



HM Inspectorate
of Probation



CareQuality
Commission



4 December 2025

Deb Austin, Corporate Director of Families, Children and Wellbeing, Brighton and Hove City Council

Jessica Gibbons, Chief Executive, Brighton and Hove City Council

Karen McDowell, Chief Executive Officer, NHS Sussex Integrated Care Board

Katy Bourne, Sussex Police and Crime Commissioner

Jo Shiner, Chief Constable, Sussex Police

Siamack Danesteh-Pour, Head of East Sussex Probation Delivery Unit

Rachel Egan, Independent Scrutineer

Dear Brighton and Hove Local Safeguarding Partnership

Joint targeted area inspection of Brighton and Hove

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to child sexual abuse in the family environment in Brighton and Hove.

This inspection took place from 13 to 17 October 2025. 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).

The inspectorates recognise the complexities in providing a multi-agency response to children and families where there is a risk of child sexual abuse in the family environment. This joint inspection of the multi-agency response to children who are at risk or victims of child sexual abuse in the family environment will highlight areas of practice and strategic leadership that need to improve as well as strengths. All references to children in this letter relate to children at risk or victims of child sexual abuse in the family environment. We anticipate that these JTAIs will identify learning for all agencies and will contribute to the debate about what good practice looks like. These JTAIs are being carried out in accordance with the recommendation from the Child Safeguarding Practice Review Panel (CSPRP) report into child sexual abuse in the family environment.

Headline findings

Professionals across the partnership demonstrate high levels of commitment, thoughtfulness and reflection to engage sensitively with families and build trust. Prior to this inspection, the multi-agency safeguarding partnership had already recognised the need to make improvements to the response of services to child sexual abuse in the family environment in Brighton and Hove. It responded quickly to the findings of



the CSPRP report last year and had promptly agreed the need for a plan to understand the prevalence and the needs of these children. The partnership is focused on children who are at risk or are victims of child sexual abuse in the family, and has recently developed a joint child sexual abuse strategy to ensure that all agencies are aware of the signs and indicators and know the pathways to refer to in order to reduce risks. Additional areas for improvement were identified during the inspection, which leaders have agreed to take forward to further improve their line of sight on practice with these children and their families. Risks and needs as a result of the impact of child sexual abuse are not consistently articulated in children's plans.

What needs to improve?

- Joint multi-agency information-sharing and decision-making, particularly in strategy and child in need meetings.
- The quality and involvement from relevant partners in ongoing multi-agency assessment and planning for children in need and their families in relation to child sexual abuse in the family environment.
- The timeliness of police investigations to ensure families and the professional network are regularly updated about progress.
- Identification across agencies of children who are at risk of child sexual abuse in the family environment.
- There are delays and gaps for some children who need specialist support such as child and adolescent mental health services (CAMHS) and Sexual Assault Referral Centre (SARC). In particular there are delays and gaps for children 14+ who need specialist therapeutic support.
- The quality and take up of multi-agency training on child sexual abuse in the family environment.

Strengths

- Many staff working with children at risk, or who are victims, of child sexual abuse in the family environment, engage sensitively with children and families.
- Improved shared data is already enabling the partnership to better understand children's needs and has started to improve practice.
- Specialist services are available for some children at risk or who are victims of child sexual abuse in the family environment.
- The multi-agency safeguarding hub (MASH) shares information effectively across agencies and makes effective decisions about next steps for children at risk of child sexual abuse in the family.
- The Brighton and Hove Safeguarding Children's Partnership has responded quickly to the CSPRP report with a jointly developed plan to enable more effective identification and improved multi-agency response for children at risk of child sexual abuse in the family environment.



Main findings

Many children for whom there are concerns about child sexual abuse in the family environment benefit from practitioners who understand their needs in a meaningful and deeply committed way. Practitioners form positive, safe and secure relationships with children, which allows them to explore children's experiences and feelings. A wide variety of tools are used to talk with children about their worries and respond in a child-centred way. Key professionals are thoughtful and considerate about children's needs when planning communication with children regarding their experiences.

