



# **Medway Safeguarding Children Board**

**Annual Review of 2010/11**

**Business Plan 2011/12**

**1 April 2011**

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# Introduction

I am pleased to be able to present the Medway Safeguarding Children Board's (MSCB) Annual Report for 2010-11, and Business Plan for 2011-12. The context for the period covered by this report has been one of considerable change, as a result of new Government policy and reductions in public sector spending. This context of change will continue as new legislation and the impact of spending reductions come into effect, and new developments such as the outcome of the Munro review of child protection are finalised. These changes have brought difficult and complex challenges to those organisations and individuals involved in the safeguarding of children. In the light of this, it has been all the more impressive to observe the dedication and commitment of so many in Medway to keeping the safety of children in focus.

## 1. What Annual Reports should do.

All Local Safeguarding Children Boards are required to produce an Annual Report and to set out their business priorities for the coming year. Traditionally such reports have tended to be a description of activity that has happened during the year relevant to safeguarding. MSCB is working to change the focus of its Annual Reports so that they more effectively achieve their intended purpose as set out in the statutory guidance on safeguarding (Working Together to Safeguard Children, March 2010):

- *“The Apprenticeships, Skills, Children and Learning Act 2009 introduces a requirement for LSCBs to produce and publish an annual report of the **effectiveness** of safeguarding in their local area. This report should provide an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children, set against a comprehensive analysis of the local area safeguarding context. It should recognise achievements and the progress that has been made in the local authority area as well as providing a realistic assessment of the challenges that still remain.....*
- *The report should provide robust challenge to the work of the Children’s Trust Board in driving improvements in the safeguarding of children and young people and in promoting their welfare.”*

Thus Annual Reports, as well as being descriptive, are required to be analytical, to recognise success and to offer constructive challenge to the organisations that have safeguarding responsibilities.

Above all, Annual Reports should be able to report on whether the work of Board partners – in partnership and as single agencies – is making a difference to children’s and families’ lives for the better. And the Report should convey the experience that children and their families have of safeguarding help in their area. This focus on **outcomes** and capturing the experience of children and families will take time to deliver not just in Medway but in all

LSCB areas, because of the historic focus on activity and process. Thus this Annual Report, whilst able to report on activity and qualitative improvements, can provide only limited information on whether, and in what ways, children's lives are better and safer. Each year MSCB's Annual Reports will provide an increasing level of information on the outcomes being achieved, and the voice of children and their parents will be more evident.

## **2. How Annual Reports should be used.**

This Annual Report should be presented by Board members to the relevant senior management, decision-making and scrutiny bodies of partner agencies by Board members. This is to ensure that those organisations are aware of critical safeguarding issues relevant to their organisation and to the Medway area, so that their own service planning and decision-making in respect of safeguarding is well-informed and takes place as part of a strategic partnership direction of travel.

***Each Board partner will be expected to have a set of safeguarding children objectives for the year based, in part, on the analysis and objectives within this Annual Report / Business Plan.***

The Report will also be presented to the Medway Children's Trust Board, not just to offer challenge, but so that the MSCB can itself be held to account.

Finally, it is a public document which hopefully will generate wider community engagement in safeguarding issues.

David Worlock  
Independent Chair  
Medway Safeguarding Children Board

March 2011

## Key Messages from the Independent Chair of the MSCB

Section 9 of this report provides an analysis of safeguarding in Medway, and highlights those areas where further development is needed. These are then translated into specific objectives for the MSCB and expectations for Board partners in Section 10. It is important that Board partners focus on these sections in particular as they should be used to help shape safeguarding planning and development in their own organisations.

Being “effective” at safeguarding children is like the acquisition of wisdom; it’s a continuous process, and what matters is that there is continuous learning that is translated into continuous improvement which is defined in terms of improving well-being and safety outcomes for children and their families.

Areas of particular priority are the need for all Board partners:

- to demonstrate the well-being and safety **outcomes** they are achieving for children and their families
- to have in place effective arrangements for the delivery of reflective safeguarding **supervision**.

Some of the specific service areas where MSCB and Children’s Trust Board partners are being asked in 2011 to provide evidence-based assurance of the quality and impact of their safeguarding work are:

- Antenatal and postnatal assessment and planning
- Parental mental health services
- Arrangements and services to address domestic abuse
- Young people in Cookham Wood YOI.

## **Section 1: The Medway Context**

This section provides a picture of the characteristics of the population of Medway that are relevant to an understanding of safeguarding issues. For example, poverty and poor housing are environmental factors, which add stresses to families and can adversely affect parents' ability to cope and the well-being of children. Domestic abuse, parental mental ill health and parental substance misuse are all factors frequently present in cases where there are safeguarding concerns, often in combination. There will be some geographical areas in local authorities where there will be concentrations of these risk factors and therefore a higher incidence of safeguarding concerns.

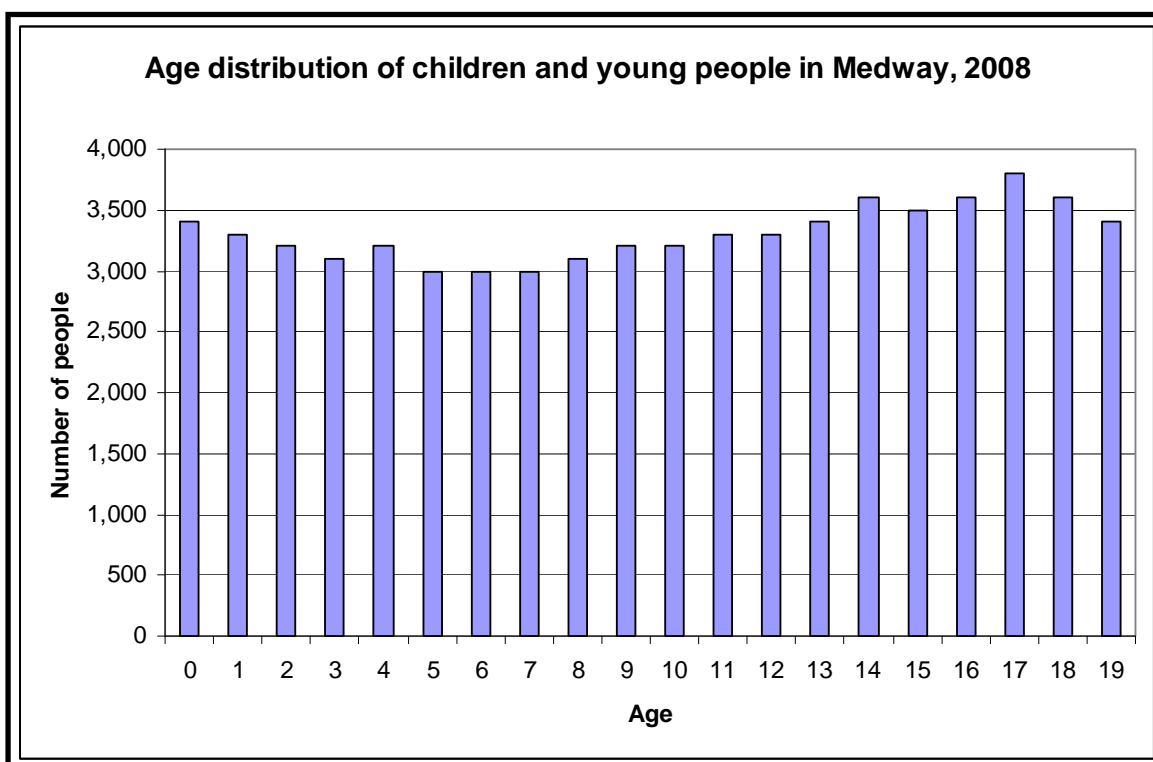
Information about some of these factors is currently incomplete (e.g. in respect of adults with mental health needs who are parents or live in the same households as children). The MSCB is in the process, in conjunction with the Children's Trust Board, of building up a more comprehensive picture of "safeguarding need" to better inform strategic planning and service development.

### **Overall Population**

The population of Medway is about 253,500 and is expected to grow to 275,200 by 2026. There are approximately 65,500 children and young people aged 0-19. The population of Medway is younger than the national average but it is ageing faster.

The graph below shows the distribution of the ages of children and young people in Medway. There are more children in the older age groups, 14 – 19 than in the younger age groups.

**Fig 1.1 Age distribution of children and young people in Medway 2008**



Source: ONS Population estimates 2008

Medway's population aged 0-19 is forecast to increase by 1.2% from 2010 to 2020; although, in the short term, Medway's population aged 0-19 is forecast to decrease by 1.1% to 2014.

The greatest number of children and young people live in Gillingham North (4,561) followed by Chatham Central (4,448) and Gillingham South (4,423).

The table below shows ethnicity data for all children attending Medway maintained schools. 81.3% of Medway children are White British, while 4% are any other white background, 2.5% are Black African and 2.3% are Indian.

**Fig 1.2 Ethnicity of school age children in Medway 2010**

Ethnicity	Number of Pupils	Percentage of Total Pupils
White British	29893	81.3
Irish	109	0.3
Traveller of Irish heritage	16	0.0
Gypsy / Roma	102	0.3
Any other White background	1457	4.0
White and Black Caribbean	447	1.2
White and Black African	260	0.7
White and Asian	381	1.0
Any other mixed background	692	1.9
Indian	829	2.3
Pakistani	257	0.7

Bangladeshi	306	0.8
Any other Asian background	219	0.6
Black Caribbean	175	0.5
Black African	926	2.5
Any other Black background	67	0.2
Chinese	109	0.3
Any other ethnic group	221	0.6
Unclassified	314	0.9
<b>All Medway pupils</b>	<b>36780</b>	<b>100.0</b>

Source: PLASC January 2011

## **Deprivation**

Overall Medway is not a deprived area – it is ranked 150<sup>th</sup> most deprived local authority out of 354 in England, but it does have higher levels of deprivation than neighbouring local authorities in Kent and the South East and at ward level it has some of the most affluent and some of the most deprived areas in the country with 25 neighbourhoods in the top 25% nationally deprived areas.

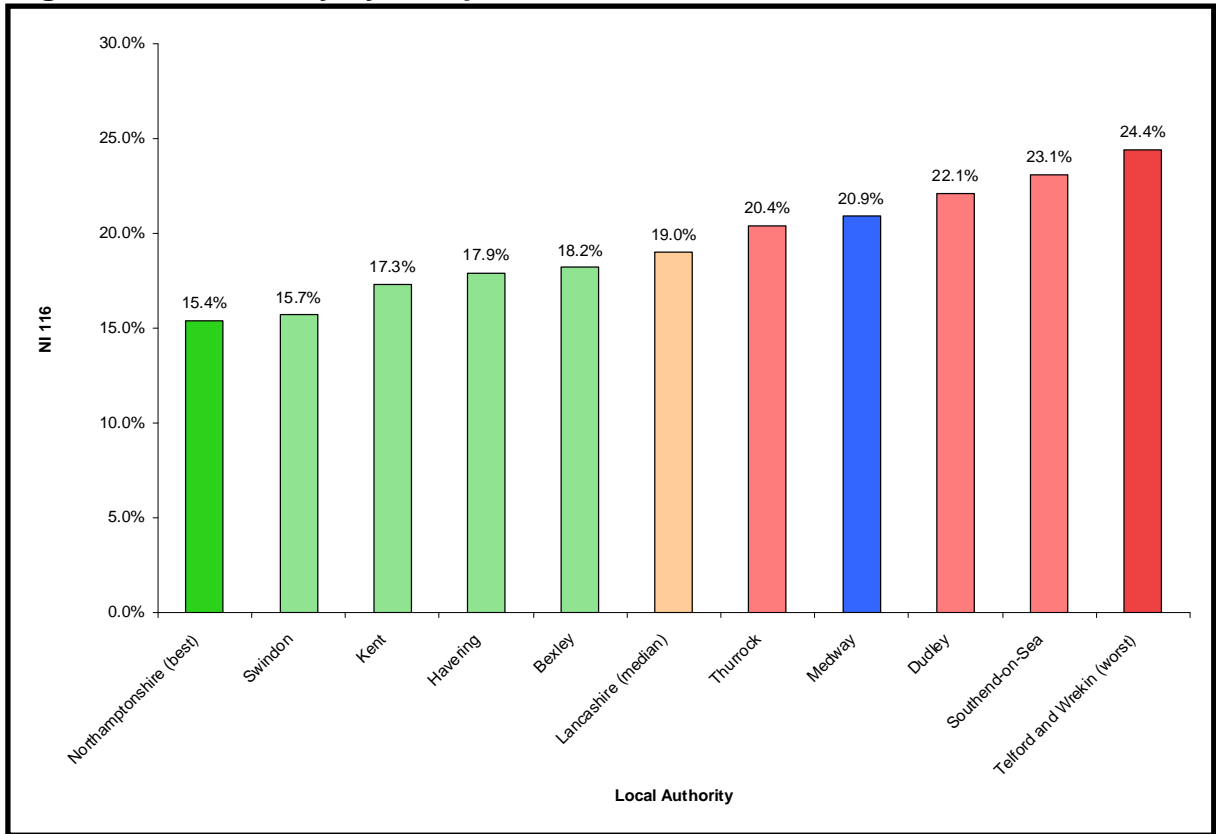
## **Child Poverty**

The levels of deprivation and poverty are important to consider for children and young people as it can impact upon their outcomes in childhood and adulthood. Nationally, children from areas of deprivation are more likely to be hurt in an accident, have a less healthy lifestyle, become involved in criminal activities and become a teenage parent. They are also less likely to achieve well at school than other children. Educational attainment is important for the future, as it plays a large part in determining socio-economic position, and consequently affects income, housing and the ability to purchase other material goods.

In section 2 of this report, data regarding specific safeguarding activity, we can see that the majority of children who are subject to Child Protection plans – ie those children who are recognised to have suffered or are likely to suffer significant harm – live in areas where deprivation is highest.

The chart below shows that Medway has a higher rate of child poverty than most similar local authorities (20.9% compared to the median of 19.0%).

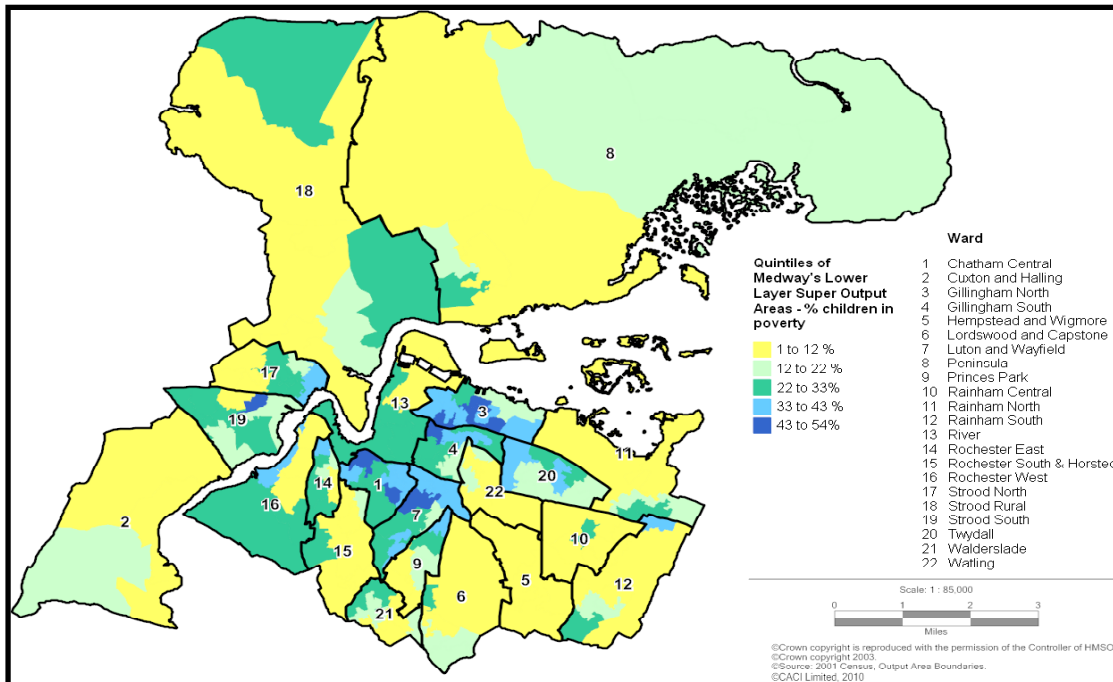
**Fig 1.3 Child Poverty by Comparator Local Authorities**



Source: HM Revenue and Customs Child Poverty statistics 2007 - Snapshot as at 31st August 2007. Taken from Medway Children's Trust Child Needs Analysis December 2010.

Below is a thematic view of National Indicator 116 (i.e. proportion of children in poverty). The map features the ward boundaries to enable a sense of location. This highlights the top three wards of highest proportions of children in poverty: Gillingham North, Chatham Central and Luton and Wayfield.

**Fig 1.4 Children in poverty in Medway**



Source: Department for Work and Pensions Information Directorate, 2007 & Medway Council Research and Information Team

## **Education**

According to the Spring 2010 Pupil Level Annual School Census (PLASC), there were 40,993 children and young people attending Medway schools including Medway academies. This figure does not include children attending private school or being home-schooled. There has been a fall in numbers of 8% since 2008. There has also been a decline in the numbers of children of statutory school age in Medway, which appears to confirm the decline in the youth population.

**Fig 1.5 Number of statutory school age in Medway**

	<b>January 2008</b>	<b>January 2009</b>	<b>January 2010*</b>
<b>Number of children of statutory school age</b>	37,281	36,635	35,071*

Source: Medway Council Management Information Team

\*The Spring 2011 PLASC has recently been completed. At the time of writing, this does not include data relating to academies in Medway. This information will be available later in 2011.

Below are the figures for pupils that were at some point and for any duration home educated during the academic year (which could have been for as little as 2 weeks) 2007/8 – 2009/10.

**Fig 1.6 Children educated at home**

	2007/08	2008/09	2009/10
Number of children registered as being educated at home	276	225	224

Source: Medway Council Inclusion Service

## **Health**

The population of Medway is predominantly healthy, but prevalence data relating to smoking, obesity and poor diet in Medway are amongst the worst in the South East with average life expectancy lower than the south east and England as a whole. 19.4% of Year 6 pupils are obese in Medway, compared to 16% in the South East Coast and 18.3% in England. At ward level, the gap in life expectancy is 6.8 years – which is significant, but well below that seen in some big cities. Life expectancy is closely linked to deprivation.

Teenage pregnancy levels remain high whilst they have come down in the country as a whole. This is being addressed through the Teenage Pregnancy Strategy including improving contraception and sexual health services and the Family Nurse Partnership. The latest figures indicate that the conception rate in Medway has started to come down. The teenage pregnancy rate is particularly high in the wards of:

- Chatham Central
- Luton and Wayfield
- Gillingham North.

## **Housing**

Medway has seen a continuing rise in the number of housing benefit recipients, similar to that of the South East and of Great Britain overall.

The table below provides counts and percentages of children and young people of parents/carers who are claiming housing benefit plus children and young people who are living in the household of a housing benefit claimant at ward level as at 14 July 2010.

