

CHILDREN'S CHAMPIONS BOARD

Wednesday, 11 March 2009

2.00 pm

Swale 1, Sessions House, County Hall, Maidstone





AGENDA

CHILDREN'S CHAMPIONS BOARD

Wednesday, 11 March 2009 at 2.00 pm
Swale 1, Sessions House, County Hall,
Maidstone

Ask for: **Theresa Grayell**
Telephone: **01622 694277**

Tea/Coffee will be available 15 minutes before the meeting.

Membership (8)

- Conservative (5): Mrs A D Allen (Chairman), Mr J Curwood, Mrs V J Dagger,
Dr T R Robinson and Mr J D Simmonds
- Labour (2): Mrs C Angell and Mr I T N Jones, DL
- Liberal Democrat (1): Mr M J Vye (Vice-Chairman)

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

A. BOARD BUSINESS

- A1 Substitutes
- A2 Declarations of Members' Interest relating to items on today's agenda
- A3 Minutes of the Board's Meetings held on 24 September 2008 and 3 December 2008, and of the first special meeting held on 12 February 2009 (Pages 1 - 36)
- A4 Chairman's Announcements

B. ITEMS FOR CONSIDERATION

- B1 Feedback from the special meeting on 12 February 2009, at which Phase 1 of the Safeguarding review was considered
- B2 Domestic Abuse - Initiatives to better protect children (presentation by Alison Gilmour, Kent and Medway Domestic Violence Co-ordinator) (Pages 37 - 54)
- B3 Discussion about how and when the Board should receive an Annual Report on Safeguarding

C. UPDATE ITEMS

Information papers on these issues will be sent to Members separately:-

NB – Update items are not for consideration at the meeting

- C1 Looked After Children and Child Protection Statistics
- C2 Children's Safeguards Unit Annual Report, Academic Year 2007/08

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services and Local Leadership
(01622) 694002

Tuesday, 3 March 2009

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

CHILDREN'S CHAMPIONS BOARD

MINUTES of a meeting of the Children's Champions Board held in the Swale 1, Sessions House, County Hall, Maidstone on Wednesday, 24 September 2008.

PRESENT: Mrs A D Allen (Chairman), Mr M J Vye (Vice-Chairman), Mr J Curwood, Mrs V J Dagger, Dr T R Robinson, Mr J D Simmonds and Mrs M Newell (Substitute for Mrs C Angell)

ALSO PRESENT: Mr L B Ridings

IN ATTENDANCE: Miss T A Grayell (Democratic Services Officer), Mrs K Lambourn (Policy & Performance Manager, Child Protection) Ms S Hammond, (Policy and Performance Officer, Safeguarding), Mr A Heather (Principal Educational Psychologist) and Mrs J Doherty (Policy Manager).

UNRESTRICTED ITEMS

12. Minutes of Board Meetings held on (a) 12 March 2008 and (b) 21 May 2008
(Item A3)

RESOLVED that the Minutes of the meeting held on 21 May 2008 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

The Minutes of the meeting held on 12 March 2008 are already signed and had been included for reference only.

13. Dates of Future Meetings
(Item A4)

The Board noted the dates of its future meetings, as follows:-

Wednesday, 11 March 2009 (Child Protection)
Wednesday, 20 May 2009 (Looked After Children)
Wednesday, 23 September 2009 (Child Protection)
Wednesday, 2 December 2009 (Looked After Children)

All meetings will start at 2.00 pm at County Hall.

14. Chairman's Announcements
(Item A5)

1. The Chairman welcomed the new Cabinet Member for Children, Families and Educational Achievement, Leyland Ridings, to his first meeting in his new role. She also welcomed Sarah Hammond, new Policy and Performance Officer for Safeguarding, who was observing, and Andy Heather, Principal Education Psychologist, who would be attending and reporting to the Board in place of John Mitchell.

2. She thanked Members of the Board who had attended the very successful meeting with young care leavers on 14 August. The event had been enjoyed and had a very positive outcome. The meeting notes were still awaiting comments from young people and would be sent when they were cleared. The next meeting would be in the October half-term week at Oakwood House, Maidstone and would be preceded by an evening meal. Marilyn Hodges, Director of Strategy Policy & Performance, had kindly offered to cover the cost of the event.

3. Later in the meeting it was announced that Kent had scored a 'Good' rating in its recent adoption inspection, and this news was welcomed by Members.

15. Child Trafficking

(Item B1 – Report by Director, Strategy, Policy & Performance)

(Teresa Gallagher, Team Manager, West Transitions Team, was in attendance for this item)

1. Ms Gallagher introduced the report and highlighted key facts about trafficking:-
 - (a) the absence of any quantity of research into the subject, with research started to be done only recently, in 2003/04. Some pilot work was being undertaken in London boroughs, eg., Harrow.
 - (b) the difficulty of defining "Trafficked" as opposed to smuggled or unaccompanied young people. This difficulty hinders research into the extent of the problem and also the ability to bring cases to court.
 - (c) Trafficking is not necessarily into the UK from abroad – young people can also be trafficked within and around the UK.

2. In debate, and in response to questions from Members, the following points were highlighted:-
 - (a) The UK was still very attractive to young people from abroad who still believe they can find easy prosperity here. Finding relatively low paid work with wages which are exploitative by UK standards still gives them more than they would earn at home and allows them to send some money back to their families. Many, however, become trapped in exploitative and abusive relationships, working for those who brought them into the country.
 - (b) The UASCYP team do not send a young person to live with a putative relative in the UK unless and until a detailed kinship assessment has been undertaken. This will look at the relative's ability and motivation to care for the young person and check that they have suitable accommodation for them. A kinship assessment is similar to that undertaken prior to a Foster placement. Members of the team will then attend a supervised visit of the young person to the relative before allowing them to be placed there.
 - (c) As trafficking is difficult to detect, Social Services rely on colleagues in other disciplines/professions to help pass on information, as well as the

public to report suspicious behaviour. To help with this, however, the public need to be able to identify signs of trafficking before being able to judge what is or is not suspicious. The public also need one central, well-publicised point of call to report suspicions, similar to the 'Childline' number.

- (d) The Contact Point processes scheme would help in identifying a child who may have been trafficked, as databases of information from different disciplines come together. Schools are a good first source of information (eg., to identify a child who suddenly stops attending and may have been moved on to another part of the UK). However, some children do not enter the education system at all.
3. From discussion, a number of ideas for possible work were put forward:-
- (a) KCC could produce a Pledge for Unaccompanied Asylum Seeker Children and Young People (UASCYP), similar to that produced for Looked After Children; and
 - (b) A public awareness campaign to raise public knowledge of the issue could also send the message to traffickers that we are watching them. School children could be asked to design posters and publicity material for the campaign, and an awareness week like Fostering Week or Adoption Week could also be helpful.
4. RESOLVED that:-
- (a) information set out in the report, and given in response to questions, be noted, with thanks;
 - (b) a report be presented to a future meeting of the Board to set out outcomes of the Harrow pilot work. To this meeting it would be useful to invite representatives from the Police and the Immigration Services, the latter to tell the Board about training given to Immigration Officers around the issue of trafficking;
 - (c) The Leader of the County Council be fully briefed on the issued of trafficking to give it a higher profile as part of the immigration issue; and
 - (d) The ideas for suggested future works set out in paragraph 3 above be developed.

16. Aiming High Pathfinder Program

(Item B2 – Report by Director, Children’s Social Services)

(Liz Totman, Head of Specialist Children’s Services was in attendance for this item)

1. Mrs Totman introduced the report and set out key points of the program and the way it operated. In discussion, and in response to questions, the following points were highlighted:-

- (a) Kent had done very well to win Pathfinder status for short-term breaks and was one of only 21 other local authorities to do so. Kent was well

placed to deliver this service and had a good reputation with the Department for Children, Schools and Families (DCSF) for innovative service delivery, and had one more than the basis funding to run the scheme.

- (b) Although there were localised initiatives and good provision around Kent, there had previously not been sufficient co-ordination and dedicated funding to build a project like Aiming High.
- (c) Aiming High will apply to Kent's own children as well as those placed in Kent by other local authorities. However, it could only apply to children with single, not multiple, disabilities.
- (d) The purpose of funding under the Aiming High Scheme was to add value and it could not be used to provide services which should already be provided – eg., to allow disabled children to join in with a school outing. Members expressed concern that funding was not ring-fenced but were advised that services provided under the Aiming High programme could be accessed using Direct Payments.
- (e) The short break service would link to and make use of Sports for Disabled Children. Members suggested adding cricket to the sports on offer.
- (f) Members suggested using the celebration of the UK's Olympic and Paralympic success to raise the profile of and advertise the Aiming High programme.
- (g) It was suggested that Aiming High could link to and feed into the work of the ASD Select Committee, in relation to the transition phase.

2. RESOLVED that:-

- (a) information set out in the report, and given in response to questions, be noted, with thanks;
- (b) regular future update reports on the development of the programme be made to the Board, suggested every 6 months; and
- (c) the ideas for suggested future work, set out in paragraphs in (e), (f) and (g) above, be developed.

CHILDREN'S CHAMPIONS BOARD

MINUTES of a meeting of the Children's Champions Board held in the Swale 1, Sessions House, County Hall, Maidstone on Wednesday, 3 December 2008.

PRESENT: Mrs A D Allen (Chairman), Mr M J Vye (Vice-Chairman), Mr A D Crowther (Substitute for Mr J Curwood), Mrs V J Dagger, Mr I T N Jones, DL and Dr T R Robinson

IN ATTENDANCE: Mrs K Weiss (Head Of Policy & Performance), Mr P Brightwell (Policy & Performance Manager - Looked After Children), Mr A Heather (Principal Educational Psychologist), Mrs S Morris (Head Of Strategic Planning & Review), Ms J Robson (Head of Language & Traveller Achievement Service), Mr J Reymond (Service Manager) and Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

17. Minutes of Board Meetings held on (a) 21 May and (b) 24 September 2008 *(Item A3)*

- (1) RESOLVED that, subject to Mrs J Doherty being added to the list of those in attendance, the Minutes of the meeting held on 24 September 2008 are correctly recorded and that they be signed by the Chairman.
- (2) The Minutes of the meeting held on 21 May 2008 had already been signed and were included for reference only.