When risks are recognised, most referrals by professionals into the MASH are well written and include detailed information about child sexual abuse concerns. Probation, police and health practitioners recognise risks to children and know when contact with children's social care is needed. Probation practitioner uncertainty around safeguarding thresholds means concerns are not always challenged or escalated when practitioners disagree with decisions made by children's social care. Police referrals do not consistently capture the voice of the child and a reflection of their lived experience. Schools recognise that the identification of child sexual abuse in the family environment is an area that needs further development, for example schools often will only refer if a verbal disclosure is made by a child.

Embedded multi-agency systems and processes within the MASH ensure that most partner agencies work swiftly to share and evaluate information. At this stage, within the MASH, multi-agency information-sharing is mostly effective and responsive, which provides partners with accurate and detailed recording of concerns and identification of risk. The police do not always share national police information quickly enough due to delays in sharing Police National Database (PND) and Police National Computer (PNC) information. Staff understand the signs and indicators of child sexual abuse. MASH health staff gather information across multiple health providers and multiple record systems to ensure that they are able to evaluate risk and contribute to decision-making for children. Probation practitioners are not currently co-located in the MASH, but have remote cover. Plans to increase co-location of staff demonstrate their commitment to further improving partnership working.

Most strategy meetings held as a result of a new referral into the MASH when there is a risk of significant harm to a child are timely. When children are already open to children's services, strategy meetings can sometimes be delayed by a few days. Sometimes, this is purposeful delay. Sometimes, the most appropriate health professionals are not invited or do not attend, for example paediatricians and GPs. This is a missed opportunity to ensure full, timely multi-agency information-

sharing, understanding of risk and decision-making about the child and can result in delays in action being taken. Furthermore, some children experience delays in accessing the SARC due to the local procedural requirement for a strategy meeting for children under the age of 13 to have taken place.

Practitioners across the partnership do not consistently receive minutes for strategy meetings. In addition, safeguarding alerts on health records are inconsistently applied. This leaves some practitioners unaware of key safeguarding information when working with children. Subsequently, there are some missed opportunities for health professionals to provide appropriate support and contribute to effective safeguarding partnership work. During the inspection, the partnership sought to understand why certain practitioners did not receive minutes, and assured inspectors that they would address this.

Children who would benefit from the SARC are not always able to access this service or access it at the point it is needed. Some partner agencies, including some health services, are not clear about the role of the SARC or how to access it. Health leaders are meeting regularly with the SARC provider to strengthen relationships between SARC and key partners.

For some children, delays in police investigations and a failure to update partner agencies and families about progress mean that child victims of child sexual abuse can wait a long time before knowing the outcomes. During police investigations, some children wait too long for an achieving best evidence (ABE) interview. In part, this is due to limited access to intermediaries but is also due to factors in the control of the police. Relevant plans are in place to expand the pool of ABE trained social workers to enable more ABE interviews to be undertaken jointly with children's social care. There can be an over-reliance on disclosure within an ABE interview to inform decisions about proceeding with a police investigation. There is insufficient understanding by staff across the partnership about why a child may not repeat a disclosure of child sexual abuse once they have told a trusted professional. Consideration is not always given to the evidence of the first professional that the child disclosed to.

To prevent harm to children from individuals who may pose a risk of sexual harm, the police have an established approach for responding to Child Sex Offender Disclosure Scheme (CSODS or Sarah's Law) requests. Its impact is limited, as not all officers and staff understand how this can be used to safeguard children. As a consequence, opportunities to protect children may be missed.

Probation management of adults linked to children affected by child sexual abuse in the family environment is effective. Enforcement actions, including recall to prison, are used when necessary. There are a range of interventions available to support

desistance from offending, including the sexual abuse of children. When adults linked to children at risk of child sexual abuse are sentenced, effective systems provide the Probation Service with information from the police and children's social care. The Probation Service does not always proactively gather relevant information from partners to inform its ongoing risk assessments about adults connected to children.

