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Dear Southampton Local Safeguarding Partnership

Joint targeted area inspection of Southampton

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to identification of initial need and risk in Southampton.

This inspection took place from 19 to 23 May 2025. 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

Leaders across the multi-agency safeguarding partnership are ambitious for children and families in Southampton, resulting in services that meet children's level of need. A determined leadership approach has led to a child-centred and caring culture across services. This is characterised by staff who provide an effective response for children who require a multi-agency response. Leaders implement effective multi-agency working at the earliest opportunity. Leaders and practitioners positively recognise the diversity of families' needs and the impact of deprivation. A caring approach can be seen through each sector of the partnership, resulting in high-quality practice. Leaders proactively engaged with this inspection and have already begun to make improvements to practice, which will further strengthen the initial response to children's needs and risks.

What needs to improve?

- The timeliness of high-risk referrals by the police to the children's resource service (CRS).
- The capacity of the health navigator role to respond to all requests for information.

- Arrangements to share written records of strategy meetings and the outcomes of assessments, including child protection enquiries, with partners involved with the child and family.

Strengths

- Well-established approaches to children's participation enable multi-agency working to be child-centred across the partnership.
- The introduction of focused conversations at the initial point of contact has increased the confidence of practitioners to make referrals and enables exploration of these in greater depth, leading to a fuller understanding of the referrer's concerns and a better-targeted response.
- Children and adolescent mental health services (CAMHS) workers continue to work with children beyond their 18th birthday when necessary while suitable services are identified in adult mental health services.
- 'Team around the school' provision supports many schools to help children effectively at the earliest opportunity.
- Children who attend the emergency department at Southampton General Hospital have their needs met in a timely way, including when there are mental health concerns. CAMHS practitioners based at the hospital assess children and, together with multi-agency partners, develop a care or safe discharge plan that best meets each child's needs and vulnerabilities.
- Children aged 16 and 17 who are at risk of homelessness receive a highly effective and child-focused response. Focused preventative work, which is now undertaken at an earlier stage, has reduced the number of children at risk of homelessness and family breakdown.

Main findings

Professionals and families proactively refer children to the Children's Resource Service (CRS) when there are well-being or safeguarding concerns. Across the partnership, practitioners are well informed about the recently introduced changes, which means that all referrals, except those made by emergency services, such as the police and ambulance services, are made via telephone rather than a written referral. This has been welcomed by professionals and has increased the confidence of practitioners to make referrals. For the majority, a conversation at the point of referral enables exploration in greater depth, to achieve a better understanding of the referrer's concerns, and helps to inform an appropriate response.

Schools are confident about how and when to seek advice and support for children. They make prompt referrals to the CRS when appropriate, providing pertinent information about each pupil's needs. This enables the identification of children who

are at risk or have emerging needs. Schools' staff feel that their views are valued and respected by staff in the CRS. This includes occasions when school staff disagree with the outcome. Schools are clear about the escalation policy and consider that this works well in the interests of children.

Managers in the CRS provide strong management oversight, which informs good decision-making and ensures that the majority of referrals are promptly made to the right service. Most frontline police officers are alert to the risk posed to children and understand the need to capture the voice of the child to understand their experiences. Ethnicity is not always recorded by the CRS or the police at the earliest opportunity to inform a culturally sensitive approach.

Generally, partners share information between one another in a timely manner, which helps them to make effective decisions. A multi-agency presence within the CRS from all key agencies ensures that timely information is captured in most instances, providing a richer understanding of children's needs. The contribution of partners as navigators in the CRS is well understood and highly valued across the partnership. They provide an important source of advice, guidance and reassurance when there are concerns about a child's safety and well-being.

However, the health navigator has insufficient capacity to respond to all requests for information. While awaiting the outcome of a comprehensive Integrated Care Board (ICB) review of CRS health navigation, the CRS and health partners have worked together effectively to mitigate the potential effects of limited resources. As a temporary measure, the CRS manager is prioritising which referrals will be passed to the navigator. This short-term arrangement is creative and child focused, but a more sustainable arrangement is needed to ensure effective information-sharing.

Families are contacted at the earliest opportunity to further understand any concerns and to explore what interventions or services would help to improve their circumstances or to reduce risk. Families are sensitively guided to accept help, even if they are anxious about this. Consent is swiftly obtained from families so that referrals can be progressed in a timely manner. Early help advisers and social workers consider the available history to understand each family's unique circumstances. However, this does not always ensure an informed analysis of the needs of every child. Once children are referred to the CRS, they are swiftly allocated to the right service to receive the help that they need in timescales consistent with their level of need. Help and support are offered during this allocation and assessment process to avoid delay. Action is quickly taken to keep children safe when there are immediate safeguarding concerns.