18. Chairman's Announcements *(Item A4)*

The Chairman referred to the increase in interest in and concern about the County Council's Corporate Parenting role that had arisen from high profile media coverage of recent child protection cases. The practice of circulating statistics on the number of Looked After Children and children with Child Protection Plans (previously those on the "At Risk" Register), quarterly, to all Members of the County Council has been established for several years as part of the Board's regular work. These statistics are currently presented district by district but Members have recently asked that they be broken down into figures for each County Council electoral division.

19. The Future Inspection Framework for Children's Social Services, 2009 *(Item B1)*

(Sally Morris, Head of Strategic Planning and Review, was in attendance for this item)

- (1) Mrs Morris introduced the report and presented a series of slides (*which are appended to these Minutes*) setting out the key features of the new arrangements. In discussion, and in Mrs Morris's and Mrs Weiss's responses to questions asked by Members, the following points were highlighted:-

- (a) It had been expected that the new inspection arrangements would reduce the burden on children's services teams which inevitably came with inspections, but this reduction had not materialised;
- (b) Members expressed disappointment that the new arrangements might lead to inspection visits which were more numerous but which looked at issues in less depth. This would depend how the new 'annual fieldwork' feature was undertaken. Although the new system would tie up senior staff for a shorter time, this was still an interruption to the daily work of running a good children's social care service. In response to a question about the costs to the County Council of the inspection system, in terms of officers' time, Mrs Weiss said that the costs were extremely heavy and could not be recharged or recouped;
- (c) Members expressed concern that OFSTED had more inspection work to do but had suffered a 30% cut in resources. Mrs Weiss said she expected OFSTED to question how it would evaluate services in the future. The proposed Comprehensive Area Assessment (CAA) inspection regime now looked more likely to happen;
- (d) The size and diversity of a county like Kent could mask differing performance levels across regions. Officers had raised this concern with the Government, but expected that the advice given would be that a local authority's approach should match its area's geographic diversity; and
- (e) Members were concerned that the self evaluation process could fail to show up problems. For example, Haringey Council had assessed their services as "good" and been assessed in the JAR as good.

(2) Mr Brightwell pointed out that Kent's children's social services had scored very well in quality assurance assessments. As the Manager of the Independent Reviewing Officer (IRO) Service, he and his team were independent of the operations management team of Children's Social Services so could be challenging. He pointed out that a smaller local authority would not have the scope to organise these roles in this way.

(3) RESOLVED that the new arrangements for the inspection of Children's Social Services, and their impact on the service, be noted, with thanks.

20. Kent's Safeguarding Process - Oral update

(1) Mrs Weiss explained it had not been possible to supply the planned Kent Safeguarding Children Board (KSCB) Annual Report. The paper will not be signed off by the KSCB until the next meeting. Mrs Weiss gave an oral update on Safeguarding within the Children, Families and Education Directorate and responded to questions and comments from Members. She said that the Cabinet Member, Leyland Ridings, took an active role in safeguarding issues, having regular monthly briefings with Bill Anderson and Mrs Weiss, in which he asked searching questions.

(2) Members commented that the relationship between Paul Brightwell and the IRO service was good, but the external perception of this would be that the services, being in-house, were not sufficiently independent. The County Council should be aware of this perception and how the services would appear to the public.

(3) A Member stated that the County Council should ensure that channels of communication were as open as possible, from the bottom up. A case was cited of a non-Kent child in another authority, whom the Head Teacher had noticed was behaving in a disturbed fashion. Referrals to the local safeguarding service had been unsuccessful. It later transpired that the child's father had killed the child's mother. The Member asked what help a Head Teacher would receive in Kent. Mrs Weiss explained that, in Kent, the Head Teacher could have contacted the Education Safeguards Service run by Kel Arthur, Policy and Standards Manager, Education Safeguards, and they would have a supported discussion with Children's Social Services. Head Teachers are aware of Kel Arthur's Team, which has a good working relationship with them, with Kel's team being well thought of. Some Local Authorities do not have this sort of team/service.

(4) Mrs Weiss explained that there had been an increase in the number of children who are subject to Child Protection plans (previously those on the 'At Risk' Register) in the last 3 years. This correlates with the reduction in the number of Looked After Children.

(5) The largest number of cases are due to neglect and emotional abuse. All children who have a Child Protection plan have an allocated social worker, and all social workers have regular supervision. Performance in respect of the Performance Assessment Framework indicators is mostly very good. 99.8% of case conferences are held on time. Kent performs well compared to its statistical neighbours.

(6) Members asked if Kent could be sure that ALL its children were safeguarded, to which Mrs Weiss replied that it was not possible to give a 100% guarantee that there would never be a Child Protection incident. Some families may not be involved with social services. When families are known, social workers and managers work to manage risk as safely as possible and in the best interests of the child. When there is an incident, the KSCB will hold a Serious Case Review. The KSCB was previously chaired by the Managing Director of CFE, and recommendations for improvements are monitored.

(7) In response to a question about risk, Mrs Weiss replied that risk is managed in part by having competent staff. Children's Social Services have a recruitment and retention strategy in place, together with a programme of continuous professional development. Turnover and vacancy levels are lower in Kent than in many other local authorities, but it is necessary to take continual action to maintain staffing levels and Children's Social Care has vacancies it would like to fill. Kent uses mostly the County Council's own social workers and uses agency staff as little as possible. Members commented that cuts, when they are made, tend to remove back office staff, with the result that social workers have to do their own paperwork and case recording. This takes time away from their contact time with families.

(8) In response to a question from Members, Mrs Weiss explained that the Department for Children, Schools and Families had introduced the Integrated Children's Service (ICS), use of which is mandatory. This requires social workers to

input information and case notes directly to the ICS system, which is very time consuming and impacts on direct work with children and families.

(9) In response to a question about the number of court proceedings, Mrs Weiss explained that the Public Law Outline (PLO) had been introduced in April 2008. This requires various assessments and services to be completed before care proceedings are instigated, except in emergencies. There has been a reduction in the number of applications for care proceedings nationally. However, a reaction to the case of Baby P is that this pattern has now being reversed, at least in the short term. Children's Social Services is monitoring its court proceedings, however it is too early to comment on the impact of the PLO. Members commented that the County Council spends £2.7m per annum on case preparation, using external solicitors, and questioned if it would be cheaper to use the County Council's in-house solicitors.

(10) Regarding a question about the availability of placements to accommodate a child when they go into care, Mrs Weiss said that she was not aware of any case where a child needing to be Looked After was refused because no placement had been available. KCC would use an Independent Fostering Agency (IFA) when absolutely necessary.

(11) Members referred to the lobbying it had previously done to reduce the number of children placed in care in Kent by other local authorities. It's good that Kent, being a very large county, had the capacity to accommodate its own requirement for child placements. Members asked if it was possible to be given some figures for the number of placements available. Mrs Weiss commented that some local authorities had not developed in-house services as they preferred to place in Kent and possibly found it less expensive. Most of Kent's Looked After Children are fostered. Kent's fostering service is inspected yearly and scores well.

(12) Members acknowledged that the work that social workers undertook was sometimes harrowing and difficult to cope with. Mr Brightwell added that the Head Teacher at Wilmington School (referring to a recent case) had been very complimentary about the support received from Kent Children's Services.

(13) Responding to a question about the Educational Psychologist service and its role, Mr Heather said that the Educational Psychologist service was able to give a very rapid response to the incident at Wilmington School, and two psychologists were at the school earlier that morning. He had been able to keep up good communication links with them to monitor the situation. He explained that the educational psychologist service distinguished between "critical incidents" and "sad events". Critical incidents occur with more frequency than people would think; recent evidence suggests that there are some 23 to 25 of these a year. One of the key issues which need consideration by all those involved in these incidents is how to manage with accuracy and sensitivity the flow of information to the press and public. The service is concerned with supporting and helping school systems manage these types of difficult occasions. The service is also able to signpost additional involvement to support individual cases, where this is necessary, to other agencies such as the Child Adolescent Mental Health Service (CAMHS) and CRUSE.

(14) RESOLVED that the information given on the work of the Children's Social Services and Educational Psychologist teams, and the stringent auditing and monitoring systems which are applied, be noted, with thanks.

21. Education Provision for Unaccompanied Asylum Seeking Young People *(Item B2)*

(1) Ms Robson introduced the report and pointed out that the Unaccompanied Asylum Seeking Children and Young People (UASCYP) Service had achieved much since the last report to the Champions Board, but there was still more to do. It was important to be realistic about what was possible to best meet young people's needs.

(2) Mr Reymond highlighted the challenges around providing young asylum seekers with the education that would be most useful to them in adult life. Being accepted for, and embarking upon, vocational courses often required a young person to be able to read and write English to a higher standard than they could realistically achieve, and the school environment was not necessarily the most productive or appropriate for some young people. The service needed to achieve the right combination of life skills and language skills which would prepare young asylum seekers and give them maximum scope to benefit from any opportunity which was open to them. Even if they were ultimately repatriated to their country of origin, they would be as well prepared as possible during their time in Kent. The Learning and Skills Council (LSC) had supported a pilot of an independent living skills course to help with this preparation.

