of their separation from the abusing parent. The protective parent has benefited from the support of specialist practitioners in the family safeguarding service, alongside the IDVA and housing support. The child protection plan was stepped down to a child in need plan to reflect the progress being made.

The risk of further emotional and physical harm to the child is central to practitioners' planning. There is good recognition and awareness by practitioners that domestic abuse can continue once parents are separated and that the likelihood of reconciliation cannot be minimised.

**Practice study: areas for improvement**

For some children, over-optimism and the absence of professional curiosity have led to child protection plans being stepped down before purposeful change has been sustained.

For example, one primary school-aged child has been receiving multi-agency support and services for a significant period of time and is at high risk of domestic abuse. There has been strong multi-agency work undertaken during this time to safeguard the child from domestic abuse and to provide specialist interventions to meet their needs.

While there is evidence of good practice, there are also areas of practice that have not been as strong and require improvement. There has not been sufficient exploration of coercive control. Practitioners did not fully explore the full range of protective measures that could be used by probation to manage the risk posed by a high-risk domestic abuse perpetrator.

While several practitioners in the multi-agency network did not agree with the decision to end the child protection plan, they did not formally escalate their concerns.

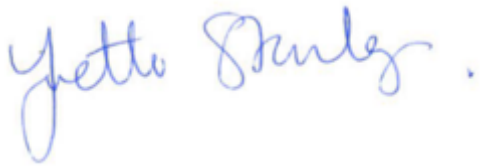
Leaders have acknowledged the learning for this child and are taking appropriate action.

## Next steps

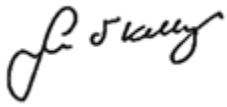
We have determined that Hertfordshire local authority is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. 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.

Hertfordshire local authority should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 11 April 2025. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

Yours sincerely

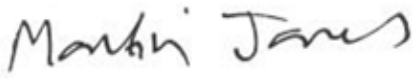


**Yvette Stanley**
**National Director Regulation and Social Care, Ofsted**



**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**
**Chief Inspector of Health Care, CQC**

**Michelle Skeer OBE QPM**
**His Majesty's Inspector of Constabulary**
**His Majesty's Inspector of Fire & Rescue Services**



**Martin Jones CBE**
**His Majesty's Chief Inspector of Probation**