Operations Encompass and Endeavour are processes where the police inform schools when children have experienced domestic abuse or missing-from-home episodes. Early years settings do not receive this information. Progress is being made to develop wider sharing to additional services. Schools nearly always receive these notifications, helping them to support these highly vulnerable children.

When children are at risk of significant harm, timely multi-agency strategy meetings are held as soon as children's social care have been informed. The meetings are undertaken without delay, mostly within a day. For a very small number of children, the police do not submit their concerns about children promptly because the risk has not been accurately recognised. This results in delays in action being taken through multi-agency risk assessments and effective protective action being taken. Leaders are sighted on the need to address any 'adultification' of children. This is particularly the case for older children, who are at risk of going missing and exploitation.

Strategy meetings are effective. The professionals involved with families share relevant information and show professional curiosity in an open culture of discussion and challenge. This results in clear decision-making, leading to effective multi-agency activity to ensure that children are safe. Assessments of need and risk are comprehensive. Aspects of children's experiences and needs are well considered. This includes the family's capacity to meet those needs and to protect children.

Thresholds for decisions to take no further action in response to contacts and referrals are applied appropriately. Records in the CRS are routinely written to the child by social workers and managers so that information is clearly understood and is child focused. Professionals are not routinely being updated with the outcome to their referrals. There is positive emerging practice with the circulation of recent guidance that sets out how social workers should give feedback to families and agencies.

The response by the emergency duty team (EDT) to concerns about children outside of office hours is generally effective. Information is shared in a timely manner by the EDT with daytime services to ensure that children and families receive appropriate support. The capacity of the team has been increased to enable an additional social worker to add cover when necessary.

During assessments and initial planning, information-sharing between partners is mostly strong and informs plans and assessment outcomes effectively. Arrangements to share the outcomes of interventions are not routinely in place. This particularly applies to the sharing of a single written record following a strategy meeting, the outcomes of referrals and the outcomes of assessments, including child protection enquiries with partners. In a very small number of instances, this led to confusion

and did not enable the implementation of jointly constructed plans. During the inspection, senior managers acted swiftly to address this.

Social workers speak to children as a matter of routine, and creative direct work is undertaken with children to ensure that their voices are heard, which enables their experiences and views to be understood. Families engage with assessments and planning at an early stage, which includes wider support networks when possible. When a partner could be better placed to hear the voice of the child, they are empowered to do this, for example a trusted schoolteacher. Children's family culture is usually considered and informs how families are helped.

Effective management oversight takes place throughout the assessment process. This encourages practitioners to evaluate what they have seen and what this means for the child. Progress is monitored effectively during the completion of assessments, ensuring that the recommended responses are appropriate and that they are actioned.

Schools and early years settings are actively involved in multi-agency planning to support children's safety. The voice of the child is given a high priority, including when pupils have special educational needs and/or disabilities or may find it difficult to express their views. School staff build strong and trusting relationships with children and their families. This helps parents to feel confident about sharing concerns and following school advice, including when contact with children's services is identified as the most appropriate next step.

A wide variety of helpful interventions and support is available across the partnership, including parenting support. The co-location of a range of professionals in the family safeguarding teams means that multi-agency discussions take place easily and without delay, and families receive the right support without having to wait for a referral. Across the partnership, practitioners generally show tenacity to ensure that children get the right help at the right time, including the triaging and signposting to services that can provide care and support to best meet children's individual needs. Health visitors are aware of the diverse population that they serve and adapt their service offer accordingly. CAMHS workers continue to work with children beyond their 18th birthday, when necessary, while equitable services are acquired in adult services so that young adults experience continuity. Team around the school provision is used to support children effectively at the earliest opportunity. Children attending the emergency department at Southampton General Hospital have their needs met in a timely way, including with mental health support. CAMHS practitioners based at the hospital assess children's needs and, along with multi-agency partners, develop a care or safe discharge plan that best meets children's needs and vulnerabilities.

Children separated from their families and seeking asylum receive a timely response from committed children's social care workers. Practitioners take time to understand children's experiences and build supportive relationships. Workers draw on a range of resources to support young people and are creative in meeting their needs to achieve connections and a sense of belonging. Work around children's safety is particularly strong. Potential exploitation concerns are recognised, and measures are put in place to protect children.

Services for children at risk of exploitation are well coordinated. Practitioners have a good understanding of the intersectionality of need and risk. Joined-up services are relevant and accessible to children. Risks in communities, such as hotspots, are well understood. Communication between agencies is strong. A cross-cutting approach reduces risk effectively, with support from corporate partners such as housing and other place-based services. The police generally have a robust process to identify and manage risks to those children who are actively being exploited. Leaders have been responsive in recognising and responding to a recent increase in episodes of children going missing. They have developed a strategic approach to address this, such as work with transport providers. Effective tools are available to practitioners, such as an online app that enables workers to remain in contact with young people. This means that children can be reached and supported. For a very small number of children, the effectiveness of the response to them going missing is undermined, because the police have not completed timely and accurate risk assessments. This delays the sharing of important information with partners to safeguard a very small number of children.