(3) In response to questions, Ms Robson, Mr Reymond and Mr Brightwell explained that:-

- (a) Unaccompanied Asylum Seeking Children and Young People and Looked After Children were able to access careers advice from the Connexions Service in the same way as could any other young person;
- (b) Although the Asylum Seeker Duty Team made thorough records of a young person's country of origin, language and circumstances of arrival, the immediate concern was to look after a lone young person who was confused, traumatised and malnourished after a long journey, and who had possibly also been abused. Their first need was for a thorough needs assessment. Any country experiencing war or crisis at any time would generate numbers of young unaccompanied asylum seekers, and Kent was inevitably in the front line as a destination for them as they crossed mainland Europe;
- (c) The recent Joint Area Review (JAR) had praised Kent's UASCYP Service and the work undertaken to protect and support young people;
- (d) Befriending or 'buddying' initiatives were important in supporting young asylum seekers, and a project by the National Association for the Care and Resettlement of Offenders (NACRO), being piloted as part of the Riverside Project in Gravesend should improve outcomes for young people. Evaluation of this pilot would help plan future work;
- (e) Members praised the difficult and emotional work undertaken by the UASCYP Team on a very restricted budget. The work of the team had no precedent to follow and had to try out initiatives and test what worked.

- (f) Unaccompanied Asylum Seeking Children and Young People following courses at Kent colleges were generally positive and well motivated and provided good role models for other young people. Once in the education/training system, they were able to access the same social networking and choices of career path as could others in their peer group, and in the same way; and
 - (g) Members expressed interest in, and asked about the possibility of, visiting the Appledore Centre to see the team's work at first hand.
- (4) RESOLVED that:-
- (a) the progress made in developing and extending the education provision for Unaccompanied Asylum Seeking Children and Young People be noted, with thanks; and
 - (b) the ongoing discussions with strategic partners to ensure better outcomes for this vulnerable group, and the commitment set out in Kent's Pledge to Looked After Children, be supported.

22. Future Work - discussion

- (1) At the conclusion of the meeting, Members reflected on issues covered in the meeting and had a brief discussion of the role the Board could play in future in engaging with and addressing the issues covered.
- (a) Members would need to identify what information to ask for, and examples of things which would be useful were:-
 - The percentage of cases checked/monitored by Mrs Weiss's team;
 - A tracking report on the number of cases (including those of Looked After Children) currently being investigated.
 - (b) Members also asked to see the full report on the Haringey case as soon as it was available;
 - (c) Members could also invite the Cabinet Member to address a future meeting on his role in the Children's Care Council.
- (2) The County Council's Corporate Parenting role, together with the Board's revised Terms of Reference, would also be discussed by the full Council on 11 December 2008.



Kent Children's Trust

Inspection of Children's Services – The future



Sally Morris
Head of Strategic Planning &
Review



Themes of the new framework

- Partnership working
- Monitoring on the basis of outcomes
- Consultation and involvement of children, young people and parent in decisions
- Targeted activity with the most vulnerable groups
- Evidence based activity e.g. needs assessment



Comprehensive Area Assessment

- Taking the Local Area Agreement (LAA) as its starting point
- Two main elements:
 - 1) Area Assessment
 - 2) Organisational Assessment



CAA continued

AREA ASSESSMENT

- Across all areas of activity e.g. health economic prospects, community safety how well public services delivering.
- Red flags for area of concern and green flags for outstanding performance
- Focus on the partnership working i.e. Kent partnership as a whole



CAA continued

ORGANISATIONAL ASSESSMENT

- Use of resources
- Managing performance
- Both element scored and combined to provide overall assessment:
1 = Performing poorly
2 = Performing adequately
3 = Performing well
4 = Performance excellent



CAA for children's services

- Self evaluation each year
- Annual Performance profile
 - outcomes of inspected services
 - ECM indicators from the national set
 - direction of travel statement based on benchmarked performance
 - feedback from other monitoring e.g. GOSE
 - other evidence e.g. processes, needs assessment
- Annual fieldwork on safeguarding
(3 yearly inspection of safeguarding/LAC)



Safeguarding/LAC

ANNUAL FIELDWORK

- Visiting a sample duty teams looking at threshold referrals and assessment
- No notice

3 YEARLY INSPECTION

- Self evaluation
- Involves case tracking, meeting with C&YP, IRO service
- Involving service managers
- 4 weeks notice



CAA for children's services

- This process will provide an annual performance rating for Children's Services against 5 ECM areas
- Poor performance in annual safeguarding fieldwork will trigger full inspection early

KENT COUNTY COUNCIL

CHILDREN'S CHAMPIONS BOARD

MINUTES of a meeting of the Children's Champions Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 12 February 2009.

PRESENT: Mrs A D Allen (Chairman), Mr M J Vye (Vice-Chairman), Mrs C Angell, Mr J Curwood, Mrs V J Dagger, Mr I T N Jones, DL, Dr T R Robinson and Mr J D Simmonds

ALSO PRESENT: Mr P B Carter, Mr L Christie, Ms C J Cribbon, Mr A D Crowther, Mr D S Daley, Mrs T Dean, Dr M R Eddy, Mr M J Harrison, Mr P M Hill, OBE, Mr D A Hirst, Mrs S V Hohler, Mr A J King, MBE, Mr S J G Koowaree, Mr P W A Lake, Mrs J Law, Mr T A Maddison, Mrs M Newell, Mr W V Newman, DL, Mr M J Northey, Mr G Rowe, Ms B J Simpson, Mrs P A V Stockell, Mr R Tolputt and Mr F Wood-Brignall

IN ATTENDANCE: Mr M Ayre (Senior Policy Manager), Mr P Thomason (Independent Child Protection Consultant), Dr I Craig (Interim Joint Managing Director, CFE), Mr K Abbott (Interim Joint Managing Directors, CFE), Mr B Anderson (Director Children's Social Services), Miss T Grayell (Democratic Services Officer) and Miss J Purvis (Improvement & Engagement Officer)

UNRESTRICTED ITEMS**23. Chairman's Announcements**

(Item A3)

(1) The Chairman welcomed all those Members who had attended in response to the Board's invitation and thanked them for taking the time to discuss this vitally important issue.

(2) She explained that the report was Phase 1 of three phases of a major review of Children's Safeguarding issues commissioned by the County Council.

24. Protecting Children in Kent

(Item B1)

(1) Mr Ayre and Mr Thomason introduced the report and presented a series of slides (*which are appended to these Minutes*) setting out the key findings of Phase 1 of the review. With Dr Craig and Mr Anderson, they answered a number of factual questions from Members about the findings of the review and its recommendations, and responded to Members' concerns. Mr Ayre emphasised that the Board was not required to agree the recommendations at today's meeting. There was general cross-party support for the robust and thorough report that had been produced, and Members added their thanks and congratulations to the review team.

- (2) In discussion, and in officers' responses to questions put by Members, the following points were highlighted:-
- (a) Questions asked of Children's Social Work teams had been based on the issues covered by the Haringey Joint Area Review (JAR). Questionnaires had been sent to 52 members of staff, with 34 responses having been received - a response rate of 65%. Staff chosen to receive the questionnaires were Team Leaders, District Managers and Heads of Service;
 - (b) Findings arising from the questionnaire had confirmed information identified in the Haringey JAR. Key issues were staff shortage and increased case loads, delays in giving written acknowledgement of referrals and allocating cases, leaving Managers holding cases. However, Mr Thomason and Mr Ayre emphasised that they had found professionalism, compassion and much excellent practice in the work of social work teams, including the following:-
 - (i) Most children in care had an allocated social worker;
 - (ii) An initial meeting with a child always happened within the prescribed time span;
 - (iii) No child with a child protection plan (CPP) was without an allocated social worker;
 - (iv) Case files were very comprehensive; and
 - (v) There was much good practice in multi-agency working
 - (c) Findings presented in the slides had been identified by looking at five serious case reviews (SCRs) of very complex cases and 14 cases from the ICS. At the end of December 2008, there had been some 1052 CPP cases in Kent;
 - (d) Case loads changed frequently and it was not possible to identify an ideal case load size. Even for some experienced social workers, two child protection cases going on at once could be too much to handle. Child protection cases were allocated to a team manager before being allocated to a social worker, but team managers would not normally hold such cases. The Haringey JAR had highlighted case load size as an issue and Kent's review had found that case load monitoring and management was done very well;
 - (e) The Integrated Children's System (ICS) was a problem shared by many other local authorities, and Directors of Children's Services in the South East and London Boroughs were working together to lobby the Secretary of State to delay further development of it until some consolidation of the system could be done. A task force had been set up by the Secretary of State to look into this;
 - (f) Potential benefits of the ICS included freeing up qualified social workers from time spent inputting information, but dis-benefits included administrative staff having to put on hold other admin work to do the inputting. Change to the inputting regime would need to be both managed and gradual. The Cabinet Member reported having found out that social work staff spent 20% of their time inputting information on the ICS;

- (g) The ISC had been intended as a work aid, and staff had tried very hard to make it work. However, some fundamental problems, such as an incompatibility between the court proceedings data base and the ICS, had been identified. The ICS had been developed rapidly while funding was available. It was not possible to scrap the system but it would need to be consolidated and progress made very carefully. Three relatively minor problems areas - the nature of the forms, hardware and software - when added together made a major problem. When the system worked it worked very well, but the problems still persisted. Many staff responding to the questionnaire felt that case recording had become more difficult and time consuming since the introduction of the ICS. The review had identified the quality of file recording as very good;
- (h) The appointment of the Area Consultant Practitioner (ACP) post in recommendation 4 would cost some £60-70,000 per year, per children's social services area, of which there were three - East, Mid and West Kent;
- (i) Recommendation 5 proposed a Senior Consultant Practitioner (SCP) /Head of Profession post reporting to the Chief Executive rather than to the Managing Director of CFE, as social work professionals were not just employed in Children's Social Services but in Adult Social Services, drugs teams and others. This was intended to support the key professional role of social workers and had been welcomed by the Head of Children's Services;
- (j) The practice audit proposed in Recommendation 6 was intended to demonstrate to the public that Kent had a systematic way to police its own work, and should increase public confidence;
- (k) Vacancy rates in social work teams were volatile and changed often from district to district in Kent and varied over time between local authorities. Only one district in Kent had a 24% vacancy rate. Nationally, one in 17 social work posts was currently vacant. Vacancy rates were calculated by using a formula (*the number of vacancies in qualified social work posts in full-time equivalent form in the funded establishment, expressed as a percentage of the total number of posts*), although the definition of what constituted a vacancy changed over time. An increase in the vacancy rate in Kent had been steady and was not dramatic;
- (l) The additional £1.5m allocated to Kent from the Government would be spent on supporting and resourcing social work posts to reflect the increase in demand caused by an increase in CPP cases. The total fund allocated would cover and support 40 social work posts;
- (m) Courses offered by universities needed to train and equip new social workers fully for the realities of social work. Newly-qualified social workers had a protected case load for their first year and extra training, ensuring that they were armed with practical knowledge to be able to identify physical symptoms of abuse and how deal with them;