The effectiveness of Multi-Agency Public Protection Arrangements (MAPPA) level 1 reviews is limited because the Probation Service does not consistently ask other agencies for information to inform these reviews to assist with decision-making. In some cases, reviews are delayed or not completed. Levels 2 and 3 operate effectively. MAPPA meetings at these levels demonstrate effective risk management for children, with restrictive licence conditions for adults used when necessary. However, the voice of the child is not always sufficiently captured to inform decision-making.

When children are first allocated for assessment, a detailed assessment of children's needs is completed, which includes information from involved agencies. Children are seen regularly, which ensures that practitioners gain the child's voice and understand their views and experiences. Assessments are not updated when children are supported by a child in need plan. This undermines the ability of partners to ensure that they understand emerging potential risks or the changing needs of the child.

Most children for whom there are known concerns about child sexual abuse in the family environment are supported through child in need plans. Very few are supported using a child protection plan. For many of these children, their situation remains subject to changing risk levels as potential future risks are apparent, such as the end of bail conditions preventing contact or the end of a prison sentence of a potentially harmful adult.

Child in need plans are not sufficiently effective to address the complexity of need for many of these children. They do not explain how needs as a result of child sexual abuse will be addressed. Concerns about child sexual abuse are not articulated clearly enough for some children. Child in need plans focus predominantly on other types of need, such as neglect and special educational needs. They are not sufficiently clear about what proactive work is taking place in plans to address concerns and the impact of child sexual abuse in the family, which can lead to drift. The professional network, linked to planning for the child, does not include all relevant partners, which reduces the opportunity for information-sharing and professional challenge.

A very small proportion of children who are at risk of child sexual abuse in the family environment are subject to a child protection plan. These children benefit from a more structured planning and review process. Most plans provide clarity with time-

bound actions. Core groups provide helpful multi-disciplinary forums to review progress made and adapt plans accordingly. When concerns continue, children's needs are responded to through child protection processes. Child protection conferences are a strong forum for multi-agency collaboration, with formal and embedded structures of communication and information-sharing.

A range of specialist services are available to help families to better meet their children's needs. Early help support provides helpful interventions for children when need is assessed as requiring this level of support. Social care professionals and the police use a specialist child abuse service. This enables strong practice, which supports them to help them make sense of complex family situations and circumstances and better understand strengths and risk factors within a family.

The partnership is starting to address access for those children over 13 years of age. Currently, older children do not benefit from the highly valued specialist child sexual abuse service. Police investigators refer children to commissioned services, which reduce risks in relation to uploading self-generated child sexual abuse images, as well as a service for children who display sexually harmful behaviours.

There are some strong examples of partnership work involving schools in relation to children who are victims of child sexual abuse in the family environment. A stronger example is the partnership work with the police, health and social care that informs the city-wide personal, social and health education (PSHE) programme for all school settings, which is designed to reflect local need and learning. This is a model of strong practice and a powerful vehicle through which children are enabled to share their concerns and to be alert to what constitutes healthy and unhealthy relationships. Family dynamics are explored and helpful resources used to support children in understanding when adult behaviours may be unsafe. Schools use safeguarding updates, which include nine-minute narrations and podcasts to support staff.

Children referred to CAMHS receive a prompt initial assessment, but wait too long for therapy and interventions. As such, children do not get specialist therapeutic support when they need it. When needed, children access an effective centrally located, consent-led substance use service offering bespoke, non-judgemental support. The sexual health service offers accessible, tailored support for children who have been sexually abused, through flexible clinics and outreach in creative and diverse ways that meet children's specific needs.

For individuals convicted of sexual offences, a mentoring service provides strengths-based support. The service is well used in the area, with positive, effective working relationships that aid desistance and risk management to reduce risks to children.