Leaders have refreshed governance structures to ensure their readiness to respond to government reforms, focusing on the multi-agency response to identification of initial need and risk. This includes a new executive board and an integrated systems board for safeguarding adults as well as children. This has strengthened the already well-embedded mature partnership relationships, and the transition has been achieved effectively. It has already added value and provided a much stronger and wider understanding across the partnership of the needs of adults who are carers and parents, therefore strengthening the focus and understanding of children.

The partnership provides effective leadership through the systems board. This board is designed to provide the main governance and scrutiny for practice within the partnership. Effective collaboration has enabled leaders to develop and implement the new terms of reference for the combined children and adults' executive group. Widespread collaborative scrutiny and oversight across the partnership are undertaken by the systems board, reserving exceptional and significant issues for the executive group. The systems board is the conduit between the sub-groups and the

executive and monitors and evaluates the work of the sub-groups. This ensures that the sub-groups work towards the strategic partnership priorities and enables the executive to focus on providing the strategic vision for the partnership. Leaders recognise the need to be focused on ensuring that all partners are sighted on improvement and early identification if something is not going as well as it should be.

The independent scrutineer has a central role in the multi-agency safeguarding arrangements, which enables a comprehensive understanding of the processes and issues and provides informed scrutiny for the partnership. A strong example of this is the review of the effectiveness of CRS undertaken by the independent scrutineer, which has led to several improvements, such as the introduction of a weekly multi-agency audit process.

Leaders across the partnership have systematic and high-quality oversight of frontline practice through a comprehensive range of performance and audit activity, which identifies strengths and areas for improvement. Practitioners are involved in undertaking audits, and findings are reported through a range of helpful reports. There is good multi-agency engagement in completing these audits, which highlight both good practice and key learning. Actions for development are identified, which lead to progressive improvement, such as recording more consistently in writing to the child using family-focused language and the response to multiple police contacts.

The multi-agency safeguarding hub strategic sub-group ensures that senior managers have multi-agency oversight of the CRS, which is leading to improvement. It is a positive example of the 'culture of connectivity' evident across the strategic partnership. The partnership's development and implementation of its new model in the CRS is an example of leaders working together to promote continuous improvement. Partners have welcomed this change as it enables stronger and richer referrals and conversations about children at the earliest opportunity. When there is disagreement between partners, the practice model empowers earlier conversations, which is reducing the number of formal escalations.

The commissioning of services is based on a comprehensive needs analysis, which gives leaders an understanding of need to set strategic direction. There have been recent changes in how health services are commissioned following the NHS restructure, which has resulted in a separation of the commissioning function between the council and health. The multi-agency oversight of the board, with a clear focus on the voice of children, is a strength.

Co-production to inform practice, planning and the design of services, so that they are informed and improved by feedback from children and families, is a strength. Well-established multi-agency approaches to children's participation enable work to

be child centred across the partnership. A strong example is the risk outside the home conferences, which result in co-produced assessments and plans, and which are developed alongside children and families in response to extra-familial risk. It is positive that feedback from children and families is embedded into the agendas of strategic groups, helping strategic discussions and actions retain a focus on the child.

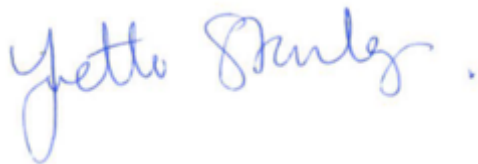
Leaders provide learning and supervision that enable practitioners to identify and respond effectively to children who need help and protection. A comprehensive training offer is in place for frontline staff to support high-quality, child-focused practice. The practice framework based on systemic, relationships-focused, strengths-based and value-based models supports strong practice in children's social care. Joint training for managers and staff across the partnership includes motivational interviewing, which has helped to achieve a shared, caring ethos towards children and their families. Safe and together domestic abuse training has been provided to many staff. Training to police officers is ensuring that they feel better equipped to protect children and to consider their individual needs.

Next steps

We have determined that Southampton Systems Board 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.

Southampton Systems Board should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 24 October 2025. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

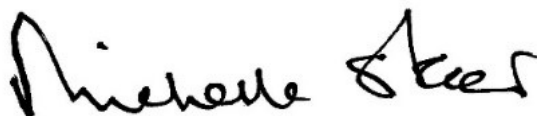
Yours sincerely



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