- (n) Phase 2 of the review would be concerned with partnership working, and the review team had recently met with the Kent Safeguarding Children Board (KSCB) to discuss the approach to be taken;
 - (o) Long term neglect was as damaging to a child as physical abuse, and was a very difficult issue to work with. Social workers needed objective, expert supervision to avoid becoming numbed to the effects of neglect cases. Sadly, there were some neglect cases being reviewed by the KSCB, and the outcome of these cases was never predictable. Haringey JAR had said that local authorities needed to be more robust in conducting SCR, although the quality of Kent's SCR process had been identified as good;
 - (p) When a CP case file was to be closed, this would not a decision just for social services but would be subject to multi-agency discussion, and any ongoing monitoring of the child's case, once closed, would be shared between agencies. The decision in 2007 to cut admin staff was being reviewed in the light of the ongoing problems experienced with the ICS;
 - (q) A Member who served on an adoption panel pointed out that some 98% of case coming to adoption panels involved drugs and alcohol issues, yet the Kent Drug and Alcohol Action Team (KDAAT) was not referred to in adoption papers. The KSCB was soon to look at improving links between agencies and would address this issue;
 - (r) Mr Ayre confirmed that the legal responsibility for the County Council's child protection function rested with the "Director of Children's Services" (in Kent, the Managing Director of CFE) and "The Lead Member for Children's Services" (in Kent, The Cabinet Member) and the Chief Executive;
 - (s) Lessons learnt in the review of child safeguarding could be used in the safeguarding of adults. Work by the University of Kent at Canterbury and Kent Adult Social Services had identified that adult protection, although not a statutory function, carried the same risks and shared some of the same issues as child protection; and
 - (t) Mr Abbott reassured Members that savings identified in this year's budget from vacancy management did not include keeping unfilled any social work or social work support staff posts.
- (3) In discussion, Members expressed the following concerns *(listed in order of the recommendations they relate to)*:-
- (a) Recommendation 1: Members were concerned about the size of the sample which had been used for the review. What was needed was a complete audit of all cases.
 - (b) Recommendations 2 and 3: Members expressed disappointment at the persistent and ongoing problems experienced with the Government imposed ICS system, despite much effort from officers to make the system work.
 - (c) Recommendation 4: Members asked to be given evidential proof of the effectiveness of the proposed Area Consultant Practitioner post.

- (d) Recommendation 5: Members expressed concern about the Senior Consultant Practitioner/Head of Profession post reporting direct to the Chief Executive. This post should report direct to the Managing Director of CFE, as the proposed arrangement would undermine the role of the Managing Director of CFE, which had been dictated by the report which followed the Climbié investigation.
- (e) Recommendation 7: The new Managing Director of CFE would need to have the opportunity to give a view on this recommendation and the discussions with the universities.
- (f) The Board would need to meet in private later to explore the issue and question the Cabinet Member more closely.
- (g) Members expressed concern about the independence of the review team and the fact that no non-social services person was involved. Mr Ayre explained that the team had been chosen to be independent of the line management of both CFE and Children's Social Services.

(4) Mr Carter congratulated the review team on a clear and concise report and said Kent should not let anything get in the way of reaching a conclusion. The new Managing Director of CFE has been appointed today and would be key to taking forward the issues raised in the review report. Mr Carter said he particularly supported recommendation 4 of the review report, which would provide a champion for the professional development needs of social work staff across all disciplines. He stated his intention to make a report to Cabinet to take forward the recommendations in the report.

(5) The Cabinet Member, Mr Ridings, also congratulated and thanked the review team for the report, which, he said, was rational, objective and professional. He hoped that all Members would be able to support it. He confirmed that the Directors of Children's Services and Kent Adult Social Services and the Cabinet Members for Adults and Children would meet to discuss how best to co-ordinate adult and child protection issues.

(6) In conclusion, Members expressed a need for more information on some issues and be able to come to a formal view before submitting a report to Cabinet, and asked that their comments, reservations and concerns be fully reported in the Minutes of the meeting, which would be sent to Cabinet. There was still much work to do before the Board could report to Cabinet with any recommendations.

(7) RESOLVED that:-

- (a) the report be noted and welcomed, and the review team be and thanked for it;
- (b) the Minutes of this meeting, setting out the comments, reservations and concerns set out in paragraph (3) above, be considered at the Board's next regular meeting on 11 March 2009, and the information requested during discussion be made available for that meeting;

- (c) Phase 2 of the review go ahead in the meantime; and
- (d) the Board submit its views to the Cabinet at a future date when it had been able to see more information requested and assess the outcomes of Phase 2 of the review.

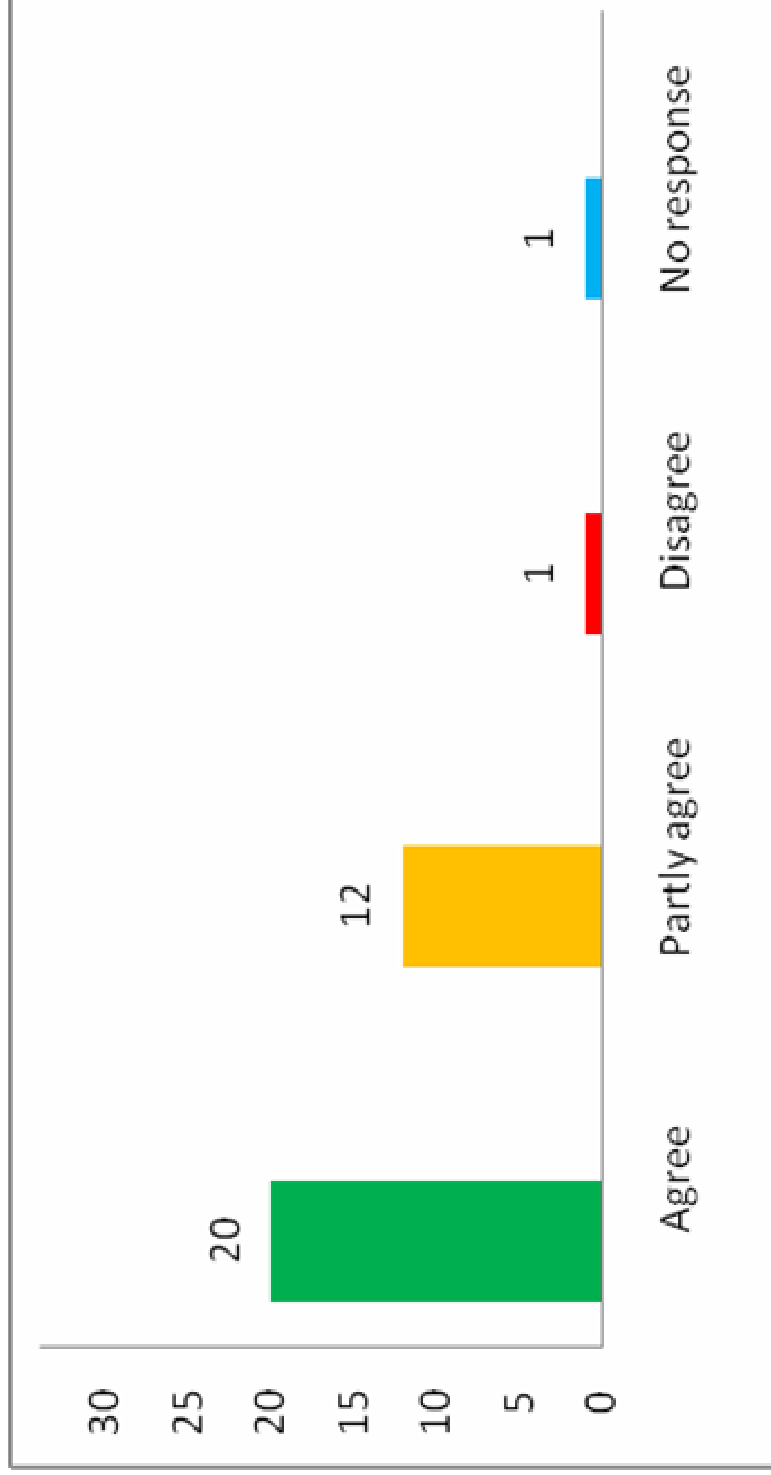
PROTECTING CHILDREN IN KENT

Martyn Ayre, Review Lead
Peter Thomason, Independent
Consultant
Joanne Purvis, Review
Assistant