**Fig 1.7 Housing Benefit Claims by households including children and young people aged 0-18**

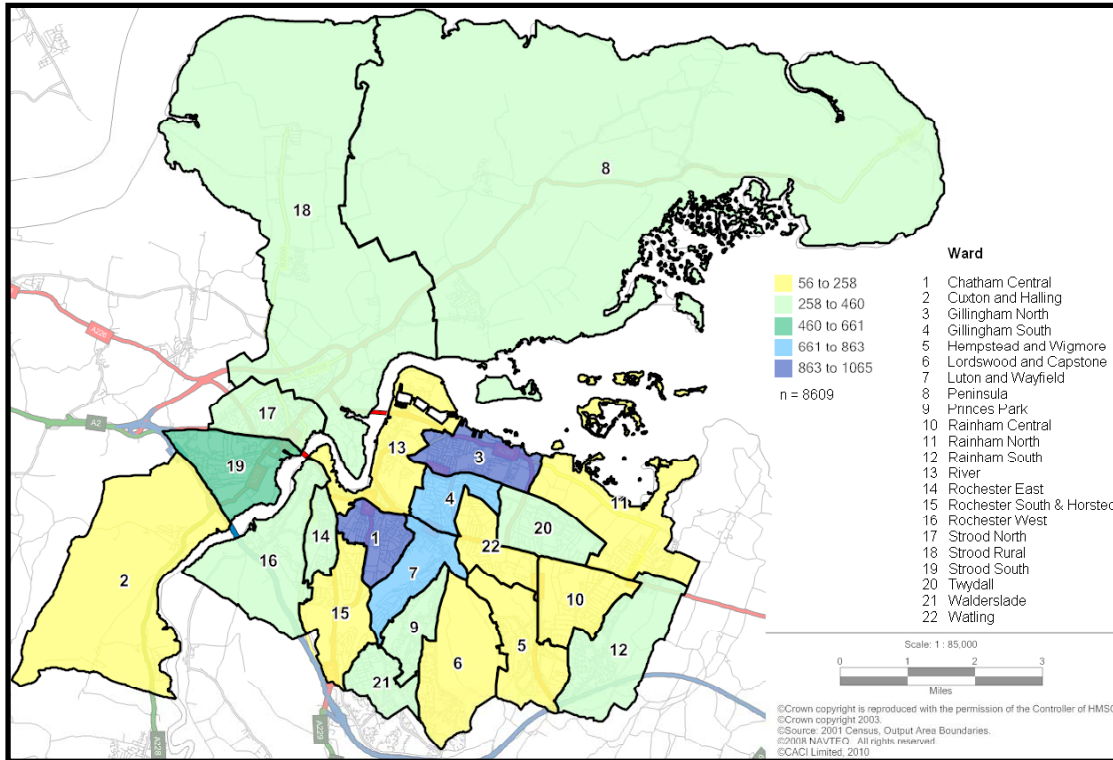
	Children and young people ...		
	Count	Percentage of resident population aged 0-18 years	
Chatham Central	991	8.5	←
Cuxton and Halling	80	1.8	
Gillingham North	1,065	9.2	←
Gillingham South	760	6.2	
Hempstead and Wigmore	56	0.8	
Lordswood and Capstone	232	3.2	
Luton and Wayfield	763	7.3	←
Peninsula	259	2.5	
Princes Park	322	4.1	
Rainham Central	124	1.2	
Rainham North	213	3.0	
Rainham South	328	3.1	
River	221	3.4	
Rochester East	435	5.7	
Rochester South and Horsted	214	2.1	
Rochester West	306	3.6	
Strood North	418	4.0	
Strood Rural	289	2.7	
Strood South	614	5.7	
Twydall	456	4.4	
Walderslade	278	3.8	
Watling	185	2.5	

Source: Database query as at 14/7/2010, Medway Revenues and Benefits Service  
 Percentage of resident population aged 0-18 years: numerator – 'Count' column, denominator – Mid-2007 Population Estimates (for 2009 Wards in Medway by single year of age and sex), Office for National Statistics © Crown Copyright 2009. (Taken from Medway Children's Trust Needs Analysis (draft) Dec 2010)

Gillingham North (1,065) has the highest total count of children and young people of parents/carers who are claiming housing benefit plus children and young people who are living in the household of a housing benefit claimant, whilst Gillingham North (9.2%) also has the highest percentage of children and young people of parents/carers who are claiming housing benefit plus children and young people who are living in the household of a housing benefit claimant.

The thematic map below presents counts of children and young people of parents/carers who are claiming housing benefit plus children and young people who are living in the household of a housing benefit claimant at ward level by quintile as at 14 July 2010.

**Fig 1.8 Map showing Housing Benefit Claims by households including children and young people aged 0-18**

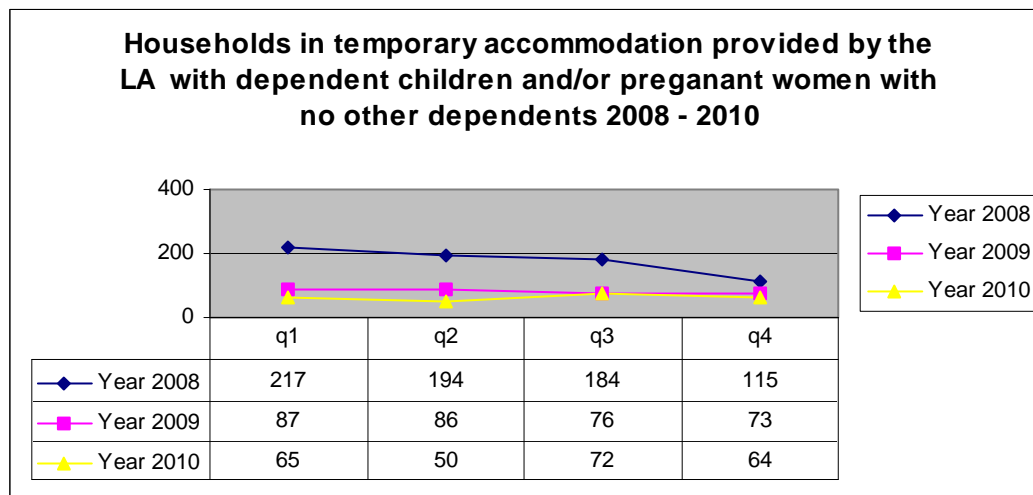


Source: Database query as at 14/7/2010, Medway Revenues and Benefits Service  
 (Taken from Medway Children’s Trust Needs Analysis (draft) Dec 2010)

Chatham Central and Gillingham North feature in the top quintile by counts of children and young people of parents/carers who are claiming housing benefit plus children and young people who are living in the household of a housing benefit claimant.

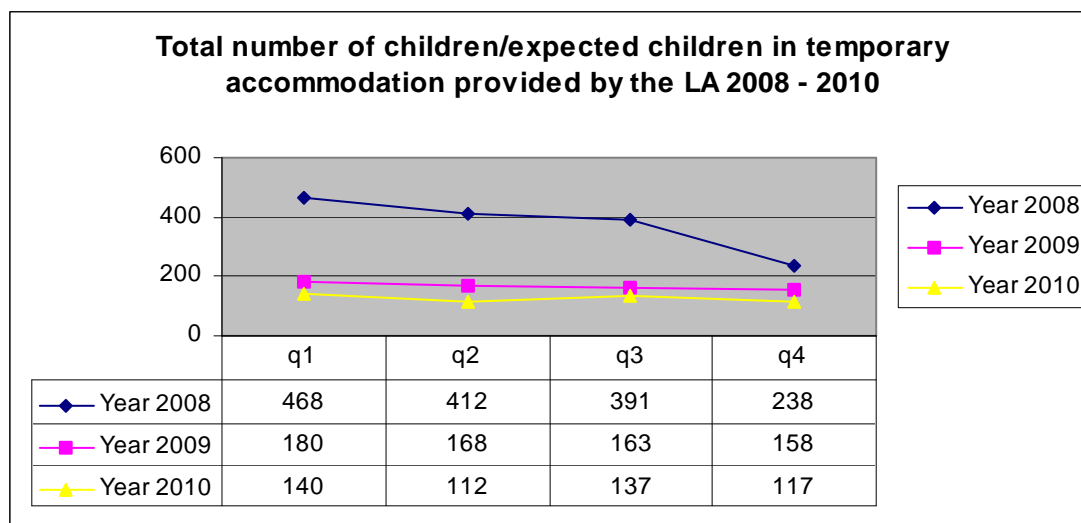
The two tables below show the numbers of households (including those of pregnant women) and also the numbers of children who have been living in temporary accommodation in Medway with children 2008 – 2010.

**Fig 1.9 Households in temporary accommodation**



Source: Medway Council’s Housing Needs Section

**Fig 1.10 Total number of children/unborn children living in temporary accommodation**



Source: Medway Council's Housing Needs Section

### **Children's Well-being**

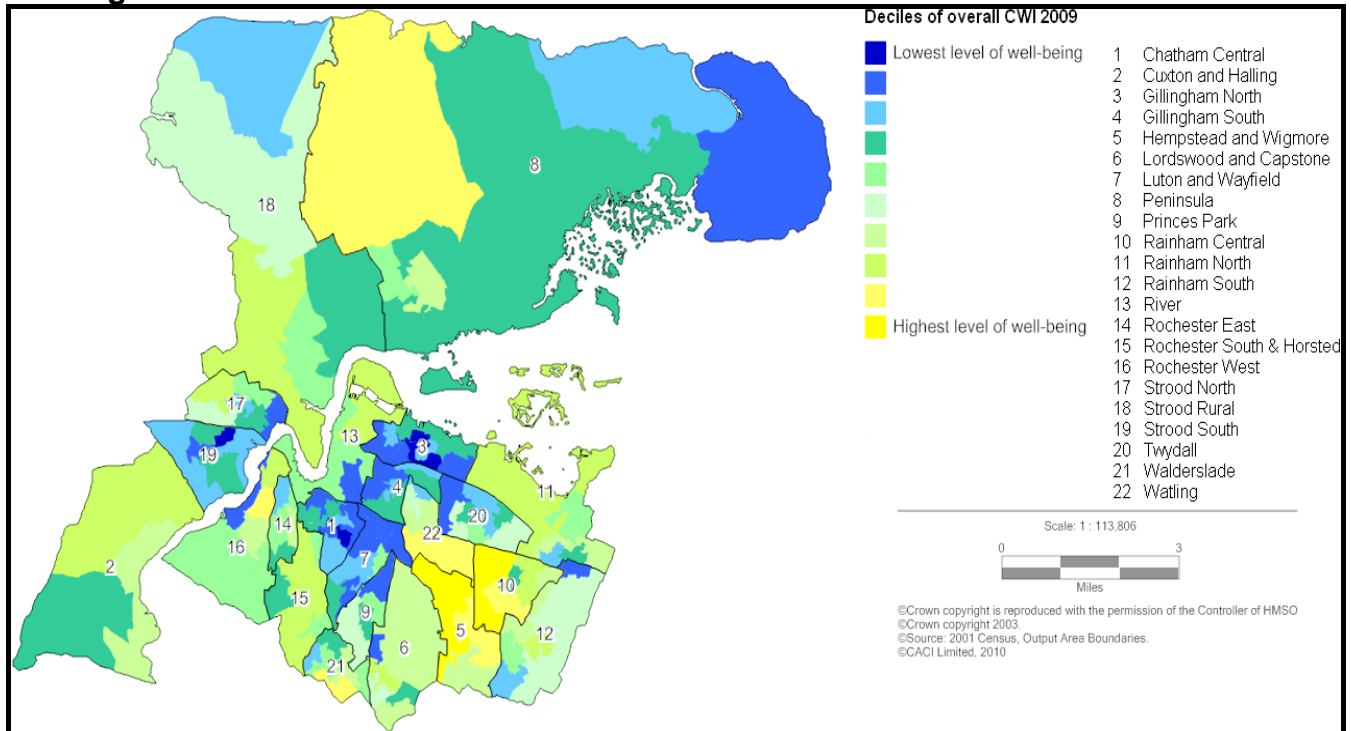
The Child Well-Being Index (CWI) 2009 brings together a number of different indicators which cover the major domains of a child's life that have an impact on child well-being, and these are combined to create the overall CWI 2009. These indicators include measures of economic wellbeing, health, education, crime, housing, environment and children in need.

Overall, Medway is ranked 240 out of 354 local authority districts in England, where 1 represents highest level of child well-being.

The thematic map below features deciles of the overall CWI. The map features the ward boundaries to enable a sense of location and highlights the three wards of lowest level of overall CWI:

- Gillingham North
- Luton and Wayfield
- Chatham Central

**Fig 1.11 Child Welfare Index**



Source: Department for Communities and Local Government, 2009  
(Taken from Medway Children’s Trust Needs Analysis (draft) Dec 2010)

**Adult Mental health**

In November 2008, it was estimated that just over 16,000 adults in Medway were suffering from mixed anxiety and depression while over half this number had experience of a generalised anxiety disorder and 4,766 had experienced a depressive episode.

**Fig 1.12 Adult Mental Health diagnosis**

Mixed anxiety and depression	16,065
Generalised Anxiety Disorder	8,135
Depressive episode	4,766
All phobia	3,237
Obsessive Compulsive Disorder	2,090
Panic disorder	1,303
<b>Total</b>	<b>30,129</b>

Source: Mental Health Joint Strategic Needs Assessment 2008 (NHS, Medway Council, Kent County Council)

*[Please note: The total does not equal the sum of each disorder since some individuals have more than one disorder]*

The estimated number of adults with common mental disorders who will present for treatment and have the disorder detected (and therefore require treatment) is 7,532. while the estimated number with severe mental illness (Sainsbury Centre) is 9,690 and the estimated number of people with severe and enduring mental illness is 1,926.

Data relating to numbers of adults with mental health needs who are also parents or who have child caring responsibilities are not currently available. However, the Document, "Think child, think parent, think family: a guide to parental mental health and child welfare" published in July 2009 by SCIE suggests that, "*Between one in four and one in five adults will experience a mental illness during their lifetime. At the time of their illness, at least a quarter to a half of these will be parents.*"

Maternal mental health is an important challenge for professionals, not least because psychiatric disorders are the leading cause of maternal deaths in the UK.

An incidence figure of 10 per cent of all new mothers is most often quoted for postnatal depression, although studies vary between 3 per cent and 22 per cent. However, it is argued that about half of these cases will never come to medical attention. If half new mothers experiencing postnatal depression request treatment, and if 0.1 per cent experience psychosis, the current numbers for Medway would be as follows.

**Fig 1.13 Incidence of Post Natal Depression and Puerperal Psychosis**

<b>PCT</b>	<b>Postnatal depression</b>	<b>Psychosis</b>
Medway	166	3

Source: Mental Health Joint Strategic Needs Assessment 2008 (NHS, Medway Council, Kent County Council)

The Foundation for People with Learning Disabilities estimates 25- 40 per cent of people with learning disabilities experience mental health problems at some point in their lives. Given prevalence of mental disorder, at lower end of estimated range the number with mental health problems is 489.

Data from Kent & Medway NHS & Social Care Mental Health Partnership Trust for 2010 shows that 1% of the 2660 clients referred for mental health services resulted in a referral being made to Children's Social Care.

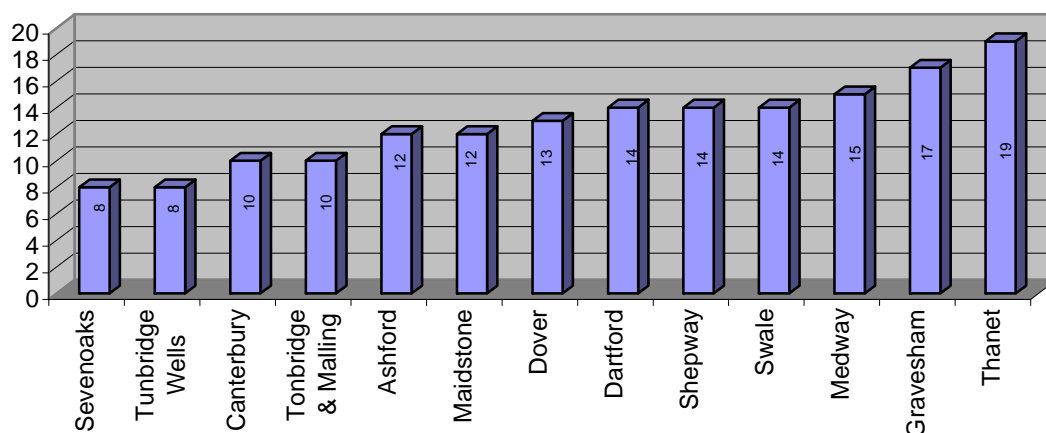
### **Substance misuse**

As at 31 December 2010 there were 709 adult clients in drug treatment services for all types of drug use, 16% of these clients have been identified as having children. There are concerns over the accuracy of this figure and, at the time of writing, file audits are being carried out to verify the data. Of these clients 656 are primary crack or heroin users

### **Domestic Abuse**

The table below shows domestic abuse incidents reported to Kent Police 2009/10 per thousand population and shows a comparison for Medway against other parts of Kent.

**Fig 1.14 Incident of domestic abuse reported to Kent Police per 1000 population**



Domestic abuse incidents in Medway account for 18% of all domestic incidents across all of Kent. Kent Police identify primary hotspots in Rochester, Gillingham, Chatham and Frindsbury.

**Fig 1.15 Domestic Violence Data collected by Kent Police between January 2010 and December 2010**

	Number	%
Total Domestic Violence Incidents	3874	
Repeat victims	901	23.3%
Cases reviewed by MARAC	134	
Repeat cases reviewed by MARAC	17	12.7%

Source: Central Support Team, Kent Police

Medway Police have only recently started to gather data regarding incidents of domestic abuse where a child is within the household and a referral has been made to Medway Council's Children's Social Care, using the newly developed Domestic Abuse Risk Assessment Matrix (please refer to section 3 of this report). This shows that between 25 January and 22 February 2011, 27.5% of all incidents were assessed as being serious enough to result in a formal referral being made Medway Council's Children's Social Care for Child Protection investigations to commence.

### **Domestic Abuse, substance misuse and adult mental health**

The following table breaks down the primary reason for children being made subject to Child Protection plans between 1 January and 31 December 2010, as recorded by the Child Protection Conference Chair. This shows that the most frequent concerns recorded are domestic abuse and parental substance use (although this data reflects the breakdown by conferences during the year, not by individual child – this data is not currently available).

**Fig 1.16 Primary cause for concern recorded at Child Protection Conferences 1 January – 31 December 2010**

	2010 Total	2010 data (%)	2009 data (%)
Number of Conferences	525		
Parental Alcohol Misuse	99	18.9	26.4
Parental Drug Misuse	109	20.8	21.9
Parental Learning Difficulties	55	10.5	12.3
Parental Mental Illness	109	20.8	15.9
Parental Physical Disability	3	0.6	2.4
Parental Chronic Illness	6	1.1	2.4
Sexual Abuse	56	10.7	n/a
Domestic Violence	212	40.4	39.9
Unacceptable Physical Standards	123	23.4	n/a

Source: Medway Council Children's Independent Safeguarding & Review Service

## Analysis

- i. 2010 is the first year that the MSCB has started to gather needs information relevant to the safeguarding of children. It has proven a difficult task and, as the above data shows, it is incomplete.
- ii. It has proven particularly difficult to get relevant and useful information on such critical areas as **adult mental health, substance misuse and domestic abuse**. This is because there are no clear arrangements or responsibilities for the systematic collation and analysis of such information, much of which will be held by separate organisations. In-depth information about these areas, plus other areas such as **parental learning disability**, will be necessary in order for the MSCB to have a full picture of the effectiveness of safeguarding arrangements in Medway – especially the extent of potentially unmet safeguarding need.
- iii. The MSCB will therefore be working with the Children's Trust Board and its partners during 2011 to develop a more sophisticated understanding and analysis of these four areas and their impact on safeguarding. The Joint Strategic Needs Assessment for children and young people provides an opportunity to strengthen understanding of need.
- iv. One theme that is apparent from the available data is the concentration of various forms of "need" in particular wards in Medway (Gillingham North, Chatham Central and Luton and Wayfield being the main ones) and the MSCB welcomes continuing discussion with the Children's Trust Board on how locality-focussed developments might help to keep children safe.

## Section 2: Safeguarding Activity

This section sets out the main specific child protection data which is gathered by MSCB partners and which is supported by the safeguarding needs assessment currently being undertaken and referred to in section 3 below.

The series of data presented in this report is for the 12 month period ending 31<sup>st</sup> December 2010 and where possible, data from previous years have been included in order to identify trends. The data should be seen in the context of increasing number of referrals to children's social care, not just in Medway but across the country. This, and an observed increase in the complexity of such cases, has impacted directly upon a number of other variables – the timeliness of assessment and the numbers of children who are becoming subject to Child Protection Plans and becoming looked after.

### The Common Assessment Framework

The Common Assessment Framework is a process to help identify and assess, at the earliest opportunity, if a child or young person needs some extra help. CAFs are important because they are a means of getting help to children early, before problems get worse. All agencies which have safeguarding responsibilities for children – including adult-focused services – have a responsibility to initiate CAFs. A CAF is a simple, standardised assessment that can be undertaken by anyone who works with the child or young person and is used to identify a child or young person's needs and strengths, based on discussions with the child or young person and their family as appropriate. It uses a standard form to help record, and where appropriate, share with others, the information given during the assessment, and to plan the help needed.

The tables below show how the number of CAFs undertaken by professionals in Medway has increased year on year since the framework was piloted in 2006 and how many CAF assessments have been led by professionals by agency/establishment type. The majority of CAF's are led on by Primary Schools, accounting for 63% of all CAF's completed.