Probation victim liaison work is effective and ensures victim input into licence conditions and risk management plans.

Leaders have already begun to reflect and improve their response to child sexual abuse in the family environment following the CSPRP report. They promptly recognised that focused work was needed for the strategic partnership to better understand the extent to which identification of children who experience child sexual abuse is a reporting issue or an identification and practice issue. In the context of the findings of the CSPRP review, they know that improvement is needed to better identify these children.

Leaders have begun to develop a stronger understanding of the prevalence and profile of these children. The development of a multi-agency dashboard has made significant progress, and as a partnership leaders are starting to have the capacity to understand more about child sexual abuse in the area. Leaders recognise and are implementing approaches that enable them to distinguish between child sexual abuse in the family environment and child sexual exploitation in their partnership data. The failure to involve education at a strategic level limits the progress of this work.

The police and children's social care are at an early stage of sharing their data on to a single dashboard to enable risks to be more visible, to identify cohorts and develop auto-populated alert flags. The area partnership is supported in this work by an experienced independent scrutineer who has a strong oversight of the data. This joint work is starting to enable these children and the adults who present risk to be more visible to those working with them to reduce risk. Improved data is already enabling the partnership to understand needs and has started to influence commissioning decisions to meet needs, such as the gap in 14-plus specialist services, as well as incrementally improving practice.

Prior to this inspection, the partnership had already begun a programme of single-agency and multi-agency audits. Audits demonstrate the ability of the local area partnership to look and reflect on practice, learn and improve. During this inspection, areas of practice were identified that hamper effective multi-agency working with these children and their families, of which the partnership were not fully aware.

Actions that the partnership has started have recently begun to raise awareness and deliver training among staff. There is variance in the take up of training opportunities across some agencies, which limits its impact and understanding by practitioners across the partnership.



Practice study: highly effective practice

Children and families in Brighton and Hove benefit from a range of effective specialist interventions from a range of professionals, including education and early years settings. The hub offers consultation and individual therapy for families and children where there is child sexual abuse in the family environment. A therapy and counselling training health service also offers support to children who exhibit sexually harmful behaviours. For those children in receipt of these services, the support is integral to children's recovery from sexual abuse.

Through engagement with the specialist hub, social workers benefit from their extensive expertise and knowledge, which informs their multi-agency approach when working with partners. Professionals in the specialist hub are representative of a number of different disciplines, for example a mental health nurse and a clinical psychologist. This aids insight into meeting children's needs, including consideration of neurodevelopment and disability.

Professionals' emphasis is on empowering children, supporting them to report unsafe behaviours, and through direct work listen to their voices. For one child whose family were new to the country, vulnerability due to their immigration-related issues was considered well. The school diligently supported the child's acquisition of language and knowledge, which, in turn, provided the child with the confidence and vocabulary to communicate their lived experiences. The PSHE curriculum has also been appropriately tailored to address the needs of the child and her sibling.



Practice study: areas for improvement

Multi-agency meetings about individual children are not always attended by all relevant professionals. This undermines the professional information-sharing across the child and family's network. It limits opportunities for professional challenge and does not provide a holistic picture of risk for the child.

For one child, a further police investigation of child sexual abuse in the family environment was not shared with the Probation Service. Therefore, parole for the child sex offender was recommended. With effective information-sharing, this release could have been delayed.

The police offender management team, alongside health and education services, was not invited regularly to attend multi-agency planning and review meetings. As a result, there was limited opportunity for professional challenge across the child's network to alleviate harm effectively.

Next steps

We have determined that Brighton and Hove Council 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.

Deb Austin should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 17 March 2026. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.



HM Inspectorate
of Probation



CareQuality
Commission



Yours sincerely

Yvette Stanley
National Director Regulation and Social Care, Ofsted

Professor Aidan Fowler
Interim Chief Inspector of Healthcare, 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