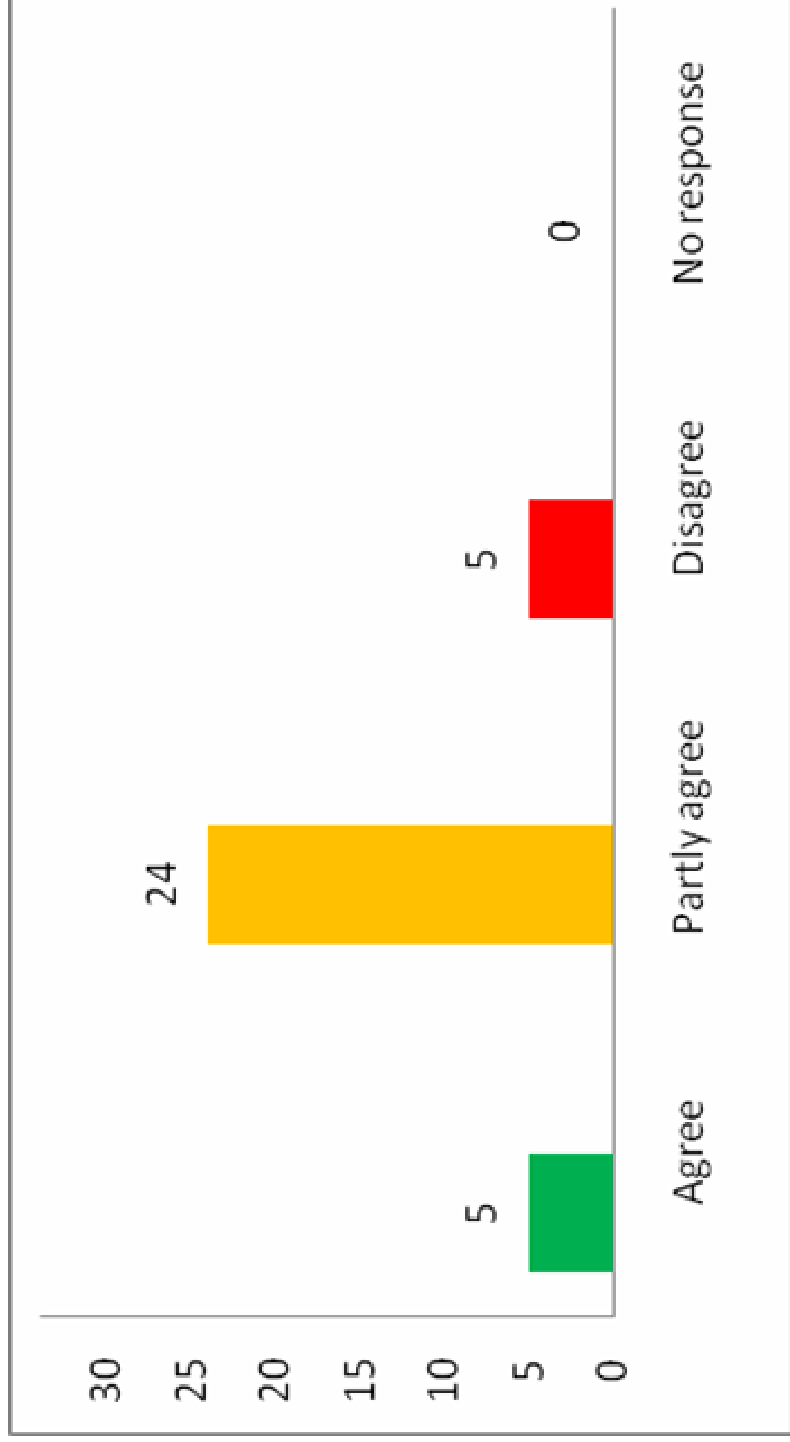
Key Findings

- Evidence of sound professional practice and supervision
- Evidence of CSS learning lessons from Serious Case Reviews
- Evidence of compliance with the intention, if not always the letter, of Climbie Inquiry

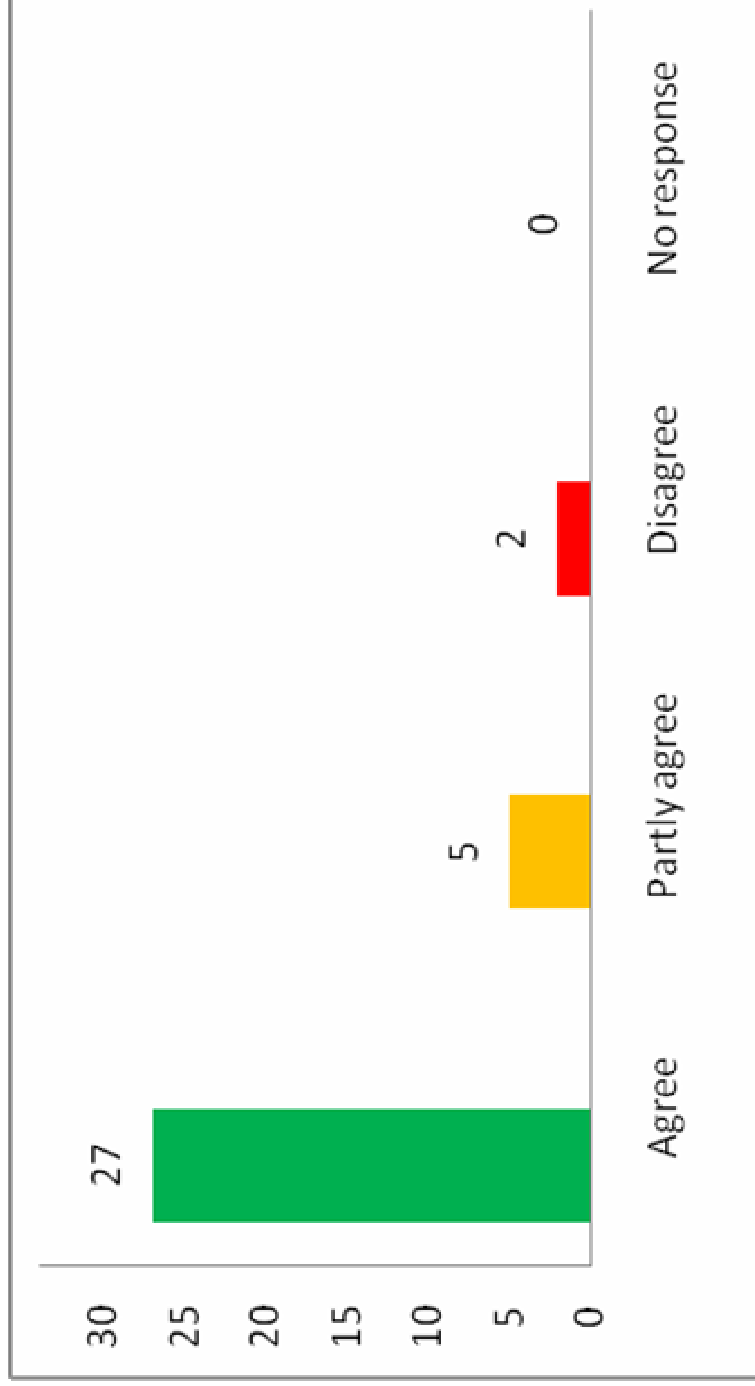
Key Findings: Is the overall quality of assessment and care planning satisfactory? [Para 21]



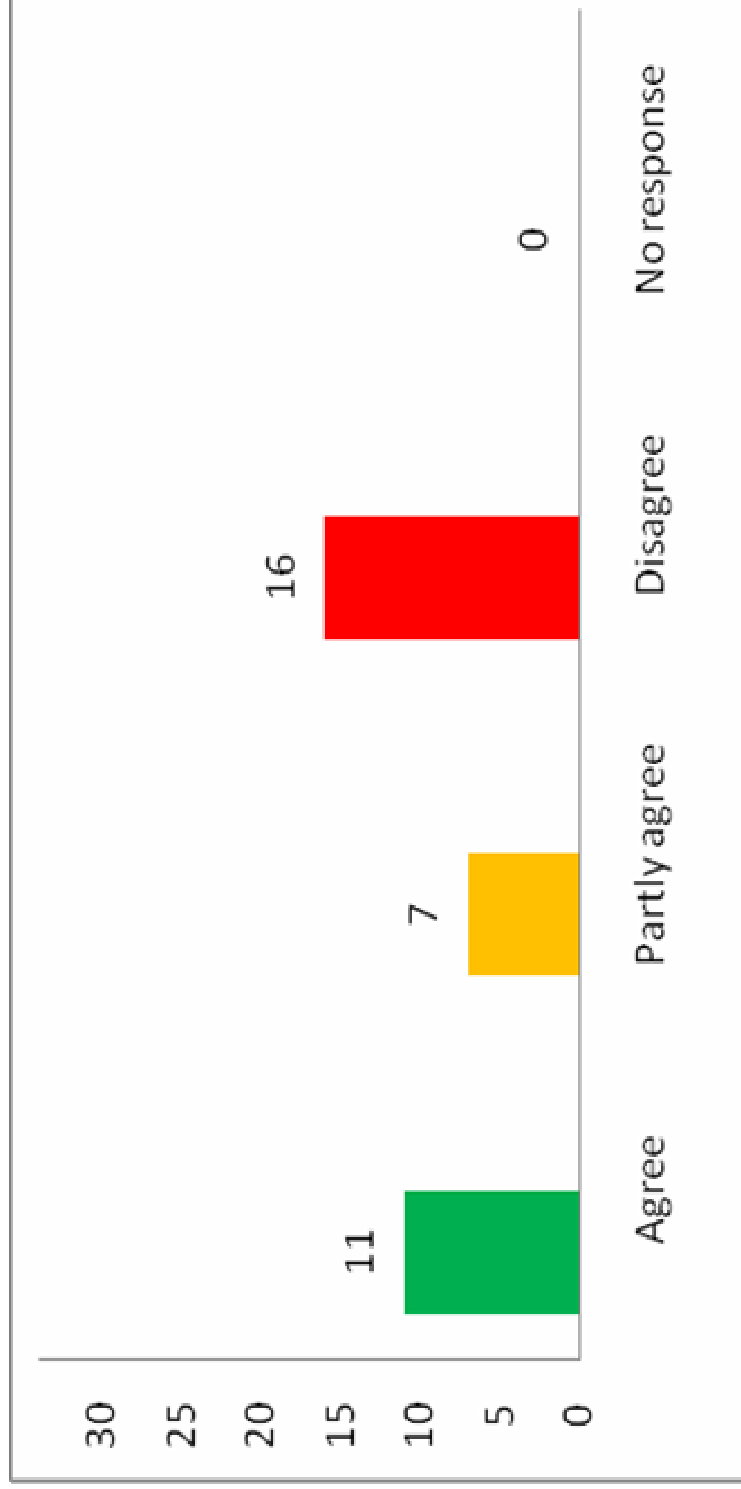
Key Findings: Is case file recording adequate? [Para 16]