**Fig 2.1 Number of CAFs completed 2006 – 2010**

Quarter	2006	2007	2008	2009	2010
January – March		12	17	45	40
April – June		11	8	50	49
July – September		3	14	30	21
October – December	12	22	8	54	86
Annual Total	12	48	47	179	196

**Source: Medway Council CAF Coordinator**

**Fig 2.2 CAF completed by agency/institution during 2010**

<b>Service</b>	<b>Calendar year 2010</b>	<b>% of all CAFs</b>
	0	0
Autism Outreach Team	0	0
Children's Centres	11	6
Children's Services	2	1
Connexions	3	2
Early Years/Nursery/Pre-School	0	0
Education Independent	0	0
Education Primary	123	63
Education Secondary	31	16
Education Special/PRU	4	2
Education Welfare/Attendance Advisory Service	13	7
Fairbridge	0	0
Family Intervention Project	0	0
Health	4	2
Housing Providers	0	0
Integrated Teams	0	0
NSPCC	2	1
Police	0	0
Youth Inclusion and Support Panel	1	1
Youth Offending Team	1	1
Youth Service	1	1
<b>TOTAL CAFs</b>	<b>196</b>	

**Source: Medway Council CAF Coordinator**

### **Analysis**

- Whilst many agencies support the CAF process and are involved in the completion of CAF assessments, the very low number of CAFs led by professionals in the health, early years, children's centres, housing and youth services sectors is of concern. Agencies in these sectors need to be reviewing their approach to CAF with some urgency.
- What this information does not tell us is the quality of the assessments and about whether the completed assessments result in children and young people's needs being met by services. A framework to quality assure CAF assessments has been developed by Medway Children's Trust Board.
- Information about how Medway compares with other local authorities in terms of the implementation of the CAF is not presently available and not currently collated by central government.

## Children in Need and Child Protection

**Fig 2.3 Children's Social Care Data**

	<b>2008</b>	<b>2009</b>	<b>2010</b>
<b>Referrals</b>	2832	3189	3348
<b>Initial Assessments Completed</b>	1193	1532	2163
<b>Core Assessments Completed</b>	815	943	888
<b>Section 47 Investigations Started</b>	574	560	486
<b>Number of children subject to an initial CP conference</b>	210	267	319
<b>Number of children becoming subject of a CP Plan</b>	195	247	288
<b>Number of Children subject to a Child Protection Plan as at 31 December</b>	170	236	274
<b>Number of Children considered "Children in Need"</b>	<b>357</b>	<b>464</b>	<b>419</b>

There continues to be increased pressure on children's social care as the number of referrals has continued to rise (referrals in 2010 are 5% higher than in 2009 and 18% higher than in 2008). This has been combined with an increase in the complexity of cases, which has led to an increase in the:

- number of children becoming subject to a Child Protection Plan - 288 children in 2010 compared with 203 in 2008 (42% increase);
- the number children subject to care proceedings - 114 at the end of 2010 compared with 66 at the end of 2008 (72% increase); and
- the numbers of looked after children (LAC) – 388 at the end of 2010 compared with 301 at the end of 2008 (29% increase).

**This puts significant pressure upon all services involved in safeguarding.**

Working Together 2010 stipulates that all initial assessments must be completed within 10 working days. A Core Assessment may follow an Initial Assessment where a need for such is identified. This must be completed within 35 days of the Initial Assessment. A Core Assessment must be carried out alongside all Section 47 investigations. Figure 2.3 above shows the number of assessments completed by social work teams within Medway Council's Children's Services over the last three years. Whilst the number of Initial Assessments has increased to 81% it should be noted that this is not just a reflection of the increase in referrals but a change in practice to ensure that a higher proportion of referrals underwent an Initial Assessment. However, this data does not provide us with a measure of the **quality and impact** of such assessments; any performance data relating to these assessments measures only how many were completed within timescale.

Performance against national indicators relating to the timeliness of assessments is directly impacted upon by the variables referred to previously: the high numbers of referrals, the complexity of cases, the increase in numbers of looked after children and children subject to a Child Protection Plan.

The number of children subject to an Initial child protection conference has increased by 52% in two years. The number of Child Protection Conferences peaked in August 2010 at 22 – the highest number ever recorded in Medway. There are very few Initial Child Protection Conferences which do not result in children being made subject to a Child Protection Plan (on average, less than 3 per quarter).

On 1 January 2010, there were 236 children subject to a Child Protection Plan, at the end of the year, there were 274. The numbers of children who have become subject to a Child Protection Plan in Medway has increased by 42% since 2008.

**Figure 2.4**

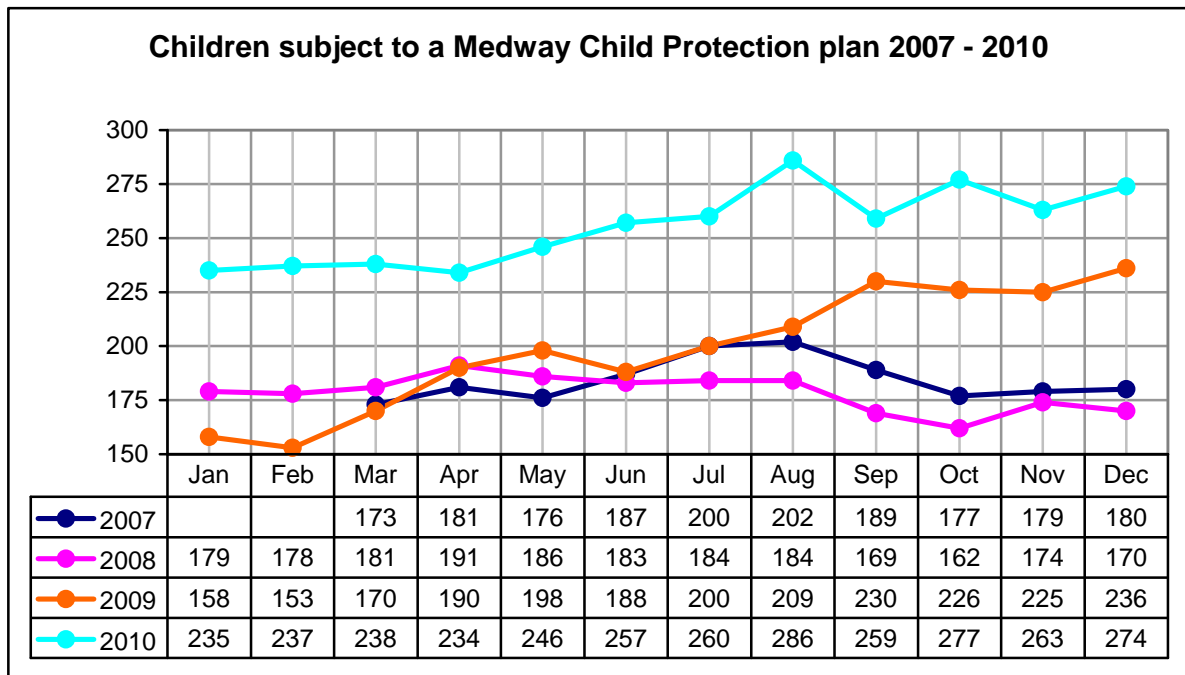
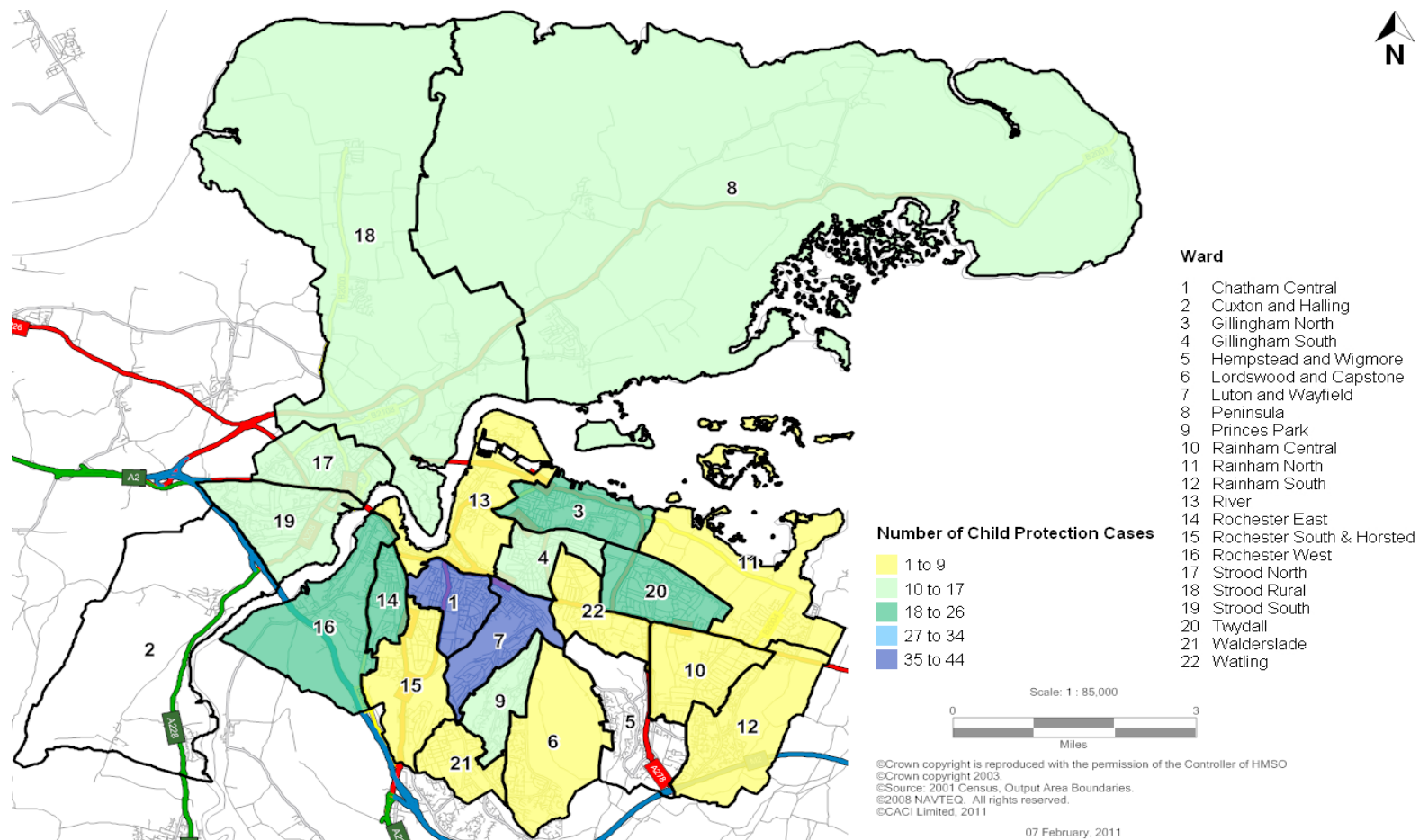


Figure 2.5 below shows the number of children subject to a Child Protection Plan by ward. It should be noted that two of the most deprived wards, Chatham Central and Luton & Wayfield have the highest CP numbers yet Gillingham North has nearly half the number of children subject to a CP Plan.

**Fig 2.5 Number of children subject to a Child Protection plan as at 31.12.10 by ward**



Research and Information Team, Commissioning and Strategy Division, Children and Adults Directorate

**Fig 2.6 Number of children subject to a Child Protection Plan at 31.12.10 by ethnic group**

<b>Ethnicity</b>	<b>Number</b>	<b>Percentage</b>
White - British	241	88.0%
White - Irish	1	0.4%
Traveller of Irish Heritage	0	0%
Gypsy / Roma	0	0%
Any Other White Background	8	2.9%
White and Black Caribbean	1	0.4%
White and Black African	2	0.7%
White and Asian	0	0%
Any Other Mixed Background	5	1.8%
Indian	0	0%
Pakistani	0	0%
Bangladeshi	4	1.5%
Any Other Asian Background	4	1.5%
Black Caribbean	0	0%
Black – African	7	2.6%
Any Other Black Background	0	0%
Chinese	0	0%
Any Other Ethnic Group	1	0.4%
<b>Total</b>	<b>274</b>	<b>100%</b>

This table shows that the majority of children subject to a Child Protection Plan are white British (88%), and suggests that white British children are slightly more likely to be subject to Child Protection Plans when compared to all other ethnic groups in Medway. However, the numbers of children of other ethnic backgrounds are too small to make significant judgements.

**Fig 2.7 Categories for being subject to Child Protection Plan.**

The table below breaks down the category under which children have been made subject to Child Protection plans. This shows up that the vast majority of children subject to a plan are under 10, and 55% are under 5s. More than half of all the children subject to plans are due to concerns about neglect. Neglect is consistently the dominant category for children’s Child Protection plans.

Children subject to Child Protection plan by age and category as at 31/12/10	Unborn	0 - 5			6 – 10			11 - 15			16+			TOTAL
	Total	F	M	Total	F	M	Total	F	M	Total	F	M	Total	
Emotional Abuse	1	18	19	37	14	10	24	4	4	8	0	2	2	72
Neglect	4	44	43	87	10	20	30	10	7	17	1	0	1	139
Physical Abuse	5	11	8	19	4	2	6	2	2	4	1	0	1	35
Sexual Abuse	0	3	8	11	4	3	7	6	4	10	0	0	0	28
<b>TOTAL</b>	<b>10</b>	<b>76</b>	<b>78</b>	<b>154</b>	<b>32</b>	<b>35</b>	<b>67</b>	<b>22</b>	<b>17</b>	<b>39</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>274</b>

**Performance information**

The Government requires local authorities to provide performance information about a large number of different variables, this includes a variety of measures used to assess the effectiveness of safeguarding arrangements in local authorities. The National Indicators (NIs) reported below relate to the numbers of Child Protection Plans that last for more than 2 years (NI64), the number of children who become subject to a repeat Child Protection Plan (NI 65) and the number of review Child Protection Conferences that take place on time (NI66).

The table below shows the length of time children remained subject to a child protection plan during 2010. These figures are broadly in line with comparative national figures. From this data we can see that the majority of CP Plans cease after 12 months and almost all cease within 2 years. There is however, a number of plans which have ended at the first review. This might be explained by a number of children becoming looked after. However, “early” decisions to end a plan are subject to review by the Operational Safeguarding Lead within Medway Council. This assures the quality of decisions making. It is also desirable for Child Protection Plans to be SMART (specific, measurable, achievable, realistic and time limited) and not allowed to drift with no change to the level of risk at which the child has been assessed to be.

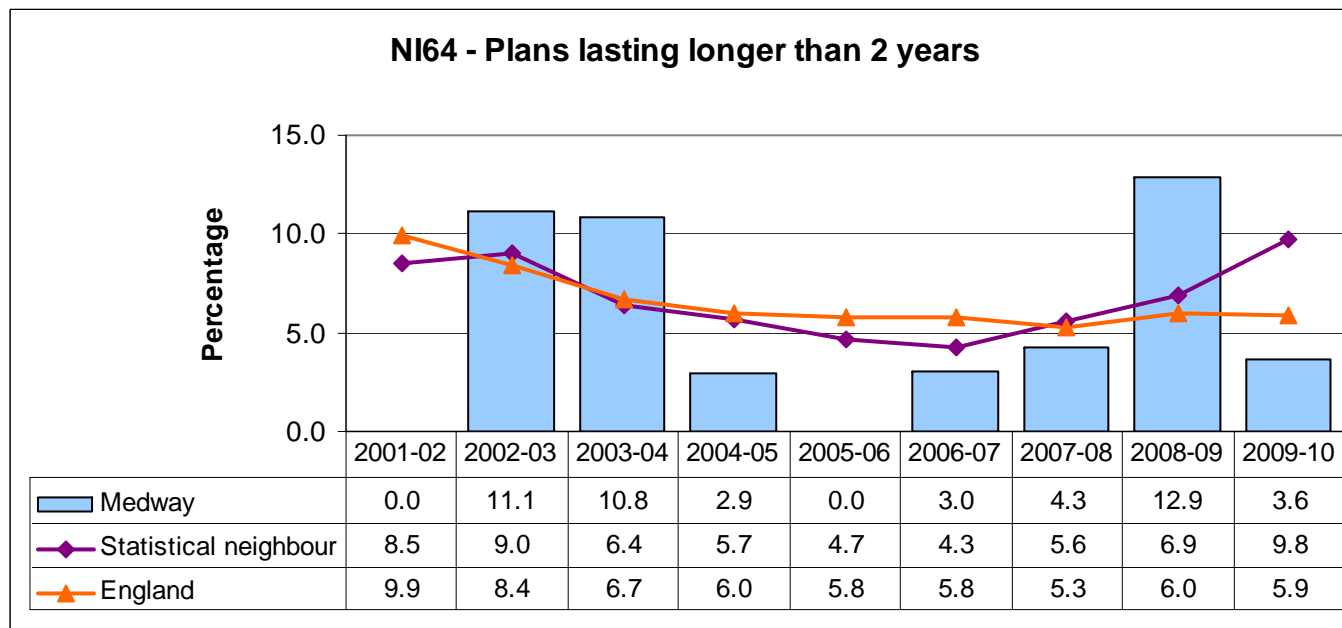
**Fig 2.8 length of time children have remained subject to a Child Protection Plan during 2010**

Length of time on plan		
less than 3 months	41	16.0%
3-6 months	23	8.9%
6 months to 1 year	97	37.7%
1-2 years	86	33.5%
2+ years	10	3.9%
ALL	257	100.0%

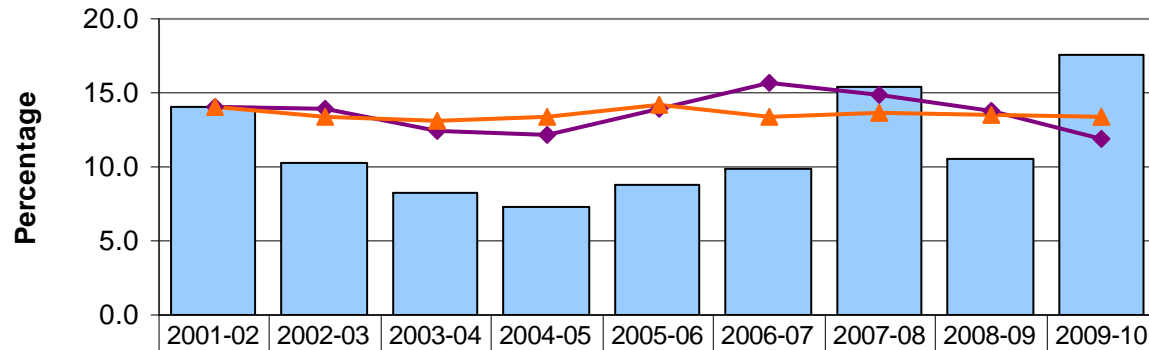
NI 65 monitors children made subject to a new Child Protection Plan within the year, which represents a second period of child protection involvement (re-registration). These cases were subject to an audit undertaken by Medway Council's Operational Safeguarding Lead which reported in July 2010. The audit aimed to identify whether the risk assessment, case management, multi-agency conference decisions and services provided to the child and family were sufficiently effective in reducing the likelihood of children suffering further harm, and to identify any common areas where practice can be improved.




This year, the rise in Child Protection Plans overall has not been accompanied by a corresponding rise in the percentage of children made subject to a second or repeat Child Protection Plan. This is a very volatile statistic which is dependent upon a number of variables – for example, if a relative who has offended against a child and is detained but then returns to the child's home or has contact with the child and is not directly related to the number of children subject to a CP Plan overall.

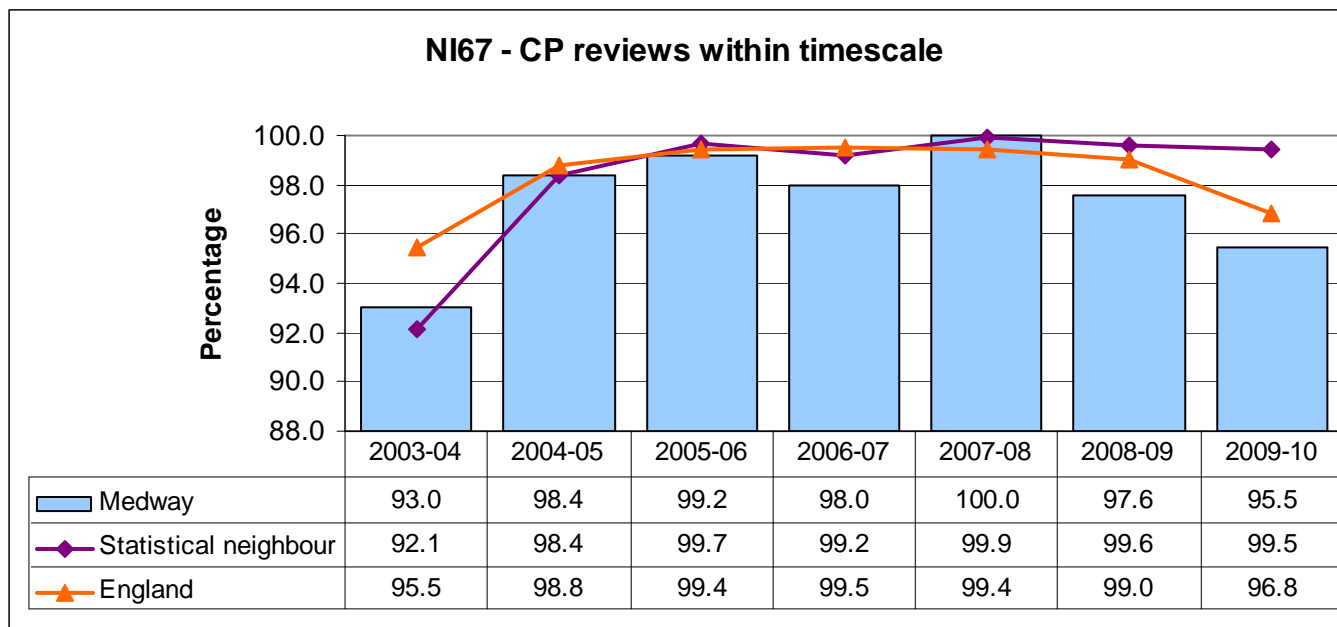
**Figs 2.9, 2.10 and 2.11 Comparator data showing Medway Council's performance against NI64, NI65, 66**



**NI65 - Repeat CP plans**



 Medway	14.1	10.3	8.2	7.3	8.8	9.9	15.4	10.5	17.6
 Statistical neighbour	14.0	13.9	12.5	12.1	13.9	15.7	14.8	13.8	11.9
 England	14.0	13.4	13.1	13.4	14.2	13.4	13.6	13.5	13.4



The percentage of CP plans reviewed on time did drop last year this was primarily due to the rise in demand for Children Social Care as demonstrated in Figure 3.

## **Section 3: Progress in respect of MSCB Objectives in 2010/2011 Business Plan**

The MSCB Business Plan 2010/11 set out the Board's strategic three year aims and specific objectives for 2010-11. The specific objectives were based on the Board's analysis of priority areas for development and improvement. Each specific objective had a lead Board member responsible for ensuring delivery.

### **Strategic Aim 1**

**To ensure the effectiveness of the work of local partners to safeguard and promote the welfare of children**

To have in place a robust framework for evaluating the quality and effectiveness of multi-agency and single-agency safeguarding arrangements and, in particular, the impact of these arrangements on outcomes for children and their families. The operation of this framework impacts positively on the safety and well-being of children.

### **Specific Objectives for 2010- 11**

1. Partner agencies to adopt an agreed quality assurance framework.
2. The particular elements within the framework will be developed year-on-year. In 2010 / 2011 Board partners will:
  - i. Identify two areas of activity / service where they will measure the outcomes in terms of the well-being of children and/or their families.
  - ii. Start to build a picture of safeguarding need in Medway
  - iii. Introduce agreed and consistent arrangements to systematically collate the views of children and families, feedback from front-line staff and the views of their partner agencies.
  - iv. Identify relevant quantitative information.
3. Partners will use the information derived from the framework to effect change that improves outcomes.

### **What did we do?**

The need to strengthen its quality assurance function – with a greater focus on outcomes and the experience of children, families and front-line staff - has been one of the main priorities for the MSCB. Various developments in respect of this objective have take place:

#### **1. Outcome objectives**

As part of the development of the 2010– 1 Business Plan, each partner agency developed a set of safeguarding objectives for the year. Two of these had an outcomes focus; that is, they specified the end result for children / families in terms of improved safety and well-being, rather than just process or activity outputs.

## **2. Log of partner agency quality assurance / audit exercises**

In late 2010, the MSCB established a log of partner agency quality assurance exercises, including audits, completed since January 2010 or due for completion by April 2011 (65 in total). The purpose of the exercise was to enable the MSCB to have an improved overview of the totality of quality assurance activity in Medway and thus better fulfil its own quality assurance responsibilities. The main findings were:

- Some very positive quality assurance exercises had been completed and clearly fed into an improvement cycle; for example the three audits commissioned by Children's Social Care.
- The vast majority of completed audits / exercises provided quantitative and qualitative information, but no outcome information.
- Analysis of case records was the most common means by which organisations quality assured safeguarding work. Only 14% of exercises made reference to obtaining the experience of "users" or staff.
- Quality assurance exercises take place largely in isolation from each other; agencies do not plan them with reference to other partners, and the findings are not shared with other partners or indeed the MSCB – even though in some cases there is clear learning which would be of wider value.

## **3. Adoption of strategic quality assurance framework**

During 2010, Local Government Improvement and Development (previously the IDeA) commissioned the development of a strategic framework for the quality assurance of safeguarding work. The Framework is aimed at leaders, senior managers and those with governance responsibilities in local agencies and partnerships: its aim is to enable them to develop a more in-depth and comprehensive picture of the quality and impact of safeguarding activity in their service and locality. The Framework promotes a "well-being outcomes" focus to quality assurance i.e. the difference that is made to the lives of children and families by safeguarding help, and gives high priority to capturing the experience of children, parents and front-line staff. The Framework has now been published – <http://www.idea.gov.uk/idk/core/page.do?pagelId=25384499> - and is to be piloted in nine local authority areas. The Framework was presented to, and adopted by, MSCB in January 2011. It will be introduced on an incremental basis, starting with Cookham Wood YOI, Medway STC and Medway Community Healthcare.

## **4. Building a picture of need**

This was a priority for the Board, because it was clear that there was no comprehensive picture of "safeguarding need" which would enable the Board to develop a strategic approach to its role, and have a purposeful dialogue with the Children's Trust Board. Information relevant to safeguarding need is to be found in a wide range of resources, but the information had not been collated or analysed systematically. A safeguarding needs analysis is currently underway and preliminary aggregate data is reported in Section 1 of this report. A dataset for reporting has been agreed which details "known needs" (i.e. children known to children's social care) along with information about the prevalence of safeguarding risk factors as indicators of future needs. These include environmental factors such as poverty and

housing, and adult-related factors, especially domestic abuse, and adult mental health and substance misuse.

### **Did we make a difference?**

The focus of the Board's work during 2010 has been about setting the foundations for the improved quality assurance of safeguarding. It is clear that there is a need for quality assurance arrangements to be strengthened within single agencies and the MSCB itself. The steps taken and planned should start to translate into improved outcomes for children during 2011. Updates from partner agencies on their outcome objectives are set out in Section 4.

#### **Strategic Aim 2**

**To ensure the co-ordination of local work to safeguard and promote the welfare of children.**

The safeguarding practice, services and arrangements of partner agencies are well co-ordinated and operate an approach which takes into account the whole family (*Think Family*).

This co-ordination results in good outcomes for the safety and well-being of children.

#### **Specific Objectives for 2010-11**

1. To review the effectiveness of partnership working, services and arrangements in respect of Domestic Abuse. The methodology of the review will:
  - take account of the inter-relationship of domestic abuse with adult mental ill health, learning disability and substance misuse.
  - include a locality perspective
  - link with the Kent and Medway Adult Safeguarding Board.
2. To initiate a dialogue with the Children's Trust in respect of the implementation of the CAF, offering constructive challenge and support with the aim of ensuring that the CAF process does deliver improved outcomes for children.
3. To review the effectiveness of information sharing.

### **What did we do?**

#### **1. Review of the effectiveness domestic abuse services**

Domestic abuse is a high risk factor for the well-being and safety of children. It is therefore essential that local areas have a good understanding of the nature and impact of domestic abuse and the effectiveness of responses to address it. The need for the Board to have a real grip of this issue lay behind this objective

Strategically, there is a Kent and Medway Domestic Abuse Strategy Group which produced a "Kent and Medway Domestic Abuse Strategy 2010-2013" in September 2010. This was a positive development and the strategy had a clearer outcomes focus than earlier strategies.

However, both Medway Council and the MSCB were of the view that there needed to be a clearer picture of domestic abuse in Medway itself. The MSCB was particularly keen to know what impact existing services and arrangements were having on the safety and well-being of children.

The Medway Community Safety Partnership has decided that governance of domestic abuse services should rest with a sub-group of the Partnership. Medway Council has commissioned a review of domestic abuse, which will consider how well the people of Medway are served by the current arrangements to prevent and reduce domestic abuse and its impact.

Other developments in respect of domestic abuse have been:

- The number of children notified to Children's Social Care by police relating to incidents of domestic abuse has increased by approximately 30%. Medway Council Children's Care, Kent Police and NHS Medway will be piloting in spring 2011 a multi-agency referral team to act as a central point for information sharing and assessments to inform interventions for children and others affected by domestic abuse. This is with a view to developing a central referral unit for children and adult services.
- Kent police has piloted a Child Abuse / Domestic Abuse risk matrix to assist supervisors within the Police to make objective risk assessed decisions as to whether to refer children to Children's Social Care and to tier such referrals as either a formal S47 referral or as a "notification", or not to share the information. This is so that both Police and Children's Services can make justified decisions around allocation of resources aligned to levels of risk present.

## **2. Implementation of the Common Assessment Framework**

As noted in Section 2, effective implementation of the Common Assessment Framework has the potential of getting help to children earlier and preventing problems from becoming entrenched. The implementation of the Common Assessment Framework has been an important subject of dialogue and challenge between the MSCB and Medway Children's Trust Board. Like many parts of the country, the Common Assessment Framework has not yet become embedded in integrated practice across partner agencies in Medway. Since November 2006 only 482 CAFs have been completed. The profile for the 196 completed in 2010 shows that the majority were completed by primary schools (63%), followed by secondary schools (16%). It is of concern that only 2% were completed by health services, 0% by housing providers and 6% by children's centres – especially as staff in these services will come across children experiencing need at an early stage. Extensive training has been delivered – with over 500 people having attended some form of CAF training.

A key challenge that the MSCB has had for the Children's Trust Board is the question of outcomes: what is the evidence that the CAF process leads to improved outcomes in the well-being of children and families? In response, the Children's Trust Board has developed a CAF Quality Assurance Framework, which should capture the impact of CAFs. Based in part on the Tower Hamlets model, it will

introduce a “distance travelled” methodology to capture the impact of the CAF on the child and family. This will chart using a three point scale the initial assessment score and the score following intervention either at a major review of the case or once the case is closed. The evaluation methodology will also include feedback from children and parents. The MSCB received a report from the Children’s Trust Board on the framework in December 2010. The Board endorsed the evaluation framework.

Inter-agency threshold criteria for services for children have been reviewed and, following extensive consultation a new threshold document was drawn up and agreed by the Board in December 2010. The document provides a framework for professionals and service users (in both Medway and Kent) to clarify thresholds for accessing different types and levels of children’s services based on the degree of need. Effective operation of these criteria – which “go live” in 1 March 2011 - will contribute to the early intervention agenda and effective implementation of CAF.

### **3. Review of the effectiveness of Information Sharing**

With a particular focus on the effectiveness of information sharing, a “deep dive” audit of the case files of children who were subject to Child Protection Plans as a result of domestic abuse and then became children in need is being undertaken by the Case File Audit Group. This used the London Safeguarding Children Board QA audit tools and will be supported by a series of staff focus groups due to take place in February 2011. This will provide feedback from frontline practitioners about what works well and the barriers to effective information sharing. Findings and recommendations will be made to the Board and to front-line practitioners through practitioner forums during the summer 2011.

#### **Did we make a difference?**

The impact of the above developments should become apparent during 2011.

### **Strategic Aim 3**

#### **To promote continuous learning and development**

Staff in partner agencies (including and MSC Board and Sub group members) are continuously learning and developing their skills and knowledge in respect of safeguarding work, at all levels and in all roles.

The impact of this learning is reflected in improved outcomes for children and families.

#### **Specific objectives for 2010-11**

1. To develop a safeguarding learning and development strategy with clear standards, and clear learning and competence outcomes for staff working in MSCB partner agencies and within contracted services. This strategy to dovetail with the Kent and Medway Adults’ Safeguarding Board’s learning and development strategy.
2. All partners to have in place a “fit-for-purpose” supervision framework for their agency.

## **What did we do?**

### **1. Learning and development**

The Board has been keen to develop a wider concept of “learning” than a traditional approach of delivering training inputs. The development of the Learning and Development Strategy has been delayed by the departure of the Learning & Development Sub-Group Chair during the summer. However, a first draft has been prepared and a needs analysis and a refresh of the competency framework is underway. The Learning & Development Strategy marks a shift away from traditional Training Strategies in favour of a more reflective approach, which considers the different ways that professionals “learn” and develop positive safeguarding practice. This promotes, for example, the use of “shadowing” opportunities for staff in different work environments, multi-agency coaching, “back to the front line” opportunities for senior managers, spending a few days in front line service situations and systematic “Buddying” arrangements for all new staff.

### **2. Safeguarding supervision**

Effective supervision is now recognised as essential if effective safeguarding practice is to be delivered. A number of partner agencies already have in place some form of arrangement for supervision. As part of its quality assurance responsibility the Board is keen to ensure that Board partners’ arrangements are “fit-for-purpose”. A framework for “safeguarding practice reflection” was presented to the Learning, Development and Support Sub-Group in December 2010 and is under further development by the Sub-Group. The intention is to reach agreement amongst Board partners on a framework, which sets out some common standards and expectations. These would then be customised to the needs of individual partners and professional groups depending on their role and business processes in respect of safeguarding work.

A proposal will be presented to the MSCB in May 2011.

## **Did we make a difference?**

One of the main elements of the new Learning and Development Strategy is that it will clarify how “learning inputs” will be evaluated. The Board will be keen to ensure that any learning initiatives it commissions are evaluated in terms of impact on practice and impact on outcomes for children and families.

Once in place, the impact of safeguarding supervision arrangements set in place by Board partners will be monitored by the Learning, Development and Support Sub-Group.

### **Strategic Aim 4**

#### **To promote the well-being of vulnerable groups of children**

The safeguarding needs of particularly vulnerable groups of children and young people in Medway are understood and responded to in a way that improves their well-being and safety.

#### **Specific objectives for 2011/12**

- . The safeguarding needs of children and young people in secure settings are understood and responded to in a way that improves their well-being and safety.
- 2. To identify other vulnerable groups who should be the focus of attention in future years (these might include, for example, children educated at home, children in PRUs)

## **What did we do?**

### **1. Medway Secure Training Centre**

- All staff have been training in safeguarding in 2010 and are refreshed annually. This includes custody staff, teachers, nurses, YOS and even facilities' staff.
- The policy and procedure for managing suicide and self-harm has been reviewed as an STC sector and revised, including the assessment scoring mechanism. Self harm has reduced from 91 incidents in 2009 to 29 in 2010. None of these incidents were serious in terms of injury and any treatment required was minor.
- The Rewards and Sanctions policy has been fully reviewed and has led to a significant reduction in sanctions issued. The critical impact of this review however is the emphasis on residential staff using their judgment to determine the type and level of sanction to ensure it is effective in managing the negative behaviour. This has been a major factor in reducing the use of restraint and removal from association during 2010, which has been a key objective for the Centre.
- The restraint minimisation strategy has been in place in the YJB format since March, although the strategy has been in place long before this. All incidents of restraint are reviewed by a senior manager using CCTV with 24hours.
- Comprehensive review processes are in place and audited to ensure that any bullying behaviour is effectively managed.

### **2. Cookham Wood Young Offenders' Institution**

- The YOI has reviewed its induction program and the initial assessments of the young person on arrival. The T1V (Vulnerability assessment) is completed as part of the reception and first night procedures. In addition to the T1V assessment, all new receptions are placed on enhanced base line supervision (EBS) for the first 24 hours. If a young person is received with little or no information, then the EBS is maintained until such information is received.
- A workforce development manager has been appointed to coordinate specific child focused training and development for staff, up-skilling and providing staff with specific skills and understanding of child related issues.

- The YOI has actively promoted its restraint minimisation strategy with staff to create a culture where the use of force is the last resort. It holds a weekly review meeting where all uses of force are scrutinised and constructive critical feedback given where required. Where examples of good practice are identified, this is shared with staff and encouraged. Through our strategy, a significant reduction in the use of force, overall acts of abuse, fights and assaults has been seen. There has been a reduction in the amount of full C&R (Control & Restraint) used and an increase in lesser physical interventions.

### **3. Other vulnerable groups**

The identification of other vulnerable groups will be achieved through the development of the safeguarding needs analysis referred to under Strategic Aim 1 above, by June 2011.

### **Did we make a difference?**

*More information on outcomes is contained in the single-agency objectives' progress report in Section 4 and the inspection reports in Section 9.*

#### **1. Medway Secure Training Centre**

The Progress Report on 2010 single-agency outcome objectives provides details of progress and shows a 55% reduction in incidents, 52% reduction in the use of restraint against the previous year and 54% reduction in the use of sanctions. It also clearly shows the reduction in self-harm and the effectiveness of the risk management programmes in place to support young people.

#### **2. Cookham Wood YOI**

The needs of young people are quickly identified and acted upon, which enables the YOI to quickly put in place appropriate support and interventions for the child. The YOI has seen reductions in the levels of self-harm and the number of children stating an intention to self harm. Through the improvements we have made in the assessment of young people the YOI has been able to lower the anxieties and pressures on the young people which in turn has improved both individual and community safety. A table in Section 4 shows the progress achieved this year in improving the safety of children and young people resident at Cookham Wood.

## Section 4: Progress in respect of Single Agency Objectives in 2010/2011 Business Plan

The MSCB is a statutory partnership comprising several partners, which have shared responsibility for the safeguarding of children. Each of these partners agreed a set of objectives for 2010/11, including two, which had a focus on the measurable improvements they would deliver for the safety and well being of children (outcomes). This section provides a progress report from the Board partners in respect of these objectives. The section is set out in a way that distinguishes between the quantity and quality of the actions that were completed, and whether it was possible to demonstrate the actual improved outcomes that were achieved for children and their families. It is expected that there will be more to report in this “outcomes” section each year.

### 4.1 Children and Adults Directorate, Medway Council

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<b>1. Improve safeguarding arrangements in schools</b>	<b>Policies</b> The following school safeguarding policies were revised (from 2008) and updated in the last quarter ending December 2010: 1. Medway Child Protection Model Policy for schools 2. Procedures for children not collected from school 3. Protocol for visitors to school (Including appropriate safeguarding checks) 4. The use of photography and videos in Schools.	<b>Ofsted inspection data for last inspection</b>  <b>1. Early Years Groups</b> <u>Effectiveness of safeguarding judgment</u> Both reporting areas demonstrated an improvement in the last year with: <ul style="list-style-type: none"> <li>• 1 unit being rated as “inadequate” compared to 3 in 2009</li> <li>• 41 groups rated as “good” compared to 17 in 2009</li> <li>• 16 groups rated as “outstanding” compared with</li> </ul>	<b>Ofsted inspection data for last inspection</b>  <b>1. Early Years Groups</b> <u>Children reporting on feeling safe</u> <ul style="list-style-type: none"> <li>• 43 settings rated “good” compared to 17 in 2009</li> <li>• 14 rated as “outstanding” compared with 9 in 2009</li> <li>• none were rated as “inadequate” compared to 2 in 2009</li> </ul>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
	<p><b>Supporting documentation updated</b> (Also from 2008)</p> <p>1. Pro forma for Annual Safeguarding report to Governing Body</p> <p>2. Pro forma for recording concerns and allegations about adults working in schools</p> <p>All these are available via the schools forum and the MSCB website</p>	<p>10 in 2009</p> <p><b>2. Child minding</b> <u>Effectiveness of safeguarding judgment</u></p> <ul style="list-style-type: none"> <li>• 149 settings were judged “satisfactory” or above compared to 87 in 2009</li> <li>• 74 were judged “good” compared to 47 in 2009</li> <li>• 11 were judged “outstanding” compared to 6 in 2009</li> <li>• 5 were judged “inadequate” compared to 4 in 2009</li> </ul> <p><b>3. Schools</b> 33 Schools were inspected between 1 January 2010 and 31 December 2010 (1 special; 4 secondary; 28 primary). 22 of the 33 schools inspected were judged overall to be “good” or “outstanding”.</p>	<p><b>2. Child minding</b> <u>Children reporting on feeling safe</u></p> <ul style="list-style-type: none"> <li>• 150 settings were judged “satisfactory” or above compared to 86 in 2009</li> <li>• 78 were judged “good” compared with 50 in 2009</li> <li>• 15 were judged “outstanding” compared to 9 in 2009</li> <li>• 4 were judged “Inadequate” compared with 5 in 2009</li> </ul> <p><b>3. Schools</b> <b>Danecourt Special School</b> “parents and carers value the headteacher’s open door policy and his explicit knowledge about every child in the school.”</p> <p>“Pupils... feel safe and many know about people in the community that help to keep them safe and know about</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families															
		<table border="1" data-bbox="1039 316 1576 603"> <thead> <tr> <th data-bbox="1039 316 1218 475">1 Jan – 31 Dec 2009 (%)</th> <th data-bbox="1225 316 1404 475">1 Jan – 31 Dec 2010 (%)</th> <th data-bbox="1411 316 1576 475">grade</th> </tr> </thead> <tbody> <tr> <td data-bbox="1039 475 1218 507">3</td> <td data-bbox="1225 475 1404 507">0</td> <td data-bbox="1411 475 1576 507">Inadequate</td> </tr> <tr> <td data-bbox="1039 507 1218 539">67</td> <td data-bbox="1225 507 1404 539">33</td> <td data-bbox="1411 507 1576 539">Satisfactory</td> </tr> <tr> <td data-bbox="1039 539 1218 571">26</td> <td data-bbox="1225 539 1404 571">55</td> <td data-bbox="1411 539 1576 571">Good</td> </tr> <tr> <td data-bbox="1039 571 1218 603">4</td> <td data-bbox="1225 571 1404 603">12</td> <td data-bbox="1411 571 1576 603">Outstanding</td> </tr> </tbody> </table> <p data-bbox="1039 643 1290 675">For safeguarding:</p> <ul data-bbox="1084 683 1563 834" style="list-style-type: none"> <li>• 11 were judged as satisfactory</li> <li>• 18 were judged as good</li> <li>• 4 were judged as outstanding</li> <li>• None were inadequate</li> </ul> <p data-bbox="1039 911 1339 943"><b>4. Training 2010 / 11</b></p> <ul data-bbox="1039 951 1576 1393" style="list-style-type: none"> <li>• All CP leads in schools will have completed DCPC (Designated Child Protection Coordinator) update training by 7th Feb 2011 (5 1/2 day sessions)</li> <li>• Governor training session booked for 17th Feb. 2011 - 2 hours.</li> <li>• All newly qualified teachers received CP training on 22.09.2010</li> <li>• New to the role of DCPC - 2 whole day sessions delivered September</li> </ul>	1 Jan – 31 Dec 2009 (%)	1 Jan – 31 Dec 2010 (%)	grade	3	0	Inadequate	67	33	Satisfactory	26	55	Good	4	12	Outstanding	<p data-bbox="1603 312 2045 376">safety issues without being afraid.”</p> <p data-bbox="1603 419 2045 858"><b>St Margaret’s Junior School</b> “Issues around safeguarding were dealt with immediately and a thorough review of the systems and procedures means that these are now rigorous and effective. This is confirmed by the very positive responses of parents and pupils who believe that children are happy, safe and well cared for.”</p> <p data-bbox="1603 901 1962 933"><b>New Brompton College</b></p> <p data-bbox="1603 976 2045 1377">Ofsted reported in their letter to students at the school “We were pleased to know that you feel safe in school and to see that you understand and take seriously the importance of a healthy lifestyle. The school’s improving attendance record shows that you are happy to be there, which was certainly the message you</p>
1 Jan – 31 Dec 2009 (%)	1 Jan – 31 Dec 2010 (%)	grade																
3	0	Inadequate																
67	33	Satisfactory																
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4	12	Outstanding																