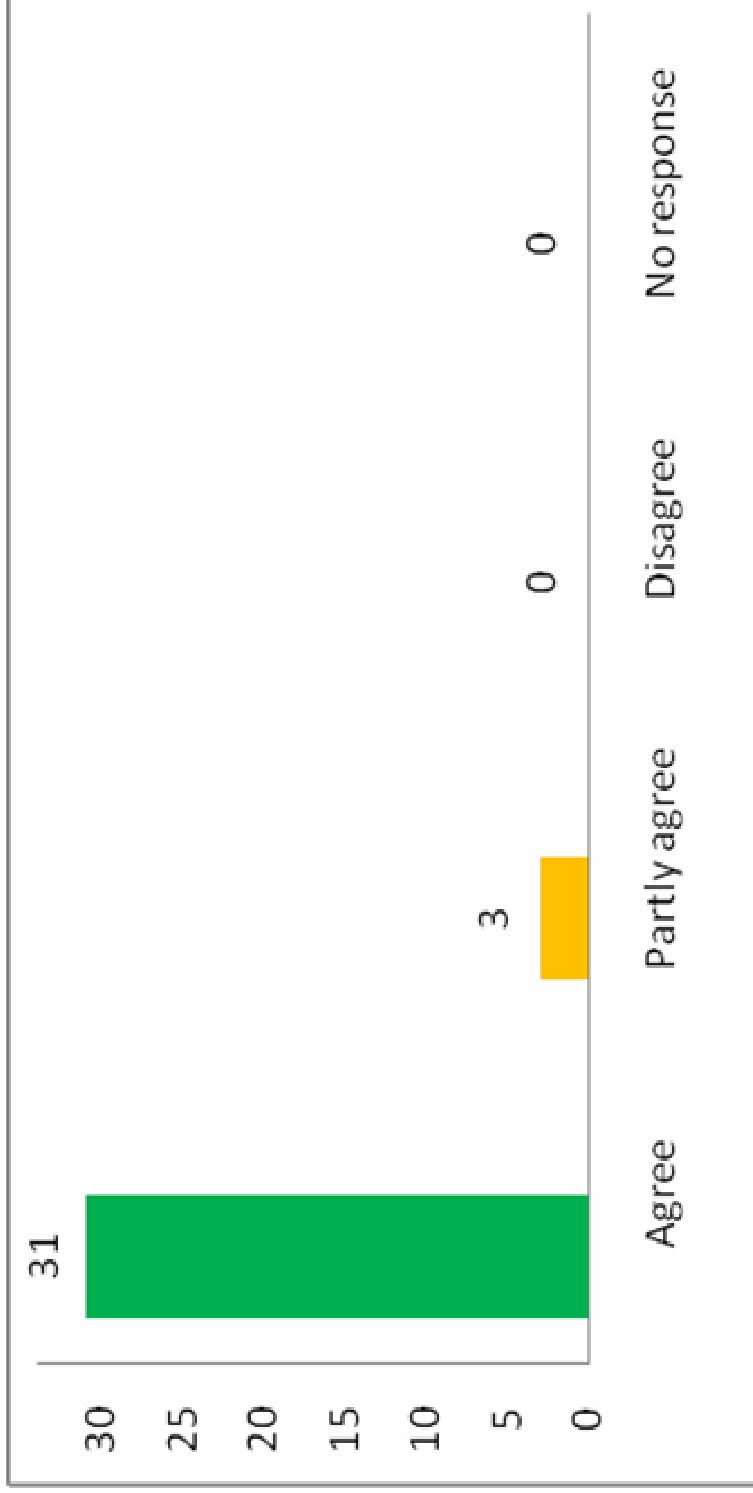
Key Findings: Are all children's social care cases allocated to a qualified social worker? [Para 15]



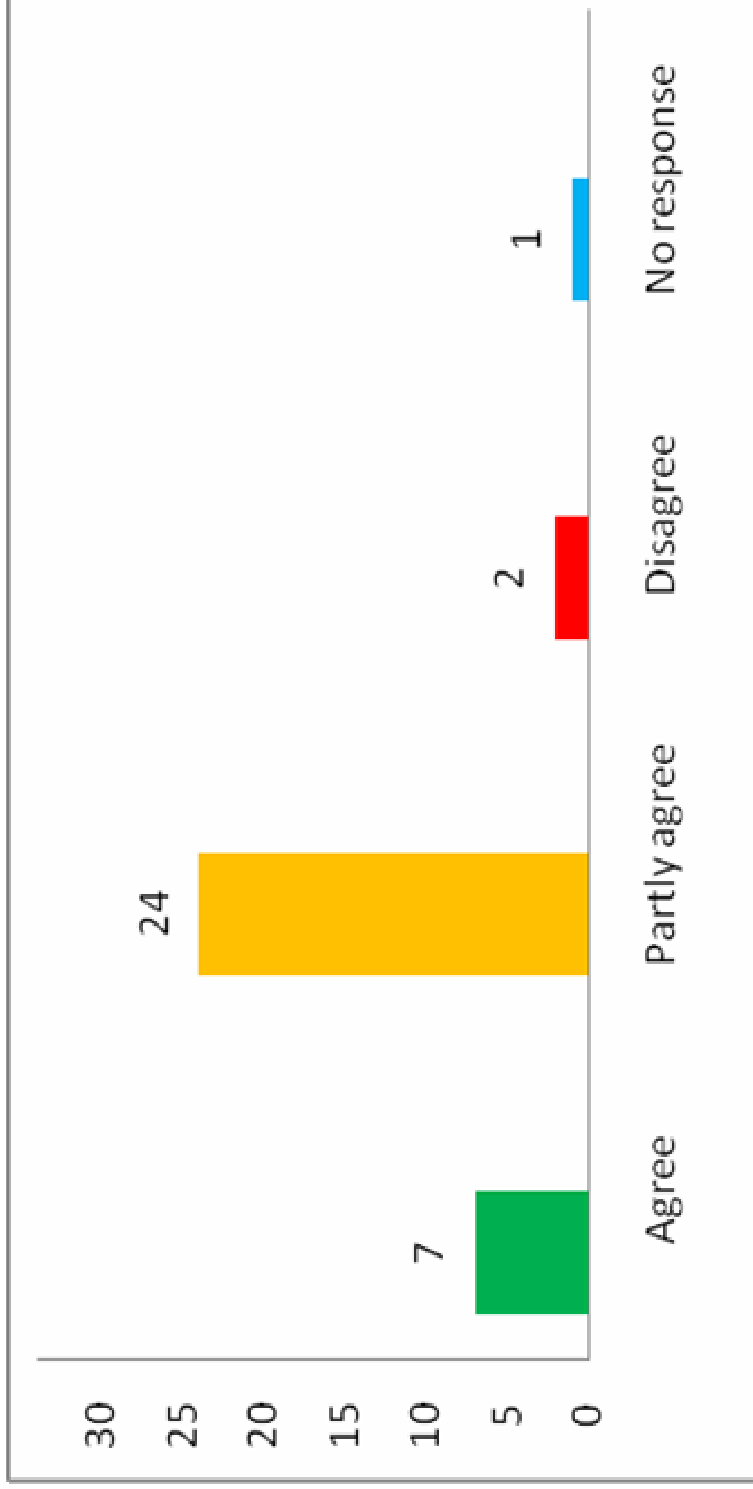
Key Findings: Is the requirement being met that team managers do not have cases allocated to them pending allocation to social workers? [Para 15]



Key Findings: Is it clear what needs to be done and by whom in child protection plans in order to reduce identified risk? [Para 30.2]



Key Findings: Do case files show sufficient evidence of management oversight and decision-making? [Para 47]



Key Findings

- Evidence of sound professional practice and supervision
- Evidence of CSS learning lessons from Serious Case Reviews
- Evidence of compliance with the intention, if not always the letter, of Climbie Inquiry

Recommendations

- Extend the case-audit to a larger sample of case files
- Expedite the work to rationalise, simplify and streamline the use of ICS exemplars and stabilise recording practices
- Allow staff other than social workers (ie administrative and support staff) to enter data onto ICS

Recommendations

- Strengthen professional supervision through the role of senior practitioners and by re-instating Area Consultant Practitioner posts
- Establish a senior consultant practitioner post, in a corporate 'head of profession' advisory role, reporting directly to the Chief Executive
- Introduce an annual programme of practice audits with results reported to Members
- Develop with Kent Universities improved pre- and post-qualifying training specifically on child protection social work

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By: Marisa White, Head of Extended Services
To: Children's Champions Board, 11 March 2009
Subject: Domestic Abuse – Initiatives to Better Protect Children
Classification: Unrestricted

Summary: Presentation by Alison Gilmour, Kent and Medway Domestic Violence Co-ordinator

1. The session will focus on development of the Multi Agency Risk Assessment Conference initiative that is being rolled out across the county following a successful pilot in the Maidstone area. The presentation will also highlight other initiatives to raise awareness and support children who may be vulnerable due to domestic violence within the home.

2. The following documents give Members an overview of work going on to address the needs of children and young people affected by domestic abuse:

- An outline of the work of the Kent and Medway Domestic Violence Group;
- An 'toolkit' for the Multi-Agency Risk Assessment Conferences (MARAC), including an example of risk indicator and referral paperwork;
- A Vision for Services for Children and Young People affected by Domestic Violence; and
- An example of good practice from Dover of the services available to victims of domestic abuse.

Recommendation:

Members are asked to NOTE the content of the attached documents and the presentation.