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
		2010 and March 2011	<p>conveyed in your responses to the questionnaire.</p> <p><b>Fairview Community Primary</b>  “Pupils’ outstanding behaviour leads to well placed learning in lessons and a positive atmosphere at break times. This contributes strongly to pupils feeling very safe at school.”</p> <p><b>Balfour Infant School</b>  “Parents, carers and pupils are rightly proud of this good school. One parent summed up some of its key strengths when writing, ‘I feel happy knowing that I’m leaving my child in a safe environment where she is gaining so much’”</p> <p>“Pupils feel extremely safe at school and develop a good understanding of the need for healthy lifestyles. For example, they explain clearly about which foods are good for them and why it is important to</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
			<p>drink milk.</p> <p>‘Parents and carers are almost unanimously delighted with all aspects of the school’s work. They feel that their children are well cared for, kept safe and have fun’. Parents’ and carers’ views are typically summed up in comments such as, ‘It is a happy school’ and, ‘The school has instilled a love of learning which I hope lasts throughout my child’s education.’”</p> <p>In a letter to pupils at the school OFSTED reported ‘You have an excellent understanding of how to stay safe and you take responsibility well. The school council does a very good job it is great that you help the governors with health and safety checks.</p> <p><b>Abbey Court Community Special School</b></p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
			<p>“Members of the school councils talk thoughtfully and share ideas about feeling safe, being involved in the community outside school and learning how to interact with a range of people. Because pupils love coming to school, their attendance is good....”</p> <p><b>Please also see section 9</b></p>
<p><b>2. Work in partnership to implement CAF as an assessment tool for all children in need</b></p>	<ul style="list-style-type: none"> <li>• Second CAF Co-ordinator appointed</li> <li>• CAF awareness sessions to range of groups and in range of languages</li> <li>• Continuation of training sessions for CAF Assessor and Lead Professional training</li> <li>• Target of 10% increase in CAFs set.</li> </ul> <p>January 2010 to December 2010 CAF awareness training, 198. CAF assessor training, 197. CAF lead professionals, 113.</p> <p>These professionals come from a wide range of services including</p>	<ul style="list-style-type: none"> <li>• CAF quality assurance framework developed and adopted by MSCB</li> <li>• Draft unannounced Ofsted inspection (January 2011) report stated CAF embedded and making a difference.</li> <li>• Year ending December 2010 there were 196 CAFs</li> <li>• In quarter Oct – Dec 2010 highest level of referrals for a quarter from CAF project of 86</li> <li>• Analysis of 110 CAFs from Jan to September 2010 found 57 different services initiated CAFs</li> </ul>	

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
	<p>health, connexions, child's centres, schools, youth services and voluntary organisations. Training has now been widened to adult services to spread awareness.</p> <p>10 CAF awareness sessions have also been held by the Medway Ethnic minority Forum team to try to increase awareness of CAF within the different communities in Medway.</p> <p>There 33 more training sessions across the three levels between January 2010 and July 2011.</p>	<ul style="list-style-type: none"> <li>Pilot in Luton and Wayfield undertaken to illustrate the benefits of using the CAF</li> </ul>	
<p><b>3. Ensure all safeguarding practices meet/exceed national requirements by</b></p> <ul style="list-style-type: none"> <li><b>Improving quality and timeliness of assessment and planning to address needs</b></li> </ul>	<p><b>Performance indicators</b></p> <p>To date (Apr '10 to Dec '10) the Children's Social Care Service has:</p> <ul style="list-style-type: none"> <li>Completed 1668 initial assessments of which 77% have been completed within the 10 working day window. The average for England in 2009/10 was 67%.</li> <li>Completed 662 core</li> </ul>	<p><b>Inspection</b></p> <ul style="list-style-type: none"> <li>The duty system received its unannounced inspected (January 2011) and no priority actions were identified.</li> </ul>	<p><b>CP Plans</b></p> <p>Three quarters of CP plans ending in the year have resulted in reduced risk to the child, i.e. the child remained in the care of their family after the plan finished</p> <p><b>Family Group Conferences</b></p> <p>Children's Services has continued to develop and</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<ul style="list-style-type: none"> <li>• <b>Identifying targeted interventions to support or to limit risk</b></li> </ul>	<p>assessments of which 77% have been completed within the 35 working day window, up from 68% last year. The average for England in 2009/10 was 78%.</p> <ul style="list-style-type: none"> <li>• Child protection plans were initiated for 225 children who were assessed as being at risk of significant harm. Of these, 14% were children who had previously been on a CP plan. This is within the ideal range of 10%-15% repeat plans as identified by Ofsted.</li> <li>• Child protection plans were discontinued for 189 children where it was deemed that they were safeguarded without the need for the plan to continue. Of these, 5% of the plans had lasted longer than 2 years. This is below the 6% national average</li> <li>• Child Protection process review commissioned and</li> </ul>		<p>support the family group conferencing service. Evaluation of this service has show that:</p> <ul style="list-style-type: none"> <li>• 12 children were either prevented from being looked after or were rehabilitated home from foster care.</li> <li>• Two families were diverted from child protection processes.</li> <li>• 33 children in PLO/legal proceedings were placed in kinship placements and so avoided foster care or adoption proceedings.</li> </ul> <p>In 2011 Children’s social care will complete an audit of Child Protection and Looked after Children case records, which will include obtaining the views of children / staff, to demonstrate whether a positive impact on children’s lives is being achieved.</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
	<p>reported to MSCB.</p> <p><b>Restructure</b>  The IAT teams restructured into two teams based at Woodlands and Redvers centres came into effect on 17 January. The restructure aims to:</p> <ul style="list-style-type: none"> <li>• Improve service delivery to children.</li> <li>• Align the service to meet some of the challenges it currently faces with regards demand and complexity of cases;</li> <li>• Address difficulties in staffing the Duty teams as judged an ‘area for development’ in the unannounced Ofsted Inspection this year</li> <li>• Address the issues raised in the FASST Team review;</li> <li>• Meet the recommendations of the Social Work Task Force, Lord Laming’s recommendations and take account of the current review led by Professor Eileen</li> </ul>		

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
	<p>Munro;</p> <ul style="list-style-type: none"> <li>Gain efficiencies to reinvest in the front line operational service in order to meet as much of the increase in demand as possible. This has created 6 social work posts, reduced caseloads and enabled flexibility.</li> </ul> <p><b>Review of CP conferences</b> Review of Child Protection conferences completed and reported to MSCB.</p>		
<p><b>4. Establish an effective multi-agency Preventative Strategy (including the Think Family approach) to drive forward the commissioning and delivery work of the Children’s Trust.</b></p>	<ul style="list-style-type: none"> <li>Parenting Strategy adopted by Children’s Trust which is the basis for preventative strategy</li> <li>CYPP – needs assessment undertaken</li> <li>Combined YISP (Youth Inclusion and Support Programme) and targeted support staff to form a team to address high end (2.5) demand for targeted support</li> <li>FIP (Family Intervention Project) operational and fully staffed worked with 270</li> </ul>	<ul style="list-style-type: none"> <li>FIP works to address need by removing children from a Child Protection Plan and promoting resilience by providing a ‘step down service from Children’s Social Care</li> <li>FIP is undergoing an evaluation process currently and this will be available for comment in next years Annual Report.</li> </ul>	<p>In 2011 Children’s social care will complete an audit of Child In Need plans to demonstrate whether a positive impact on children’s lives is being achieved.</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
	children and their families <ul style="list-style-type: none"> <li>• In the context of cuts to income a focus on ensuring a realignment to ensure services to target children at risk</li> </ul>		
<i>Other key safeguarding developments in 2010/2011 the agency wants to report</i>	<ul style="list-style-type: none"> <li>• Increased pressure from increasing demand</li> <li>• Commitment by council not to take efficiencies from Children’s Social Care</li> </ul>		

## 4.2 NHS Medway

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b>Audit of GPs’ use of NICE guidance around mental health issues in young people</b></p>	<p>An audit of GPs’ use of NICE guidelines to assess young people’s mental health was carried out and captured 76 GPs (salaried to MCH &amp; independent).</p>	<p>The guidelines are used by 50 GPs 66% of those who responded to the survey. Children and young people are being referred appropriately and in a timely manner to CAST &amp; CAMHS.</p>	<p>One practice has continued to follow up and support a young person with mental health issues (after input from mental health services) and has reported that she has been helped by the GPs intervention.</p> <p>Young people will have improved mental health and wellbeing which will be measured through an audit (by April 2011) of those cases in the GP practices where young people had been assessed as needing support and evidence of referral to CAST/CAHMS. Positive outcomes identified for the young person.</p>
<p><b>GPs The safety and well-being of children is improved.</b></p>	<p>123 GPs attended an update of safeguarding children.</p>	<p>The safeguarding children team has had 100% increase in GPs who are seeking advice in order to safeguard children.</p>	<p>Evidence to identify the outcomes from any intervention has not yet been audited, but will be in place by April 2011</p>
<p><b>Audit of GPs use of the Safeguarding Children</b></p>	<p>An audit of GPs’ use of the Safeguarding Children Toolkit</p>	<p>Of the GPs who responded to the audit, 26 were aware of</p>	<p>The safety and well-being of children is improved through</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<b>Toolkit from the Royal College of General Practitioners.</b>	was carried out and captured 76 (73% of the audit sample) GPs, salaried to MCH & independent practitioners.	the toolkit (34%) with only 10 GPs (13%) using it. The toolkit is being localised by Designated & Named professionals for Kent & Medway and leads for each practice are to be identified. Discussions with the Local Medical Council and safeguarding teams are progressing around GPs and the child protection process	an audit by identified Leads in each GP practice to track cases where concerns about a child's wellbeing or need for protection was identified and what was the outcome from any intervention. By April 2011.
<b>Reinstate a safeguarding clinical network across NHS Medway</b>	Quarterly meetings in place.	100% of safeguarding professionals attend.	
<b>Provide safeguarding awareness sessions for NHS Medway Commissioners via the induction process</b>	Four induction sessions, which have a half hour of safeguarding children awareness raising, have been carried out.	40% of new starters to NHS Medway have their awareness raised. A varied range of commissioned professionals now contact Medway Community Healthcare's safeguarding children team.	
<b>Meet regularly with MSCB representatives from across all NHS main providers</b>	4 meetings a year are in place.	80% of meetings have taken place.	

### 4.3 Medway Community Healthcare

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b><u>Domestic Abuse</u></b>  <b>Recruit and appoint a Specialist Nurse Domestic Abuse to advise and support practitioners who work with children and adults in Medway Community Healthcare.</b></p>	<p>Successful appointment of a Specialist Nurse Domestic Abuse.            80% of the clinical services within MCH have been audited and awareness of domestic abuse raised.</p>	<p>Weekly input by the Specialist Nurse Domestic Abuse at the multi-agency One Stop Shop over the last 10 weeks.            Four victims of domestic abuse received a risk assessment via the nurse with one referred to MARAC and the others referred to the other services for support.            Through advice and support given by the specialist nurse a health visitor was able to initiate strategies to support and refer a family into MARAC.            A support package is now in place for mum and children.            The Sanctuary scheme is in place and the health visitor is to visit in conjunction with Women's Support.</p>	<p>This will be measured through an audit of all cases dealt with by the Specialist Nurse Domestic Abuse, to evidence an increase in children's and adults' wellbeing and safety, and whether the intervention has had a positive effect.            Report expected end March 2011.</p>
<p><b><u>Parental Mental Health</u></b>  <b>Audit of maternal mental health contacts undertaken by Medway Community Healthcare health visiting service.</b></p>	<p>During October November and December 2010 958 (28% of the annual birth rate) babies were born and of these 655 (68%) mothers had a mental health assessment carried out</p>	<p>No current way of capturing quality at present.</p>	<p>Currently the collection of mental health assessments does not capture outcomes but this will be addressed with the HV lead. A small scale analysis will be undertaken in</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
	by a health visitor.		summer 2011 when staffing shortages and reorganisation of children’s services have been resolved.
<p><b>User Experience</b>  <b>Quarterly surveys of service user experience to include children’s services.</b></p>	<p>In Q3, 343 surveys were sent out which had been amended to include children’s services i.e. Health visiting, speech &amp; language and supporting young parents.  71 service users responded to the survey</p>	<p>63 respondents (89%) rated the service they received as very good/good.</p>	<p>52 (73%) respondents felt that they were given enough information around their child’s health &amp; development.</p> <p>In relation to being able to discuss worries about their child 52 (73%) answered in a positive manner.</p> <p>Direct quotes from the surveys:  <i>“I find the health visitors really good and always give advice when questions asked. . .our speech therapist is fantastic, my son’s improvement has been very good. She has excellent personal skills with both the children and myself / other care given”.</i></p>
<p><b>Supervision</b>  Quality and outcomes of all safeguarding/child protection supervision.</p>	<p>Survey of supervisors &amp; supervisees</p>		<p>Survey out 11/1/11.  Report will follow April 11.</p>

<b>What we intended to do</b>	<b>What we achieved - quantity</b>	<b>What we achieved – quality</b>	<b>What we achieved – outcomes for children and families</b>
To ensure supervision is robust and that staff have the skills to provide a safe & effective service.			

#### 4.4 Medway NHS Foundation Trust

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b>Implement regular supervision for all professional staff who have CP cases in their case load</b></p>	<p>From April to the present, bi monthly supervision has been offered to all staff holding a caseload where children have been subjected to a CP Plan. We have achieved an uptake of 94% (157 out of 168 staff).</p>	<p>Supervision has enabled staff to have a better focus on cases, particularly the complicated ones by looking at their roles and setting actions, which were achievable. The feed back and comments from staff have been very positive. These include-</p> <p><i>“ I have found the support helped me to more clearly understand my role”</i></p> <p><i>“That time out to discuss my cases was invaluable as I wouldn’t have previously set aside time for this when I was rushing around with my other work”</i></p> <p><i>“ I felt I was making a more positive contribution to the action plans as I was supported in identifying some issues and actions I hadn’t thought of. This made me feel more satisfied”</i></p> <p>Staff have more targeted action plans to support the children.</p>	

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
		<p>This has resulted in a better service to the children and families e.g. one nurse stated she felt more confident in approaching the social worker about a particular case.</p> <p>In the summer 2011 we plan to interview staff about the experiences on case supervision.</p>	
<p><b>Increase the initiation of CAFs by health professionals</b></p>	<p>Whilst we have not initiated any CAFs (bar one) we have been actively involved in supporting the CAF process. 22 CAFs were attended by paediatricians and at least 20 by School Nurses.</p> <p>We put a lot of emphasis on CAF in the antenatal period and we have a number of senior midwives who will support the initiation of CAF in this early and vulnerable period. This will be evaluated next year.</p>	<p>Health input is well regarded and we regularly receive verbal thanks for attending the CAF.</p>	<p>An example of good practice was a CAF initiated for a child who had a lot of physical medical problems, which impacted on her schooling. Through the CAF, the doctor managed to transfer her medical care to Medway Hospital. Appointments were previously often not attended but since the CAF, attendance has been regular and <u>the child's medical care and physical health has improved greatly.</u></p> <p>The Medway Children's Trust has planned an audit to capture the CAF outcomes</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
			and parents' experiences for 2011/12.
<b>Ensure internal CP policy and procedure is understood and implemented by front line staff</b>	A staff survey has been sent out to Emergency Department, Paediatrics and Midwifery.	The results are currently being analysed. An updated report will be forwarded to the Board when completed about the end of April.	
<b>Improve ante-natal assessment and planning</b>	A risk assessment tool has been developed and has been used for 6 months. Thirty cases will now be audited.	The audit is due to commence this month. An updated report will be forwarded to the Board when completed about the end of April.	

## 4.5 KMPT

What we intended to do	What we achieved – quantity	What we achieved - quality	What we achieved – outcomes for children and families
<p><b>Further strengthen the initiatives from “Think Family” within KMPT Adult Mental Health Services</b></p>	<p>Frontline practitioners received a dedicated safeguarding element within their standard (eight weekly) clinical/practice supervision.</p> <p>A trust wide study of Safeguarding supervision was performed, to evidence that this is happening; the results of this indicate that individual case supervision is ongoing and frontline staff are continuing to increase their access to the Named Nurses via telephone and face to face contact for specialist advice and guidance around safeguarding children.</p>	<p>Due to the unexpectedly high positive response the above results are being challenged in regard to the different understanding and perceptions of Supervision by different agencies and the specialties therein.</p> <p>On publication of case file audit (expected end of March 2011) a “Deep Dive” exercise will be considered to evaluate validity of results and to strengthen supervision practice.</p> <p>Practice was discussed and advice sought from the Named Nurse so that appropriate referrals to CSS were initiated and support and advice offered. This activity is recorded and logged centrally by the Named Nurses</p> <p>A year on year comparison,</p>	

What we intended to do	What we achieved – quantity	What we achieved - quality	What we achieved – outcomes for children and families
	<p>ALL client's treated on a CPA pathway are risk assessed in relation to children. This is an integral part of the CPA process as outlined in KMPT CPA policy and procedure documentation. This is also emphasised in the National Patient Safety Agency, Rapid Response Report 003, 2009.</p> <p>Whilst no CAF referrals have been generated by KMPT staff in Medway, CAF awareness has increased and the</p>	<p>performed by the Named Nurses of safeguarding children referrals and contacts generated by staff working in Medway would indicate that there is increasing safeguarding activity being performed by KMPT staff, It is the intention of the Named Nurses to produce a formalised end of year activity report</p> <p>The CPA 2 &amp; 4 documentation ensures that ALL clients that have access to children are risk assessed. An Audit has been undertaken and in in the process of being reported on, the results of this audit will provide the evidence required. If there is a perceived risk to children, a referral is made to CSS and the Named Nurse is invited to attend the CPA meeting for that client as well as CSS representative so that a plan for the family can be formulated. Named Nurse attendance at CPA meetings is</p>	

What we intended to do	What we achieved – quantity	What we achieved - quality	What we achieved – outcomes for children and families
	<p>appropriate staff groups are accessing CAF Awareness and CAF Assessor training.</p> <p>In the Year 2010/11</p> <p>4 KMPT staff have accessed CAF assessor training</p> <p>1 KMPT staff member has accessed CAF Lead Professional Training.</p>	<p>documented in the minutes of these meetings, these figures will be reported on in the end of year activity report, it is down to the named nurses clinical judgement as to their attendance at CPA meetings. Whilst there is no mandatory requirement for their attendance it is considered a matter of best practice. All staff notify the Named Nurses for Safeguarding Children of any safeguarding children activity that they engage in. This data is then recorded and stored centrally.</p> <p>The quality of assessment is currently being audited. The results will be available at the end of March 2011.</p>	
<p><b>Develop/access to specialist levels of training for (mental health) child-based services (ie fitness for purpose), including, equality and diversity, sexual health.</b></p>	<p>In-house level 3 Safeguarding Children training has been attended by 52% frontline Practitioners/Clinicians in CAMHS, A&amp;E Liaison (psychiatry), Early Intervention, MIMHS, Eating Disorders and</p>	<p>Increased knowledge of frontline staff in decision making, evidenced by comments in written evaluation by participants</p>	<p>.</p>

What we intended to do	What we achieved – quantity	What we achieved - quality	What we achieved – outcomes for children and families
	<p>Learning Disability Services between April 2010 and December 2010.</p> <p>The volume of the training sessions provided until the end of the financial year is sufficient to accommodate all outstanding staff members who require this training.</p> <p>We are continuing to see some DNA's at training sessions these will be collated and sessions provided to capture these staff.</p> <p>Further discussion will be had with the L&amp;D team to discuss strategies to minimise "DNA's".</p>		
<p><b>User involvement in reviewing assurance of organizations safeguarding activity</b></p>		<p>KMPT Development Plan for 2011/12 includes the sharing of safeguarding processes and outcomes with the KMPT patient committee and the PPI lead will review the objectives and plan.</p>	
<p><b>Continue</b></p>	<p>Mandatory training is updated</p>		

What we intended to do	What we achieved – quantity	What we achieved - quality	What we achieved – outcomes for children and families
<p><b>refreshing/updating of mandatory awareness training</b></p>	<p>as and when necessary.</p> <p>The current Safeguarding awareness children training was originally developed in line with the intercollegiate document ‘roles and competencies for healthcare professionals 2006’ This has been updated in line with the 2010 version incorporating the updated definitions. The training has also been updated to include changes in line with restructuring of KMPT and partner agencies.</p>		
<p><b><i>Other key safeguarding developments in 2010/2011 the agency wants to report</i></b></p>	<p>Agreed that Named Doctors to be increased to a total of 4 leads (from 2) across the four Service Lines, with effect from April 2011. This was delayed by the formulation of “Service Lines”, concluded in January, as part of KMPT’s restructuring process.</p> <p>Awaiting ratification by Medical Director.</p>		

What we intended to do	What we achieved – quantity	What we achieved - quality	What we achieved – outcomes for children and families
	<p>Initial stages of establishing and developing safeguarding 'champions' in front-line services has commenced.</p> <p>Formulation of Service Lines now concluded. All teams have been contacted regarding the nomination of champions, currently 12 individuals identified.</p> <p>Pilot CAMHS service has been commissioned for young people between the age of 17 - 18 covering Medway. Focusing on the transition between CAMHS and AMHS.</p> <p>SCR Action Plan has been updated and sent to MSCB.</p>		

## 4.6 Kent Police

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b>Compliance with ACPO minimum standards for PVP.</b> (Protecting vulnerable person)</p>	<p>15 out of 16 standards have been met. The outstanding one is in relation to debriefing and is the responsibility of another part of the organisation. The outstanding standard will be completed by the end of March 2011.</p>	<p>We have exceeded the minimum standard required, which places Kent in the top Forces for delivering PVP protective standards. A greater ability to deal with Protecting vulnerable persons incidents and ensures that our processes and procedures are to a high standard to deliver a good service.</p> <p>(Evidence cannot be provided of improvement in service quality as a result of the compliance. This is in relation to ensuring that policies and procedures are in place and providing evidence to the HMIC that this is the case which we have done).</p>	
<p><b>Development of an on-line risk assessment tool.</b></p>	<p>All cases of on-line child exploitation are now subject to a risk assessment.</p>	<p>The risk assessment tool identifies those children at risk of contact offending and assists us to prioritise those offences as high risk to ensure that we are safeguarding children at most risk.</p>	

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
		<p>Through this risk assessment tool we prioritise those children at high risk and in need of safeguarding. We prosecute those offenders involved and ensure that safety plans are put in place through multi agency referrals to safeguard the children involved.</p> <p>The risk assessment tool has allowed us to prioritise those offenders that are high risk and we have seen an increase in prosecutions for high-risk offenders. This has also been effective in the safeguarding of children that have been involved in these offences.</p>	
<p><b>Develop a public facing website providing information of multi agency services available to members of the community to safeguard children in cases of domestic abuse.</b></p>	<p>This objective is still on going. HQ PPU has supplied the Kent Police External Website Editor with content for pages for PPU. They are due to meet on 2 February 2011 to discuss what work has been completed and to obtain a preview of the pages so far.</p> <p>The website will replicate the</p>		

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
	<p>Intranet pages surrounding the Link to Multi Agency Internet pages, such as KCC safeguarding pages. So not only will visitors to the site have full details of services available from Kent police but also a quick link to KCC for additional services offered by partners.</p> <p>The intention is to have the website in place at the beginning of the 2012/13 financial year.</p>		

## 4.7 Kent Probation

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b>Kent Probation will improve outcomes for children by raising and clarifying expectations of our staff, in line with current best practice in safeguarding. We will publish the revised “Kent Probation Safeguarding Children Policy and Guidance from April 2010. The policy will be subject to annual review.</b></p>	<ul style="list-style-type: none"> <li>• Safeguarding Policy issued in June 2010 and published on Intranet</li> <li>• Kent Probation has introduced specific questions about safeguarding children into our Offender Assessment System (OASys) quality assurance process from January 2011. OASys quality assurance is undertaken quarterly. The first to include the questions will be January/ February 2011.</li> </ul>	<ul style="list-style-type: none"> <li>• Profile of Safeguarding Children is being raised in internal quality assurance processes. We will be able to then monitor this work as we start to receive the results of audits.</li> </ul> <p>Kent Probation completed a Safeguarding Audit at Medway Offender Management Unit between 25-26 November 2010.</p> <p>The Audit focused on cases where there was an assessed high risk of serious harm to children identified. In all cases, the offender was being supervised in the community.</p> <p>The cases were drawn from a full sample of 305 relevant cases. Of these, the Audit focused on 31 cases (approximately 10%) of the</p>	

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
		<p>total caseload.</p> <p>All 31 of the offenders reviewed had a Risk Management Plan in place, 29 using the correct heading for the plans, with the assessor identifying how child protection issues would be managed which included the formal support of the sentence and a full range of additional requirements e.g. prohibited contact with the victims or residency at the approved premises.</p> <p>Of the 31 offenders; 27 were identified as presenting an ongoing risk to children, 23 had been referred to multi-agency public protection management (MAPP) at Level 2, 5 assessed as likely to live with, or have frequent contact with, any child who was subject to the child protection register or was being 'looked after' by the local</p>	

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
		authority, 26 cases, the risk of serious harm analysis was completed because the offender presented a risk to identifiable children.	
<p><b>Kent Probation will ensure that children’s safeguarding issues are not overtaken by other initiatives by appointing a director with strategic responsibility for safeguarding children</b></p>	<ul style="list-style-type: none"> <li>• Strategic leads in place</li> <li>• Director North Kent holds strategic responsibility for safeguarding children across the Trust.</li> <li>• In October 2010, a Senior Probation Officer was appointed as specialist lead for safeguarding children to work with the director.</li> <li>• An SPO in Medway is the nominated lead for the Medway area and attends the MSCB Quality Assurance subgroup.</li> <li>• Kent Probation is developing a Safeguarding Children audit regime. One audit was completed in November/ December 2010. The report is currently outstanding.</li> </ul>		
<p><b>Kent Probation will improve outcomes for children by</b></p>	<ul style="list-style-type: none"> <li>• Online training provided through the NSPCC.</li> </ul>	<ul style="list-style-type: none"> <li>• Currently 70% of Medway staff have completed the</li> </ul>	

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b>getting more staff to attend training available on Safeguarding Children.</b></p>	<ul style="list-style-type: none"> <li>• Training identified as part of the staff Personal Performance Development Agreement</li> <li>• Training Courses published through the Kent Probation Learning and Development Department.</li> </ul>	<p>“Online” training provided by Kent Probation providing them with a basic awareness of safeguarding children</p> <ul style="list-style-type: none"> <li>• Kent Probation continues to profile safeguarding children by personal development through their learning and development dept and individual supervision – this needs to be developed further.</li> </ul>	
<p><b>Kent Probation will improve outcomes for children at risk in Domestic Abuse (DA) situations – where we work with adult perpetrators of DA by improving our identification of and any actions with children involved with the adults. This abuse primarily takes place in the home and presents threats to children.</b></p>	<ul style="list-style-type: none"> <li>• Spousal Abuse Risk Assessment audit to be undertaken in the period January to March 2011 as part of Probation’s Quality Assurance regime.</li> <li>• Audit of 30 offender cases (including 15 from Medway) from across Kent Probation undertaken in November/ December 2011 – awaiting report.</li> </ul>	<p>At 1<sup>st</sup> March 2011 Medway has had 9 offenders successfully complete IDAP. These offenders have parenting responsibilities for 12 children who live in the Medway area. Five further offenders are due to complete this programme during March and they have parenting responsibilities for 10 children who live in Medway.</p> <p>Kent Probation is planning a sample audit of offender cases who have completed IDAP</p>	

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b>During 2010/11 Kent Probation will continue to deliver the Integrated Domestic Abuse programme (IDAP) and have an overall completion target of 55 (including 10 for Medway)</b></p>		<p>across Kent and Medway. A multi agency approach (looking at safeguarding outcomes) will be taken. The audit will take place between April and July 2011.</p>	
<p><b>Kent Probation will improve outcomes for children through improved data collection – allowing better understanding of the quantity and nature of the challenge we face.</b></p>	<ul style="list-style-type: none"> <li>• Work on this is ongoing. Data is kept in different places and we need to find ways of amalgamating it.</li> </ul>		
<p><i>Other key safeguarding developments in 2010/2011 the agency wants to report</i></p>			

## 4.8 Medway Youth Offending Team

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b>Complete a safeguarding audit of YOT safeguarding set against HMIP criteria</b></p>	<p>An audit based on a range of findings by HMIP from YOT inspections was developed into an audit tool to review current YOT practices against HMIP findings. This was undertaken jointly with the Head of Safeguarding at HMYOI Cookham Wood.</p>	<p>Deficiencies within current YOT practices and procedures have been identified as a result of the audit.</p>	<p>As a result of the audit a complete review has been undertaken of the YOT CP procedures and a MAPPA procedure developed. This has reduced levels of risk to young people posed by other young people through a better understanding of required procedures.</p> <p>(For example a young person who posed a risk to young women was given evening appointments only when no other young people were present in the building. Other young people have been given extra one to one sessions rather than place them in group work settings).</p>
<p><b>Measure the effectiveness of safeguarding assessments through supervision &amp; QA process.</b></p>	<p>Over a six-month period all high-risk cases were subjected to a quality assurance process, which highlighted safe guarding practices.</p>	<p>The use of QA processes which were piloted by the YOT on behalf of the Youth Justice Board, have enabled detailed feedback to be given to practitioners concerning the identification of risk and vulnerability to YOT clients.</p>	<p>Through case holders being made aware of QA outcomes appropriate referrals have been made to Children’s Services CP team. Increased awareness may have reduced risk for children within the YOT caseload.</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
		<p>This process has been fooled up through supervision and the QA process imbed into YOT practices.</p>	<p>(Examples of good practice include a young person who was also a LAC, living in a B &amp; B hotel, the YOT worker (social work student) was instrumental in having his accommodation needs re-assessed and placed in more suitable accommodation. An analysis of YOT accommodating figures between 2009/10 and 2010/11 indicate a small but significant rise in number of young people now in suitable accommodation).</p> <p>There has been a marked increase in referrals made by the YOT to Children’s Social Services as a result of heightened levels of awareness.</p> <p>(Client AK was given a speech &amp; language assessment via the YOT specialist being identified as vulnerable, this assessment was subsequently used by his pupil referral unit to successfully appeal his failure in an exam and has resulted in a high risk and</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
			<p>vulnerable young person achieving a qualification).</p> <p>High intensity support has been given to young people leaving Cookham Wood YOI to assist in gaining accommodation, claiming benefits and attending training interviews, this has reduced numbers of young people returning to custody, confirmed by YOT performance figures over last nine months.</p>
<p><b>Review scope of multi agency meetings</b></p>	<p>All meetings during a six month period.</p>	<p>Set against established benchmarks. Increased multi agency buy in.</p> <p>With all involved agencies informed and engaged in the processes there is less chance of vulnerable young people's needs and risks being missed and therefore not acted upon.</p>	<p>A direct outcome of improved multi agency meetings has resulted in a reduction of community orders being breached and re-sentenced to custody, evidenced by YOT custody figures and analysis of cases. The use of these meetings has enabled all those with a stake in the case including young person and family to come together and explore options to continue to engage with both the YOT and</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
			the involved partnership agencies.
<b>Rolling out training program for staff</b>	All staff within 12 months	This training has been delayed pending the outcome and improvement plan for the YOT announced inspection held in February 2011.	

#### 4.9 Medway Secure Training Centre

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<b>Improve the skills and operational practices of core custody staff with the aim of reducing and minimising the number of incidents involving restraint.</b>	Training has been delivered to every custody officer on conflict management and restorative justice approaches and is regularly refreshed. Every incident of restraint is analysed by a senior manager within 24 hours, including the use of CCTV. In addition random reviews are undertaken of interactions on unit to ensure best practice. Any practice issues are picked up through reflective practice meetings with staff.	In addition to the conflict management, restorative justice and other related training delivered to staff, the Centre revised its Restraint Minimisation Strategy in March 2010 and cascaded this through the staff teams. A review of operational movements was also carried out in March which has streamlined the regime to minimise the opportunities for incidents to occur. There has been a focus on the development of the Duty	Incidents have reduced by 55% from 2009 and restraints have reduced by 52% over the same period. The trend for restraints has continued to remain low averaging 21 per month in 2010 compared to 44 in 2009. A more detailed analysis can be found in the “Self-Assessment: Managing the Behaviour of Children and Young People held in the Secure Estate: Evaluation and Analysis – Medway STC January to December 2010”.

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
		<p>Operations Managers, with visits to other Centres, management training, review of practice, standards and KPIs revised and best practice shared. Key standards have been revised and published for the residential, operations and education departments and staff and young people are accountable to them.</p>	
<p><b>Review of the Incentive Scheme and use of sanctions in relation to their effectiveness in managing negative behaviour.</b></p>	<p>A robust monitoring framework has been introduced with the Head of Care analysing and reviewing all sanctions weekly. This is also monitored through the monthly Safeguarding and Effective Practice meeting. This review provides a weekly audit and enables practice to be challenged, improved or praised in a timely manner.</p>	<p>A review has been undertaken of how sanctions are used and applied. This has particularly focussed on the application of sanctions by staff, ensuring that they are effective in changing young people’s behaviour, imaginative, meaningful and relevant to the behaviour. This review has enabled a more targeted individual approach. Also the incentive scheme has been reviewed and amended to ensure young people are not able to manipulate the system and have to behave consistently well throughout</p>	<p>As a result of the actions detailed there has been a 54% reduction in the use of sanctions in 2010 since the previous year. In addition sanctions have been reduced by 65% since 2007. “Basic has reduced by 41% and the use of loss of activity has reduced by 70%.</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
		<p>the day to achieve. In addition to this residential managers have the authority to override the system to ensure behaviour is consistent with expectations.</p>	
<p><b>Review the level of incidents of self harm amongst young people placed at Medway.</b></p>	<p>Self harm risk management plans are reviewed weekly in a multi-disciplinary meeting to ensure they are effectively managing the risk and needs of the young people and providing the appropriate level of support.</p>	<p>Incidents of self harm at the Centre are already low and are mainly low level, not requiring medical intervention. In order to understand the reasons why young people self harm, a study has been carried out by the Trainee Forensic Psychologist to analyse information since January and throughout 2010, relating to the reasons young people give for self harming, identifying previous history of self harm prior to admission to the Centre and the effectiveness of risk management programmes. It should be noted that the figures very much depend on the needs of the young people placed into the Centre by the Youth Justice Board, which cannot be predicted.</p>	<p>The study shows there were 29 incidents of self harm in 2010 involving 25 young people. This shows a reduction against 91 reported incidents of self harm in 2009, although it should be noted that there was a minor change in the reporting of “hand punches”, which means that the nurse makes a professional judgement about whether it was intentional self harm. Taking this into account the figures demonstrate a 68% reduction in incidents of self harm against the previous year. During 2010 there were 212 Focus management plans and 14 SASH management plans. These are risk management</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
			programmes put into place to support young people who are assessed as being particularly vulnerable. To record only 29 incidents of self harm, considering the vulnerability programmes in place demonstrates that they are effective in supporting young people.

#### 4.10 Cookham Wood YOI

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved –outcomes for children and families
<p><b>1. Introduce improved quality assurance processes to measure our recognition of risks, vulnerabilities and protective factors attributable to young people, both individually and as groups.</b></p>	<p>All (100%) young people entering Cookham Wood are assessed as part of their initial reception processes. Those that require additional assessment or support, which is identified via the SQIFA (Screening Questionnaire Interview for Adolescents) or strengths and difficulties</p>	<p>We have developed our own 24 – 72 hour vulnerability alert and monitoring tool which operates as the enhanced base line supervision protocol inline with Prison \Service instruction 28/2009. We have enhanced our initial reception assessment</p>	<p>The table below clearly demonstrates that incidents involving those young people who pose the most risk have reduced; this is whilst the population has increased. It is clear that the levels of support have also increased following the reception assessments, although it is impossible to measure by how much the increased identification and support has impacted on the level of incidents below.</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved –outcomes for children and families					
	<p>questioner, are referred to the appropriate professionals. All new receptions are discussed at the safer regimes meeting, which again is multi disciplinary, with particular detail being paid to the SQIFA and strengths and difficulties outcomes. This enables early identification and support planning to be put in place by a range of professionals ensuring quick identification of risks, vulnerabilities and protective factors for the young person.</p>	<p>process with the introduction of both SQIFA and strengths and difficulties questioners. In addition to this we have also established a weekly safer regimes meeting, at which those young people who present with the most complex behavioural and welfare needs are discussed and appropriate care and support planning is put in place. We are currently developing our Phoenix unit which runs separately to the main regime and focuses on the individual needs and support requirements of young people housed on the unit.</p>	2009 (Average Population = 100)		2010 (Average Population = 117)			
			Group Year Total (Net value)		Group Year Total (Net value)		2010-2009 Performance %	Variance %
			Use of Force	487	Use of Force	432	89	<b>-11</b>
			Acts of Self Harm	147	Acts of Self Harm	127	87	<b>-13</b>
			Acts of Abuse	326	Acts of Abuse	188	58	<b>-42</b>
			Child Protection Referrals	33	Child Protection Referrals	22	67	<b>-33</b>

<b>What we intended to do</b>	<b>What we achieved - quantity</b>	<b>What we achieved – quality</b>	<b>What we achieved –outcomes for children and families</b>
<p><b>2. Improve the skill set of staff working with young people by accessing training available within the community.</b></p>	<p>We have appointed a workforce development manager and conducted a skills set survey of all our staff to establish the current levels of knowledge and understanding of working with children.</p> <p>We are a pilot site for the Structured Communication in Prisons initiative, which has enhanced our ability to standardise the format in which critical information is shared.</p> <p>We have commissioned the writing of a specific training course for staff working with young people in the secure setting. This is a module program which focuses on the relationship, communication and the management of difficult young people.</p>	<p>We have been able to achieve a well skilled and enthusiastic work force who better understand the needs of the client group, as opposed to those working in mainstream prisons.</p> <p>Our staff have been consistently able to individually manage those young people who pose the highest levels of risk, either to themselves, other or the good order of the establishment.</p> <p>During the year we have seen a 17% increase in the average population for the comparative periods (2009 =100, 2010 =117)</p>	<p>Through a good reduction in the number of incidents across the safeguarding agenda, we are continuing to see the positive trend in establishing and maintaining a safe environment for our young people, visitors and staff. See table above.</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved –outcomes for children and families
<p><b>3. Improve community and family, where appropriate, involvement in decision making processes to help young people progress whilst in custody and upon release.</b></p>	<p>During the period Jan 10 – Dec 10 we have achieved 95% attendance of external YOT's to all training planning meetings. The attendance of family members has maintained attendance of an overall figure of 53%, this figure has been impacted by the higher number of looked after children we have housed during the year. All LAC training planning reviews have however been attended by the young persons named Social worker or a representative from their team.</p>	<p>All young people at Cookham wood receive a comprehensive assessment of needs, which is conducted initially on reception and then ongoing as part of the training plan review process. Within these reviews and assessments are the circumstances surrounding the young person's accommodation, educations or employment upon reception. Where a need is identified them the young person's training plan will identify and plan to resolve the issue or risk. 100% of all young people, under 18 will go to settled accommodation and have planned education provision put in place. All of the above planning</p>	<p>Both young people and families have benefitted from the planning and delivery of our inclusive resettlement strategy. We have received very positive feed back from parents and children who have attended and completed the Time for Families program.</p> <p>Young people being released from Cookham Wood have been given improved prospects for a settled and sustainable outcome:</p> <ul style="list-style-type: none"> <li>• All young people under the age of 18 leaving Cookham Wood have been discharged to settled and decent accommodation.</li> <li>• 87.5% of young people under the age of 18 have been discharged with an education, training or employment place. The 12.5% not accounted for represents those young people discharged from court or bailed, so no details are available.</li> <li>• All young people discharged at their early or mid point of their sentence and on licence have been appropriately supervised and supported in the community.</li> </ul>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved –outcomes for children and families
		<p>is inclusive of community based partners to ensure that there is a consistent and sustainable outcome for the young person.</p> <p>During 2010 we ran 3 times for family's courses, all of which have been well attended.</p> <p>We also identify and help those young people and parents who's relationship has suffered as a result of the child coming to custody. We have run several "Time for Families" courses which help repair the damage to relationships to enable both the parents and young person to better manage the relation upon release.</p>	
<p><b>4. Improve Section 11 awareness and understanding amongst staff and young people</b></p>	<p>All new staff joining Cookham Wood receive, as part of their induction, a talk from the head of</p>	<p>The induction program has been reviewed and improved during this year. is a structured</p>	<p>We have seen a reduction in the number of child protection referrals following allegations against staff from 33 in 2009 to 25 in 2010.</p>