Kel Arthur, Safeguarding Policy & Standards Manager
01622 605721

e-mail address: kel.arthur@kent.gov.uk

Background Documents: none

Other Useful Information:

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1 Kent and Medway Domestic Violence Group

1.1 Aims and Principles of Kent and Medway Domestic Violence Strategy Group (KMDVSG):

- To set out a vision within the Kent and Medway Domestic Violence Strategy Group's (KMDVSG) Strategy for effectively addressing the issue of domestic violence in the county and detail the steps that will be taken to achieve this within individual agencies as well as on a multi-agency basis.
- To identify and prioritise current gaps in service delivery as well as promoting and embedding current effective initiatives that have already been put in place.
- To encourage all agencies and partnerships to work towards providing the highest standards in the provision of services relating to domestic violence.
- Maximise the utilisation of existing resources and, where possible, seek to draw upon additional resources, to improve services further.
- To emphasise the continuing need to strengthen services that assist survivors of domestic violence throughout the county.
- To develop short-term and long-term preventative initiatives.
- To collate and distribute relevant information on best practice, new developments, policies, legislation, events and reports.

1.2 Key Responsibilities of the Kent and Medway Domestic Violence Co-ordinator:

- Managing the implementation of the KMDVSG Strategy;
- Project management of initiatives;
- Research and dissemination of best practice (following best value principles);
- Negotiation with partners on the development of domestic violence targets, action plans and services;
- Production of good practice protocols and terms reference for partnerships and/or agencies;
- Encouraging, supporting and facilitating partnership working across all agencies;
- To act in a consultancy capacity for all agencies in Kent and Medway.

1.3 Kent and Medway Multi-Agency Strategy: An Integrated and Proactive Response to Domestic Violence 2007 – 2010

- The KMDVSG is responsible for the implementation of the strategy over a period of three years, with regular reviews to track progress towards the goals detailed within the strategy's Delivery Plan.
- The strategy and delivery plan will be made available to all other agencies and partnerships on request.

2 KMDVSG Selected Project Summary Information

2.1 Domestic Violence Safe School Project:

- Dedicated staff to deliver school staff training, as well as preventative and support work to children.
- Good Practice Protocols for Kent and Medway covering the delivery of domestic abuse work in school and community settings finalised in July 08.

F/T post in Thanet; P/T posts in Shepway and Dover; Recruiting in Dartford & Gravesham by March 09; Funding being sought in Ashford.

2.2 Children's Services:

- To ensure children who have experienced or witnessed domestic abuse have access to appropriate services.

From research areas of development to include:

- Preventative work in schools.
- Individual children's counselling.
- Therapeutic group work; play therapists.
- Play workers in refuges.
- Activity/diversionary workers.

2.3 Multi-Agency Risk Assessment Conferences (MARACs):

- Targets highest risk domestic violence victims.
- Kent LAA Indicator NI32
- MARACs have commenced in Medway, Maidstone and Swale areas.
- Training events organised in Jan and Feb 09 for East Kent, West Kent, South Kent and North Kent areas in preparation of MARACs commencing in those areas by April 09.

At MARAC agencies will have shared information and be asked to commit resources to those victims and families assessed at highest risk of future serious abuse/ danger.

2.4 Community/Court Independent Domestic Violence Advisors (IDVAs):

- Wrap around services for victims and their families, based either at court and/or in the community.
- IDVA services currently cover Shepway, Swale, Dover, Canterbury Maidstone, Medway, Tonbridge & Malling and Thanet.
- 10.5 posts across Kent and Medway, 4.5 under immediately risk of being lost due to lack of funds.

According to our population and domestic abuse incident statistics we should have 22 posts IDVA posts across Kent and Medway.

2.5 Specialist Domestic Violence Courts (SDVCs):

- Integrated criminal justice system response to DV.
- SDVC (+ IDVA) at Maidstone Court which commenced in April 2007 was accredited by Home Office in April 2008.

Next 2 SDVCs have been identified. In East Kent area, Canterbury Magistrates Court will be developed and in North Kent area, Chatham Magistrates Court.

2.6 Community Domestic Abuse Perpetrator Programme (CDAP)

- Voluntary programme for men not involved in criminal justice system. Prioritises safety of families with Women's Safety Worker key member of team.
- 2 programmes currently in operation South Kent (Dover, Shepway) and West Kent (Sevenoaks, Tonbridge & Malling, Tunbridge Wells). A third programme is operating in Medway area and it is hoped this will be a community resource from April 09 onwards depending on funding.

Most commonly quoted reason for attendance by men participating in programme is to be a better role model or to have a better relationship with their children.

2.7 KMDVSG Training Manual:

- 12 training topics, including chapters on:
 - Overview and Dynamics of DV
 - Adult Victims and DV
 - Children and Young People and DV
 - Perpetrators of DV
 - DV and Substance Misuse
 - Specialised Needs and Issues
 - Civil and Criminal Laws
 - Multi-agency Roles
 - Domestic Violence in the Workplace
 - What Health Professionals Need to Know About DV
 - Domestic Violence and the role of Education
 - Domestic Violence - Housing and Benefits

Aim to bring consistency and quality training across the county. Approx. 40 trainers now authorised to use this resource, which is sponsored by KMDVSG, KSCB and KMSVAG.

2.8 East Kent NHS Trust and PCT:

- Midwives make routine DV enquires and receive DV training in with safeguarding children training.
- A&E also receive training on DV in with safeguarding training.
- Considering use of tool for identification e.g. coloured tops on urine samples.
- PCT soon to appoint a number of senior health visitors who will also lead on DV issues.
- 6 DV lead Health Visitors were appointed in Dec 08.

Alison Gilmour

**Kent and Medway Domestic Violence Co-ordinator
Kent and Medway Domestic Violence Strategy Group**

Email: alison.Gilmour@kent.pnn.police.uk

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Children and Young Peoples Services – Toolkit for MARAC

Contents:

1. Frequently asked questions
2. Contacts for your local MARAC
3. Flowcharts tracking the research and referral processes for MARAC
4. Forms from CAADA (risk indicator checklist, referral and research forms)

What is a Multi-Agency Risk Assessment Conference (MARAC)?

The main aim of the MARAC is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health and wellbeing of victims – adults and any children. In a MARAC local agencies will meet to discuss the highest risk victims in their area and safety plan around that victim. The safety of the children should be addressed via your existing CP procedures, although it will be reinforced by the information gained at MARAC. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally will be shared and used to create a risk management plan involving all agencies.

MARACs and Children and Young People

The MARAC will help you link up efforts to safeguard the abused parent and efforts to safeguard the child, helping you to intervene in vulnerable families before children are placed at significant risk. The MARAC will also help you to work with clients that are not engaging with you or need more support by involving other agencies, such as the IDVA service or specialist domestic violence services, to work with the victim.

'We are often at a loss as to how to progress if Mum says "nothing's happened and the children are fine". The MARAC gives us a way to get beyond that position' *Safeguarding Officer, Liverpool*

1. Frequently Asked Questions

Why does a representative from my agency attend?

The MARAC will normally achieve more successful outcomes in high risk DV cases than you would have achieved working with limited information on your own. You will receive information from a variety of agencies about what is going on in the family. This will allow you make better decisions on how to progress referrals where resources permit and to assess the risks to the family and therefore keep children safer at home.

What cases are discussed?

The highest risk cases of domestic abuse are discussed in your MARAC. These will have been identified by a practitioner from any agency using an evaluated risk assessment tool (see attached for CAADA recommended risk indicator checklist). It is recommended that the MARAC should initially see the top 10% of cases in your area in terms of risk profile.

What information should my agency bring?

The Children's Services representative at MARAC (normally someone with managerial responsibilities) should bring any relevant information regarding the family that might help to assess the risk to the victim and children or inform a safety plan. This might include whether or not the case is known to children's services, whether the child is on the child protection register, level of any current intervention, any assessments and the outcomes of those assessments.

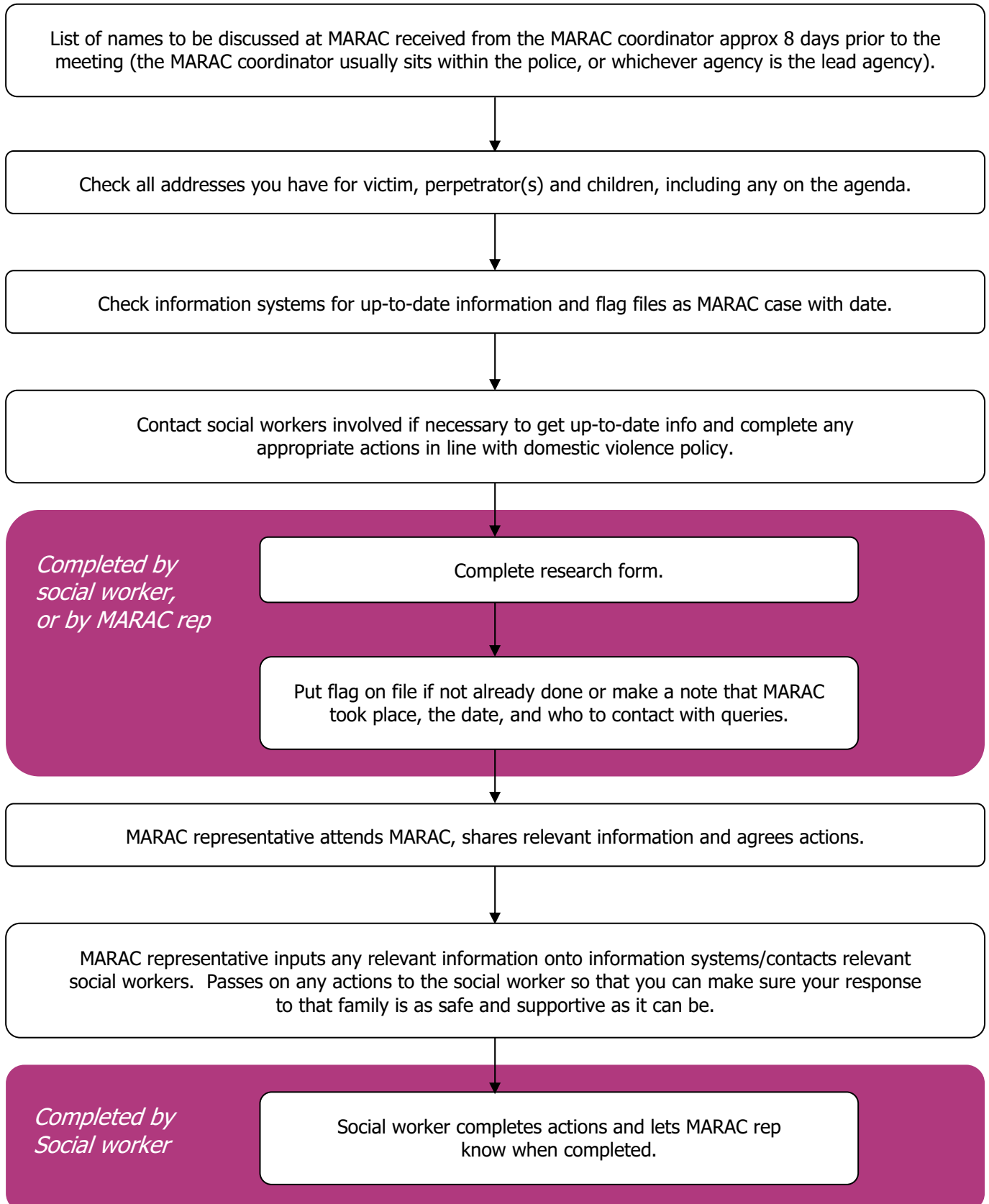
What actions can we offer?