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved –outcomes for children and families
<p><b>within Cookham Wood, highlighting our corporate, legal and individual responsibilities in relation to maintaining the safety of young people in our care.</b></p>	<p>Integrated Children’s Services who highlights both the corporate and individual reasonability of all members of staff working with children within the secure setting. We have conducted a number of staff briefings for to ensure capture of the existing staff, these are conducted by the Child Protection Coordinator.</p>	<p>diary of appointments where the new members of staff are able to receive good quality information from peers, line managers and Senior managers. The safeguarding elements of the induction program are well structured and inform the member of staff of theirs and the organisational responsibilities under Section 11 of the Children’s Act. The program is coordinated by the HR business partner through the training team. 72% of our staff have completed their Juvenile Awareness Staff Program which is a nationally accredited program and includes safeguarding training.</p>	

## 4.11 CAF/CASS

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b>Evidence based assessment of every member of staff, minimum six weekly supervision and annual appraisal</b></p>	<p>100% appraisal rate 100%staff on Q4C ,the Cafcass supervision tool</p>	<p>All staff have an annual appraisal with 360 degree feedback All staff in receipt of regular supervision graded to reflect service objectives</p> <p>Implementation of supervision policy is audited through the management information system.Quality For Children Staff receive supervision on in a six weekly cycle which is monitored on Quality For Children</p> <p>Case discussion during supervision informs case planning .</p>	
<p><b>Single Point of Contact established between Cafcass and Kent Police to ensure safeguarding checks in respect of domestic abuse are completed in a timely</b></p>	<p>100%safeguarding checks completed as Single Point of Contact established</p>	<p>All Court reports address safeguarding in relation to checks completed by the local authority and the police. This</p>	

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
manner		is a mandatory requirement	
<b>Case plans shared with service users in private and public law.</b>	Increasing numbers of case plans shared with service users.	<p>The number of case plans shared with service users will be audited in July 2011 and again in November 2011</p> <p>All reports to court have a safeguarding analysis. Court decisions in relation to children are informed by this analysis</p>	
<b>Listen to, learn from and involve our service users</b>		Two adult focus groups have taken place at Canterbury and Chatham in November 2010. The recommendation from both focus groups was that Cafcass develop a protocol of expectations relating to Family Court Advisers and service users.	
<i>Other key safeguarding developments in 2010/2011 the agency wants to report</i>	The implementation of the Private Law Pathway in Kent courts and the implementation of Schedule 2 letters ensure that there is a risk analysis	The Private Law Pathway has been implemented in all Kent courts .All applications before the Court have a risk analysis taking into account the result of	

<b>What we intended to do</b>	<b>What we achieved - quantity</b>	<b>What we achieved – quality</b>	<b>What we achieved – outcomes for children and families</b>
	including safeguarding checks for all children in private law proceedings	safeguarding checks. The quality of Schedule 2 letters is audited on a monthly basis.	

#### 4.12 CVS

What we intended to do	What we achieved - quantity	What we achieved – quality	What we achieved – outcomes for children and families
<p><b>To establish further funding to the Children’s Workforce Development Council, Workforce Strategy Partners Programme 2007/10 as highlighted by the recent CWDC communication indicating funding via the Local Authority</b></p>	<p>CVS Medway has secured funding of £20,000 for 2010/11 from the CWDC via Medway Council to ‘embed a continuing role for the VCS in local workforce reform.’ The deliverables in the contract in Medway include a conference for the VCS and Statutory Partners:  ‘Big Society – Are You Ready? Preparing and Supporting the VCS in Medway for the Way Ahead.’  The conference evaluation will inform the content of a smaller follow up event. Additionally the evaluation will inform resources that could be purchased that add further value to the themes of the Conference and provide ongoing support to the VCS beyond the financial year 2010/11.</p>	<p>To be assessed through the evaluation of the Big Society Conference which is being delivered on the 28<sup>th</sup> January 2011 and the follow up learning event which will develop a theme that through the evaluation of the Conference it was identified that delegates were interested in gaining further knowledge.</p>	
<p><b>To identify, learn from, benchmark with and inform best practice, reference VCS</b></p>	<p>Attendance at Regional Action and Involvement South East Conference –October 2010.</p>	<p>To establish a follow up communication with the National Partnerships Manager</p>	

<b>What we intended to do</b>	<b>What we achieved - quantity</b>	<b>What we achieved – quality</b>	<b>What we achieved – outcomes for children and families</b>
<b>engagement and participation with LSCBs</b>	The Programme included a presentation by Kevin Garrod, National Partnerships Manager, Children England a resource that provides support to the Children and Young Peoples theme of the VCS including Safeguarding	to discuss best practice in VCS engagement and participation with LSCB's.	
<b>To support voluntary and community organisations in Medway to capture the Safeguarding outcomes they are delivering in order to add value to their organisation impact reporting and the work of the MSCB.</b>	The Big Society Conference detailed above which has 105 delegates will incorporate sessions on Commissioning and the importance of evidencing outcomes.	To be reviewed through the evaluation of the Conference. Indicator is the quality of reporting and evidencing of outcomes as part of monitoring linked to the Commissioning process. Additionally reviewed through CVS attendance of the Children's Trust Commissioning Group.	

## Section 5: Serious Case Reviews

Local Safeguarding Children Boards undertake serious case reviews when children die or are seriously injured, and abuse and/or neglect are suspected or known to be a factor, and /or there are concerns about how local agencies worked together. The purpose of such reviews is to learn lessons and improve practice. Such reviews result in action plans that should drive this improvement. This section reports on the progress in respect of serious case reviews in Medway.

The MSCB completed its first serious case review in 2009, which Ofsted judged to be “good”. The recommendations of the Serious Case Review were supported by single agency action plans and an over arching action plan from the Board as a whole. These action plans have been subject to regular monitoring and evaluation of effectiveness through the Quality Assurance and Case Review subgroup who in turn, report to the MSCB Executive.

Single and Multi-agency audits have shown that action plans have been implemented. However, these will be reviewed by the Board during 2011 to consider their effectiveness – that is, have these action plans made a difference.

Some recommendations and actions were shared with the National Safeguarding Delivery Unit, set up by the previous government, as they reflected much wider work relating to improving information sharing and risk assessment in cases which were characterised by the complex interplay of a number of issues as reflected in the SCR. The workplan of this Unit has now been absorbed by the Munro review which is reviewing and making recommendation on referral and assessment processes and embedding the findings from SCRs nationally. Local guidance will be developed following the publication of the Munro report in April 2011.

Other recommendations have been implemented and are monitored by the QACR subgroup. The development of the Single Point of Access (SPA) for children requiring support from child and adolescent mental health services (CAHMS) is fully operational and providing a quicker, more comprehensive and co-ordinated response to children, young people and their families and professionals. The effectiveness of the SPA was evaluated in October 2010 following its first 12 months of existence and was found to be between “excellent and satisfactory”. Areas for development that were identified and recommendations will be taken forward during the next 12 months.

A second SCR is currently being undertaken by the MSCB and will be completed and submitted to Ofsted in Summer 2011. Recommendations will be taken forward by the Board and reported accordingly. The completion of this SCR has been delayed by circumstances beyond the Board’s control. However, the Board is confident that single agencies are implemented to ensure that lessons to be learned are being acted on.

## Section 6: Safeguarding Learning and Development

Those involved in the safeguarding of children need to continually develop their knowledge and skills, and apply this new learning to their practice. All employers have a responsibility to ensure their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare. Children's Trust Boards are responsible for ensuring that workforce strategies are developed in their local area, which include the priorities identified by the LSCB. LSCBs also have a responsibility for ensuring that single and inter-agency training on safeguarding is provided to meet local need and for evaluating its impact. This section provides an analysis of safeguarding learning and development in Medway.

Traditionally, safeguarding learning and development has been considered in terms of the training opportunities that are available for staff members to attend. It has been a challenge for the MSCB to comment on the impact that safeguarding training has had on outcomes for children in 2010/11. It is difficult to determine direct causality of training on learning resulting in increasing reporting of child abuse or referral, and an increased and evidenced safeguarding of vulnerable children.

The MSCB Learning & Development Subgroup conducted a snapshot audit relating to safeguarding learning and development in February 2011, which, from the responses returned, shows that agencies do have safeguarding training or learning and Development Strategies in place, with specific emphasis on Child Protection. All of the agencies that responded indicated that training programmes are needs based (from information that is gathered from SCR recommendations, messages from research, intercollegiate guidance, feedback from staff and issues picked up by managers and supervisors from supervision and appraisal processes) and are widely accessible and available to all staff. Most agencies report that relevant staff in their organisation receive appropriate levels of Child Protection training at appropriate frequency and that they gather data about the numbers of staff who attend training. A number of agencies use online basic safeguarding training courses but take up of these is not always at the levels that one would hope, to provide staff with the ground level of knowledge required. Kent Probation, for example, report that 55% of those who require this training have completed this basic online course, despite this being mandated. This is a worry, as HM Inspectors expressed concerns about the effective use of safeguarding procedures in their inspection of Kent Probation in June 2010. It has however been acknowledged that safeguarding training must be given far greater priority for the service in 2011.

Medway Council have also reported low numbers of staff accessing the online course that they have been running for the past year, although much greater numbers attending face-to-face training events and workshops.

MSCB audits show that both multi- and single agency training tends to be evaluated immediately following each event through the use of "happy sheets" which tend to be reactive and comment much less about the impact on practice that the event may have had, and more about the relevance of course content to delegates. The MSCB has delivered Child Protection training for trainers for single agency members of staff to enable them to quality assure the content of basic level Child Protection training. This is helpful in that it ensures that a consistent safeguarding "message" is given across the children's workforce.

The MSCB has sought to improve its own evaluation and assessment of the multi-agency training that it delivers by using follow up calls to delegates 3 months after they have attended basic safeguarding training events. The results of this have been limited – delegates have found it difficult to identify concrete evidence of changes in practice following attendance at training events, although have identified how training opportunities have enhanced their understanding and knowledge about safeguarding children.

In 2011/12, the Learning & Development Subgroup will finalise a new Learning & Development Strategy (see section 3 above) which will seek to extend the MSCBs approach to evaluating the effectiveness of both single and multi-agency safeguarding training and development, drawing on much broader sources of evaluation than reactive questionnaires immediately after events. It will also seek to develop ways in which the effectiveness of both single and multi agency learning and development opportunities can be evidenced and assessed. A training needs analysis is currently underway and will provide information for the Board about training priorities for the next period.

Other elements of the MSCB's Learning and Development Strategy are laid out in section 3 of this report.

## Section 7: Safe Recruitment/Safe Workforce

All employers must ensure that they have robust arrangements in place to ensure that the people they employ (or use as volunteers) are safe and suitable to work with children. This section provides an update of the position in Medway.

Evidence from audits of Section 11 compliance undertaken in 2009 and a snapshot audit of single agencies undertaken in February 2011 shows that overall, agencies report feeling confident that they are compliant with safer recruitment and employment requirements. All statutory agencies report that they have safe recruitment policies and procedures in place and routinely monitor CRB and professional body registration where required. The MSCB did not deliver any safer recruitment training for trainers programmes during 2010, having delivered a number of courses in previous years which were attended by at least one representative from each partner. Agencies have also reported that whilst their staff haven't attended any training in the past year, senior managers that had attended MSCB training previously have taken training forward and cascaded learning development opportunities. The snapshot audit showed that interview panels across most statutory partner agencies were reported to have at least one member of staff who have received the relevant training.

The snapshot audit has however identified that individual agencies have not routinely audited HR processes to enable all agencies to provide *evidence* of compliance and that not all statutory partners maintain up to date records of panels and trained staff within recruitment structures. A deeper audit of safer recruitment and employment by the MSCB is proposed as part of a broader s11 report undertaken by all partners during 2011/12.

Recording and reporting systems for allegations against staff are well developed and embedded and the MSCB receives annual reports from the Local Authority Designated Officer (LADO), which comment on the effectiveness and will comment specifically on the quality of referrals during 2011.

Between 1 January to 31 December 2010, 79 referrals were made to the LADO. Of these, 6 referrals required no further action after initial consideration and the remaining 73 were subject to further enquiries and investigation. In 2009, there were a total of 119 referrals for the same reporting period. This represents a 33% drop in referral numbers for this 12 month period. The reasons for this reduction will be subject to in depth analysis by the LADO in April/May 2011. The table below shows the numbers of referral by referring agency and as a percentage of the total number of referrals made.

Agency	No of Referrals 2010	% of Referrals 2010	No of Referrals 2009 for same period	% of referrals in 2009 for same period
Social care	3	4%	6	5%
Health	0	-	0	-
Education	19	24%	20	17%
Foster carers	9	11%	18	15%

Connexions	0	-	0	-
Police	0	-	1	<1%
YOT	0	-	0	-
Probation	0	-	0	-
CAFCASS	0	-	1	<1%
Secure estate	46	58%	61	51%
NSPCC	0	-	0	-
Voluntary Youth agencies	1	1%	6	5%
Faith groups	1	1%	1	<1%
Armed forces	0	-	1	<1%
Immigration/ asylum support services	0	-	0	-
Other	1	1%	4	3%
	79		119	

### Referral Outcomes:

NB: more than 1 outcome can come from a single concluded referral. A case may require a joint s47 investigation, including a criminal investigation, the individual may be suspended pending the investigation outcome, and then resign and be referred to a regulatory body at the conclusion of the investigation.

Outcome	No of cases
No further action after initial consideration	6
Unfounded*	39
Unsubstantiated**	29
Malicious***	2
Suspended	19
Dismissed	8
Resignation	1
Cessation of use****	2
S47 child protection investigation	67
Criminal investigation	15
Caution	0
Convictions	5
Acquittal	0
Referral to DCSF / ISA	4
Referral to regulatory body	0
Inclusion on barred/restricted employment list	0
Disciplinary procedures	5

**\*\*“Unfounded”**: This indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it will be necessary to have evidence to disprove the allegation.

\*\*\***Unsubstantiated**\*\*\*: This is not the same as a false allegation. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation.

\*\*\***Malicious**\*\*\*: This means there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.

\*\*\*\***Cessation of use**\*\*\*\*: This would apply only in proven cases involving volunteers or non-contracted staff.

## Section 8: Child Death Overview Panel Report (CDOP)

LSCBs have a responsibility – through the establishment of a Child Death Overview Panel – for reviewing the deaths of **all** children in their area (whatever the cause of death). The aim is to determine whether the deaths were preventable and whether there are any lessons to be learnt or issues of concern. This section summarises developments in respect of the Medway CDOP.

The child death overview panel meets bimonthly to review the death of every child normally resident in Medway as per the guidance from Working Together 2010. Improved information sharing with the Child Death Review coordinator and appropriate membership of the panel has enabled the panel to review deaths within shorter timescales and there will be a minimal number of cases carried over to the next year for review. The CDOP reports formally to the Board on data gathered 1 April – 31 March. As of 1<sup>st</sup> February 2011, the panel has reviewed 14 cases with 4 outstanding which will be reviewed at the next meeting. There have been 9 deaths of children from Medway in 2010/11, 4 of which were unexpected. Summary data about child deaths are shared in annual reports to the MSCB.

The CDOP annual report 2009/10 was presented to the MSCB in July 2010 and progress on recommendations from that report is as follows:

- A multi agency campaign to raise the awareness of the risk factors associated with Sudden Infant Deaths is being launched in March 2011. This will be called “Safer Babies” and will focus on increasing professional knowledge about identifying risk factors as well as parental understanding about the steps they can take to lessen the likelihood of sudden infant death.
- Actions aimed at reducing infant mortality were incorporated into the Child Health Action Plan 2011/12
- CDOP will be reviewing how agencies engage, provide information and support to bereaved families in 2011-2012.
- Training was provided in August 2010 to enhance understanding and information sharing for those that may be involved in the Rapid Response and CDOP process. Another half-day training session will be held in 2011.

Formal recommendations will be made in the CDOP 2010/11 annual report from key issues identified during the current review year:

- Ensuring more robust mechanisms for information sharing about pregnancy and maternal risk factors between GPs, midwives and health visitors
- Developing non-attendance policies to ensure children with long-term conditions are not lost to follow up.

The practice guidance for responding to child deaths is currently under review and a separate work group will meet to discuss any changes that need to be made. The terms of reference for the Rapid Response team, the Child Death/Serious Case Review Screening Panel and the Child Death Overview Panel are also being reviewed.

## Section 9: Overall analysis of safeguarding in Medway

This section provides, as required by Working Together, an analysis of the effectiveness of safeguarding in Medway. LSCBs are still very much learning how to deepen their understanding of the quality and impact of safeguarding arrangements in their area, and this should improve over time – especially through developments such as the introduction of the strategic quality assurance framework. This section sets out those areas where further development, improvement and/or assurance is needed by Board partners, Children’s Trust Board partners and/or the MSCB itself.

### 1. Positive progress in a challenging context

- i. This annual report covers a period of significant challenge for all agencies with safeguarding children responsibilities. Mirroring the national picture, over the past two years there has been a significant increase in child protection activity in Medway. For example, the number of children becoming subject to a child protection plan has increased from 203 in 2008 to 288 in 2010; there has been a 29% increase in the number of children looked after. This increase in child protection activity has taken place during a time when Board partners have had to contend with the planning and implementation of significant budget reductions and, for NHS partners, major organisational change. These challenges have put considerable stress and pressure on managers and staff in partner agencies. The sheer hard work, commitment and determination of staff and managers in Medway partner agencies to keep children safe has been impressive.
- ii. Despite these challenges, the reports on existing Business Plan objectives and Board partner developments demonstrate important progress on a number of fronts. See Sections 3 and 4 for details. Some of these positive developments have been confirmed independently through inspection.

### 2. Messages from Inspections

#### 2.1 The Secure Sector

The MSCB has a particular responsibility to maintain an overview of the safeguarding of the young people in Medway Secure Training Centre and Cookham Wood Young Offenders Institution.

**Medway STC** had an announced inspection by Ofsted in February 2010. Ofsted’s overall quality rating for the STC was “good”, as was its rating for safeguarding. Key comments include:

- “The centre is continuing to find ways of ensuring that services have a lasting impact on positive outcomes for young people.”
- “Young people generally reported positive relationships with staff”.
- “The centre has reduced the use of restrictive physical intervention”.
- “Every aspect of practice is evaluated so as to adjust the delivery of services and improve outcomes for young people”.
- “Behaviour management continues to be addressed thoroughly”.
- “There continues to be a concerted effort by all at the centre to ensure the use of restricted physical intervention continues to decrease. This has resulted in a steady continued reduction in its use since January 2009”.

- “Comprehensive and successful strategies are employed to support all young people who are identified as being at risk of self-harm or bullying”.
- “Inspectors observed many instances of young people freely initiating appropriate physical contact with staff in the form of hugs. Interaction between young people and staff was relaxed, respectful and good humoured”.

This was followed by an unannounced inspection in September 2010 which was again extremely positive.

**Cookham Wood YOI** had an unannounced full inspection in September / October 2010. A previous inspection in February 2009 had highlighted significant concerns with regard to the safety of young people, and was assessed as performing poorly in respect of safety. In the 2010 inspection, improvements were found by the inspectors; for example, the level of assaults and fights remains high and this has received appropriate attention and is now gradually reducing. However, they noted that important aspects of child protection still needed attention; for example, the young people at risk of self harm are managed well but more needs to be done to address bullying which remains a serious problem. In the inspectors’ survey, 44% of young people said that they had felt unsafe at Cookham Wood which was significantly higher than the national comparator.

Both Medway STC and Cookham Wood YOI are active members of the MSCB. The Governors of both have impressed the MSCB with their commitment to continuous improvement and positive outcomes. Given the different starting points and current positions of the two organisations, Cookham Wood YOI will remain a particular focus for the MSCB.

## **2.2 Kent Probation**

An inspection of Kent Probation took place June 2010. Whilst noting areas of positive practice the inspection report concluded: “Overall, we consider this a disappointing set of findings – our scores indicate that sufficient quality of practice is not currently being achieved often enough.” Key comments included:

- “The Risk of Serious Harm (to others) screening was completed on time at the start of the order or licence but was incorrect in too many cases. This resulted in a full analysis not always being done when required”.
- “Management oversight of Risk of Harm to others was ineffective in too many cases and not provided in half of the cases involving child safeguarding. Where the case was eligible for Multi-agency Public Protection Arrangements the correct management level was allocated and referrals were timely”.
- “Few offenders were meaningfully involved in the development of their sentence plan”.
- “Multi-agency child safeguarding procedures were not always used effectively, with insufficient contributions by offender managers and other staff. On the other hand, the Multi-agency Public Protection Arrangements were used well”.
- “Staff reported high workloads and insufficient time to produce good quality assessments and plans”.

The inspection identified that Kent Probation had focussed its attention on achieving transition to trust status, on re-organising its internal structure to meet government requirements and on achieving its performance objectives. These were achieved, but at some cost in terms of quality. Kent Probation had recognised the quality issues before the inspection, and had started the process of refocusing onto quality and outcomes.

## 2.3 Medway Council Children's Services

The **Old Vicarage children's home** was fully inspected by Ofsted in May 2010, with an interim inspection looking specifically at Safeguarding in October 2010. The provision continues to be judged as "Outstanding", with the inspectors not making any recommendations or actions for improvement. The summary of the full inspection was that the home "provides a secure and safe environment for the young people, with staff who enable emotional containment. The home provides lots of opportunities within recreation, healthy lifestyles and preparing for adulthood. Positive outcomes are achieved for the young people". The summary from the interim inspection on safeguarding was that "The home ensures that the safety of the young people living there is given their full attention, and policies and procedures are in place which help support. The relationship between staff and young people is excellent and the home is very stable and this is reflected in the atmosphere in the house."

The **Aut Even centre** provides overnight respite care for children and young people with a diagnosed learning disability and associated sensory/physical disabilities. It was fully inspected by Ofsted in Aug 2010, with an interim inspection looking specifically at Staying Safe in February 2011. The provision continues to be judged as "Good", with the inspectors making one recommendation at the last inspection; to improve the complaints system to ensure it is in a format suitable for the young people who use the service. Of the six inspected themes, four are judged as "outstanding" and two as "good". The summary of the last inspection was that the home "provides a secure and safe environment for the young people, with staff who enable young people to try new experiences and achieve positive outcomes. An efficient manager and staff team ensures the delivery of high quality care to the young people who receive respite in this home".

**Children's Social Care** Service had an unannounced inspection from Ofsted in January 2011. Whilst marginally outside of the chronological remit of this report, it is worthy to include that this was a positive inspection, noting the following strength:

"Social workers are well supported by accessible managers. As a result there is high staff morale and a strong professional commitment to improving outcomes for vulnerable children and families. Furthermore caseloads have become more manageable due to an increase in the number of front line staff."

Areas where the service was evaluated as meeting the requirements of statutory guidance included the following:

- "Social work skills are developed through regular, good quality supervision and appraisal with access to a wide range of training opportunities which are highly valued by staff".
- "All child protection cases are allocated to suitably qualified and experienced social workers and where children are assessed as being at risk of harm appropriate and prompt action is taken".
- "Section 47 enquiries are thorough and carried out in a timely manner with risks clearly identified and appropriate action taken".

Four areas were identified as needing development including the quality of assessment and provision of services to meet cultural, religious and ethnic needs of children and families (an issue highlighted in the previous inspection), and the timeliness and quality of assessments.

## **Medway Schools (please also see section 4)**

33 Medway Schools were inspected by Ofsted between 1 January 2010 and 31 December 2010 - 1 special school; 4 secondary schools and 28 primary schools. 22 of the 33 schools inspected were judged overall to be “good” or “outstanding”.

In respect to their judgement regarding safeguarding, no schools were judged to be “inadequate, 11 were judged to be “satisfactory, 18 were judged to be “good” and 4 were judged to be “outstanding”

### **3. Continuous learning and improvement**

The complex nature of safeguarding work with its many and often uncontrollable risks means that individual organisations and strategic partnerships will always need to keep learning and improving. The MSCB and its partners recognise that there are areas where continuous development is required. These include:

#### **3.1 Developing an outcomes focus informed by the experience of children, parents and staff**

The earlier sections of this report highlight the important actions that Board partners have taken to improve safeguarding arrangements. The key issue, though, is whether these actions translate into improved outcomes for children and families: are children safer; are their lives and those of their family better as a result of the help received? At this stage it is too early to say. With the exception of Medway STC and Cookham Wood YOI, Board partners are at an early stage in measuring well-being outcomes for children and families. This would be typical of most LSCB areas. However, the most important thing is that they have started that journey. Work is still required by several Board partners to complete the “outcome objectives” started in 2010; once completed the impact of the help provided by services on outcomes should become clearer.

The quality assurance programme of the MSCB itself will also have an outcomes focus – see the Business Plan Objectives in Section 10.

#### **3.2 Domestic abuse, adult mental health and substance misuse**

The MSCB and Board partners need to maintain a focus on these three risk factors. With regard to **domestic abuse**, it is unfortunate that the planned review has not yet been completed as domestic abuse has such a massive impact on the safety and well-being of children. It is also unclear as to how well Medway is engaged with the Kent and Medway Domestic Abuse Strategy Group, and the Kent and Medway Domestic Abuse Strategy. It is hoped that the review will clarify this. Thus the MSCB will need to maintain a focus on the progress with this review and, in particular, whether it translates into concrete benefits for children and victims.

Part of the MSCB’s business planning approach has been to focus on one area in depth each year. For 2011/12 **parental mental health** will be the focus. In particular, the MSCB will be seeking more evidence-based assurance from KMPT that safeguarding arrangements are safe and effective. It is not clear from the KMPT progress report exactly what improvements have taken place over the past 12 months.

### 3.3 Antenatal and postnatal assessment and planning

The Biennial Analysis of Serious Case Reviews 2005-07 notes in respect of the 189 children subject to SCRs: "Almost half of the 189 children were under one year of age and a third were very young babies under 3 months. This repeats the finding of the last biennial analysis and reinforces the importance of the safeguarding role for health staff (especially midwives and health visitors). Progressive universalism offers a more targeted health visiting service to families assessed as having a higher level of need. But if this need is not identified in the antenatal period, or soon after, the children will not get access to this additional support and monitoring by health professionals".

Because of the importance of the antenatal and postnatal periods for safeguarding (highlighted by a recent serious case review in Kent), the Chair of the MSCB met with midwifery staff at Medway NHS Foundation Trust in April 2010. It was apparent from this visit that arrangements could be strengthened in terms of **midwifery services**. For example, staff reported that there were problems in midwives accessing information on the parents held by GPs, and concern about the quality of working relationships between midwives and GPs; that midwives did not see mothers in their home environments (unless a home birth) and therefore don't have an opportunity to pick up possible risk signs; that case loads were not adjusted to take account of the greater vulnerability of some cases.

The Medway NHS Foundation Trust responded positively and progress in some aspects has been made; for example, in respect of visits to the home. The Trust had as an objective in 2010 the improvement of pre-birth assessment and planning. Because of its significance for safeguarding the MSCB will be seeking evidence-based assurance from MFT on the quality and impact of antenatal assessment, planning and help in 2011.

With regard to **health visitor services** Medway Community Healthcare has 37.5 FTE band 6 health visitor posts, of which 7.5 are vacant i.e. 20%; however, the service has six student health visitors who qualify in September 2011. This works out to a ratio of 1 health visitor to 350 under fives. This does not include the skill mix posts of nursery nurses and registered nurses. There are, in addition, other health visitor roles: 4 FTE Family Nurse Partnership health visitors, 7.6 band 7 practice teachers (carrying reduced caseloads), and 2.2 FTE band 7 health visitors supporting young parents – approximately 100 families per caseload. Medway Community Healthcare will become the first NHS health care provider social enterprise in Kent and Medway, and only the second in the region, from April 2011. This development fits in well with the Service's piloting the strategic quality assurance framework.

A particularly positive development to note is the **Family Nurse Partnership Programme**. This has been operating in Medway since July 2009, providing a research based intensive parenting programme to teenage mothers and fathers. In her briefing to the Children's Trust Board in September 2010, the Head of Children's Services in Medway Community Healthcare reported that the service had recruited its full capacity of 112. This programme will be continuing and had government support (See also Early Intervention: The Next Steps - independent report of Graham Allen, January 2011). Both the Children's Trust Board and the MSCB will be keen to hear the safety and well-being outcomes that the programme is delivering in Medway. A further positive development is the **parenting commissioning strategy** that has been developed in Medway, which champions an evidence-based approach to parenting support, resulting in, for example, the commissioning of "Triple P" as the preferred course.

### 3.4 Making the system work well

All agencies have a responsibility to ensure that they make an effective contribution to the functioning of the child protection system. We know that some aspects of that system are not yet working well enough. For example, CAFs are being undertaken by too limited a range of organisations. A multi-agency review of child protection conferencing reported to the Board in January 2011 showed that:

- In the last quarter of 2010/11, only 17.3% of all reports were received within 24 hours of the case conference, against a target of 80% across all agencies (although 80% of social work reports were submitted within 24 hours).
- There is considerable variation in the provision of reports to case conferences by different agencies. Whilst Children's Social Care provided reports in 100% of cases in the first three quarters of 2010/11, the figure for the police varied between 5% and 9%, for schools between 33% and 47.5%, for GPs between 5% and 15% and for midwives between 8% and 42% per quarter.
- The lack of reports is accompanied by declining attendance by some agencies, for example the police; this will impact on the quality of information sharing and decision making. It also increases the number of inquorate conferences, again impacting on information sharing / decision making. In quarter 3 of 2010/11 only 76% of all conferences were quorate, compared with 86% in 2008/09.

### 3.5 Early intervention / integrated processes

It is positive that the Children's Trust Board will be focusing on the outcomes that the Common Assessment Framework (CAF) process is delivering. It is clear that some good work is already being done through the CAF process and this was picked up in the recent Ofsted unannounced inspection. However, it is of concern that completion of CAFs is so low in a number of Board partners where it has not been embedded – in particular, community health services, children's centres, housing providers, Connexions, Medway Foundation Trust and KMPT.

Along with the embedding of CAF, it will be particularly important for Board partners to ensure that the recently agreed **Inter-agency Threshold Criteria for Children in Need** are embedded and used appropriately across their services.

### 3.6 Quality Assurance

As described in Section 3, getting quality assurance right has been a priority for the Board. Ensuring the effectiveness of safeguarding arrangements in Medway is perhaps the Board's most important function. There are some positive examples of quality assurance activity, but it is an area which requires further development in a number of partner agencies and in the MSCB itself. For example, with the exception of the secure sector, the MSCB has not systematically received information from Board partners that would enable it to have a reasonable picture of the effectiveness of safeguarding activity in Board partner services.

Building up an accurate and comprehensive picture of the quality and impact of safeguarding help will take time for both the MSCB and individual partner agencies. However, there are now the arrangements to enable this to happen. It will be particularly important for the Quality Assurance Sub-Group to take a robust lead in embedding quality assurance arrangements.

During 2011 the Sub-Group will have a clear work plan and objectives which will include:

- i. Maintaining an overview of the quality assurance work of individual agencies; in particular, ensuring that each agency has a “safeguarding quality assurance timetable” comprising specific quality assurance exercises such as audits, which is implemented, and the learning shared and used as part of an improvement cycle.
- ii. Ensuring Board partners provide a core set of safeguarding information.
- iii. Ensuring the MSCB has a safeguarding quality assurance timetable which focuses on priority areas from a cross-agency perspective.
- iv. Monitoring the development of the strategic quality assurance framework in the three pilot areas.

### **3.7 Learning and Development**

It has not been possible to take forward the development of a Learning and Development Strategy as quickly as had been hoped. Moreover, the Sub-Group does not yet have a good enough overview of the extent and impact of safeguarding learning and development in individual Board partners. Thus the work plan for the Sub-Group in 2011-12 will focus on:

- i. Completion and implementation of the Learning and Development Strategy.
- ii. Monitoring and evaluation of safeguarding training within Board partners.
- iii. Completion of a framework for safeguarding practice reflection, then monitoring of its implementation and impact within Board partners.

### **3.8 Managing change safely**

The one thing that is certain over the coming year is the continuation of challenging change. Reductions in budgets for all partner agencies, restructuring of services (especially in the NHS), legislative changes (especially in health and education) and potential major change is the child protection system arising from the Munro report will all impact on the safeguarding of children – potentially for “good or ill”. The challenge will be how to maximise the “good” potential and minimise the “ill” potential.

### **3.9 Board Membership**

Board membership has been reviewed during 2010 and identified the need to recruit lay members (in line with the requirements of Working Together 2010) and, in a changing educational world, school representatives. The lay member roles have been advertised and interviews will take place in April 2011 and the MSCB is working with the 21<sup>st</sup> Century Schools group of the Children’s Trust to ensure that the school sector are appropriately represented in May 2011

## Section 10: Specific Objectives for 2011-12

Based on the previous sections and the analysis in Section 9, this section sets out the MSCB's specific objectives for 2011/12 within the context of its existing strategic aims. It also summarises the MSCB's expectations of Board partners for the year.

### 1. Completion of existing objectives

There are a number of objectives from the 2010-11 Business Plan that require further work to complete. These are:

- i. The review of domestic abuse: this review has been commissioned by Medway Council, and the MSCB will continue to monitor its completion and impact.
- ii. Completion of the Safeguarding Learning and Development Strategy.
- iii. Ensuring Board partners have fit-for-purpose supervision arrangements in place.
- iv. Taking forward the strategic quality assurance framework to shape the quality assurance work of the Board as a whole, and specifically in respect of the pilot developments in the secure sector and community health services. (This will include the capturing of the child / parent experience).
- v. Evaluation of the implementation of new threshold criteria.
- vi. Continued development of the picture of "safeguarding need" in Medway in conjunction with the Children's Trust Board and through the Joint Strategic Needs Assessment.

### 2. Strengthening business processes

- i. MSCB will improve its communication by providing concise information "postcards" containing key messages and information from Board meetings, to be circulated to staff in all Board partners.
- ii. MSCB will have a programme and clear time-table for its work. Each Sub-Group will have a work plan containing objectives arising from this Annual Report / Business Plan.

### 3. Strategic Aim 1

**To ensure the effectiveness of the work of local partners to safeguard and promote the welfare of children.**

#### Specific Objectives:

- i. To undertake a Deep-Dive review of the quality of analysis of risk and protective factors impacting on children and families; the quality of the care planning and help that follows and the outcomes achieved.
- ii. To evidence the impact of early preventive services in safeguarding children and appropriately diverting them from statutory provision.

#### **4. Strategic Aim 2**

**To ensure the co-ordination of local work to safeguard and promote the welfare of children**

Specific Objectives:

To promote, and seek assurance of, a continued focus on safeguarding by Board partners as they manage the changes resulting from public sector spending reductions and Government policy and legislation (especially in respect of health and education).

- i. To co-ordinate the partnership response to changes arising from the Munro review of child protection.
- ii. To seek assurance from the Children's Trust Board that there are arrangements in place to respond effectively to vulnerable adolescents. This would incorporate a "missed opportunities review".

#### **5. Strategic Aim 3**

**To promote the well-being of vulnerable groups of children**

Specific Objectives:

- i. To monitor safeguarding developments in Cookham Wood YOI.

### **MSCB expectations of Board partners in 2011**

To have in place:

1. Fit-for purpose safeguarding supervision arrangements
2. A safeguarding children quality assurance timetable, including planned audits with an outcomes focus and external inspections / reviews.
3. Effective use of the Inter-Agency Threshold Criteria for Children in Need.
4. As Children's Trust Board partners, effective use of the Common Assessment Framework.

## Appendix 1 MSCB membership

<u>SURNAME</u>	<u>FORENAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Barber	Pippa	Director of Clinical Performance and Executive Nurse	Medway Community Healthcare
Barnett	Alison	Director of Public Health	Medway Council/ NHS Medway
Clewes	Graham	Chief Executive	Medway Youth Trust
Collinson	Rose	Director, Childrens & Adults Services	Medway Council
Dabrowski	Trish	Strategic Lead for Children and Young People	South East Coast SHA
Fargher	Gillian	Named GP	NHS Medway Community Healthcare
Featherstone	Martin	Chief Executive	CVS
Goad	Stephanie	Assistant Director, Communications, Performance & Partnerships	Medway Council
Gulvin	Helen	Assistant Director, Children's Care	Medway Council
Gulvin	Keith	YOT Manager	Medway Council
Hurwitz	Liz	Service Manager	CAFCASS
Langford	Bridget	Assistant Director, NSPCC, South London & South East	NSPCC
Mortimore	Sally	Manager	MSCB
O'Reilly	Maurice	Assistant Chief Officer for Medway and North Kent	Kent Probation
Pritchard	Andy	Detective Chief Inspector	Kent Police
Saunders	Ben	Director	Medway Secure Training Centre
Shepherd	Maria	Detective Superintendent ( <b>Vice Chair</b> )	Kent Police
Sinclair	James	Director	KMPT
Smith	Claire	MSCB Administrator	MSCB
Smith-Laing	Dr Gray	Medical Director	Medway NHS Foundation Trust
Stathopulu	Eleni	Designated Doctor, Child Protection	Medway NHS Foundation Trust
Stephenson	Fiona	Head of Clinical Standards	NHS Medway Community Healthcare

<u>SURNAME</u>	<u>FORENAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Thomas	Emily	Governor, HMYOI Cookham Wood	HM Prison Services
Wicks	Cllr	Lead Member	Medway Council
Wildey	Cllr	Portfolio Holder, Children's Services	Medway Council
Worlock	David	Independent Chair <b>(Chair)</b>	MSCB

## Appendix 2 MSCB member attendance

AGENCY	26/01/2010	23/02/2010	30/03/2010	25/05/2010	16/07/2010	21/09/2010	05/11/2010	18/01/2011	15/03/2011
CAFCASS									
CVS									
HM Prison Services- Cookham Wood									
Medway Secure Training Centre									
Kent Police									
Kent Probation									
Medway Council - Children's & Adults Services									
Medway Council - Communications, Performance & Partnerships									
Medway Council - Children's Care									
Medway Council - YOT									
Medway Council - Portfolio Holder, Children's Services									
Medway Council - Portfolio Holder, Children's Social Care									
Public Health									
Kent and Medway NHS and Social Care Partnership Trust									
Medway Community Healthcare									
Medway NHS Foundation Trust									
GP's - Medway Community Healthcare	n/a	n/a	n/a	n/a	n/a	n/a			
SHA-South East Coast									
Medway Youth Trust	n/a	n/a	n/a	n/a	n/a	n/a			
NSPCC									

## **Appendix 3 MSCB Budget**

### **1. Agency contribution to pooled MSCB Budget 2010/11**

<b>Agency</b>	<b>Contribution (£)</b>
Medway Council (inc £39,000 Safeguarding Grant (Area Based Grant))	122,524
NHS Medway	30,000
Kent Police	14,000
Kent Probation	3,882
HMYOI Cookham Wood	3,000
Medway Secure Training Centre	2,152
CAFCASS	550
Roll forward from 2009/10	13,888
<b>Grand total</b>	<b>189,996</b>

### **2 Projected MSCB Expenditure (as at 24 March 2011)**

These figures are projected and estimated as the financial year closes on 31 March 2011.

<b>Costs</b>	<b>(£s)</b>
Staff (met in part through Safeguarding Grant)	111,291
Independent chair	15,600
SCR Costs (projected)	25,000
Training Events	2,500
Printing Stationery, Publications etc [Including Services Costs] Includes Safer Babies campaign publicity	5,000
Meetings costs (Includes hospitality)	1,317
NSPCC Training for Trainers accreditation	1,416
Lay member recruitment	550
Computer Expenses	500
Miscellaneous Office Expenses	360
Translation of Child Protection Conferences leaflets	1,317
<b>Total</b>	<b>164,851</b>