The actions volunteered by Children's Services usually focus on increasing the safety of the children and working with other agencies to make sure that current support offered is safe for the victim involved. Specific actions for Children's Services might include agreeing to assess the children, referring the case to other services, or going on joint visits.

3. Flowcharts

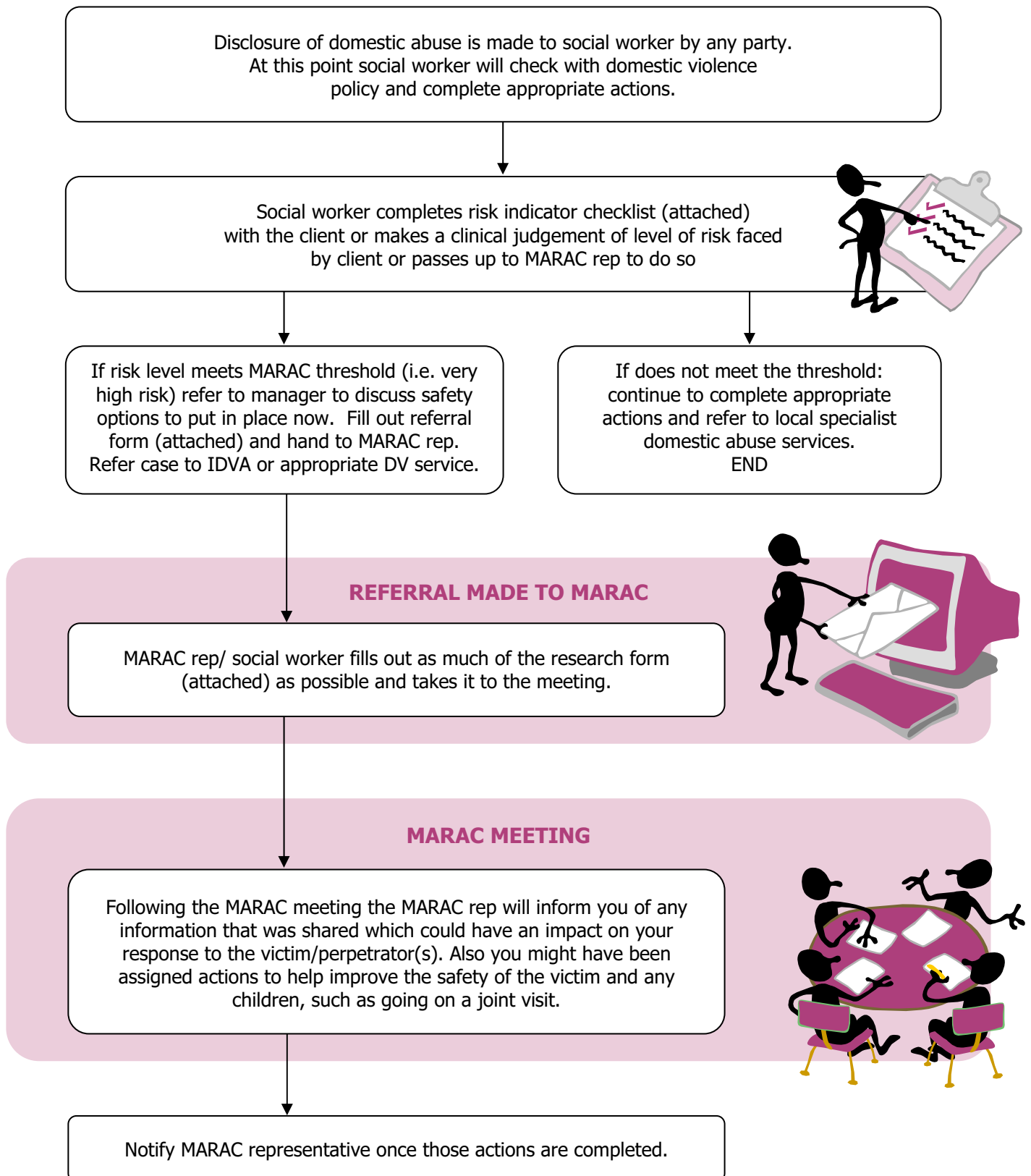
Researching for the MARAC

Practice in your agency will differ according to local policy and organisational structure, but below is an outline of the research process for MARAC. All the cells in white should be completed by your MARAC representative.



Referring a case to the MARAC

Policies on referring to your particular MARAC will be available locally but here is an outline of the process.



4. Forms

CAADA RECOMMENDED RISK INDICATOR CHECKLIST FOR IDVAS AND OTHER AGENCIES

(South Wales Police checklist but using non-police language assuming the IDVA or other professional will be discussing this with their client.)

Questions (DO NOT FILL IN SHADED BOXES)	Yes (tick)	No/ Don't Know (N/DK)	Significant Concern
1. Does partner/ex-partner have a criminal record for violence or drugs? If 'yes', is the record domestic abuse related?			
2. Has the current incident resulted injuries? If 'yes', does this cause significant concern?			
3. Has the incident involved the use of weapons? If 'yes', does this cause significant concern?			
4. Has your partner/ex-partner ever threatened to kill anybody? If 'yes', which of the following? <i>(tick all that apply)</i> Client <input type="checkbox"/> Children <input type="checkbox"/> Other Intimate Partner <input type="checkbox"/> Others <input type="checkbox"/> If 'yes', does this cause significant concern?			
5. Has the partner/ex-partner expressed / behaved in a jealous way or displayed controlling behaviour or obsessive tendencies? If 'yes', describe in summary: If 'yes', does this cause significant concern? Give details:			
6. Has there been/going to be a relationship separation between you and your partner/ ex-partner?			
7. Is the abuse becoming worse and/or happening more often?			
8. Are you very frightened? Give client's perceptions of the situation indicating what they think the partner/ex-partner will do.			
9. Is your partner/ex-partner experiencing/recently experienced financial problems?			
10. Does your partner/ex-partner have / had problems with the following: Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/> Drugs <input type="checkbox"/>			
11. Are you pregnant?			

	Yes	No/ DK	
12. Is there any conflict with your partner / ex-partner over child contact? Describe in summary:			
13. Has partner/ex-partner attempted to strangle/choke you or past partner?			
14. Have you or your partner/ex-partner ever threatened/attempted to commit suicide? If 'yes', which of the following? Client <input type="checkbox"/> Partner/ex-partner <input type="checkbox"/>			
15. Has your partner/ex-partner said or done things of a sexual nature that makes you feel bad or that physically hurts you? Give details:			
16. Are you afraid of further injury or violence?			
17. Are you afraid that your partner/ex-partner will kill you? (See note on victim's perception of risk in Guidance at end of form.)			
18. Are you afraid that your partner/ex-partner will harm her/his children?			
19. Do you suspect that you are being stalked?			
20. Do you feel isolated from family / friends? Give details:			
Advocacy Worker's perception (please complete this section with your observations about the client's risk especially where there are lower numbers of 'yes' responses):	Total		Total Significant concerns from Q1-5

The guidance below is based on the experience of the South Wales Police force and the Womens' Safety Unit in Cardiff. You may need to adjust these levels to ensure that the volume of cases referred to your MARAC is in line with the recommended level of the top 10% in risk terms. You will need to analyse whether it would be more appropriate to adjust the number of call outs (say from 3 per annum to 5 per annum) or the number of 'ticks' on the checklist. The importance of clinical judgement remains unchanged whatever the level of actuarial threshold.

Guidance on identifying Cases for MARAC

MARAC Threshold =

10 ticks in the yes box OR
4 significant concerns (Q1-5) OR
If there are 3 police call-outs in 12 months
Maximum number of ticks = 20

(do not include 'significant concern' questions in this total)

In all cases, IDVAs should take the victim's perception of their risk very seriously and should use their professional judgement if a client appears to be at high or very high risk even if they do not meet the criteria outlined above.

This form, originally developed by South Wales Police, has been updated to reflect the research on its use by IDVAs both at the Womens' Safety Unit in Cardiff and the ASSIST advocacy service in Glasgow. CAADA has added a 'don't know' option as there is a risk of ticking 'no' when information is not known, which might be incorrect and give a false low risk level. The levels of risk are useful in clarifying the different response that a service will offer to a client depending on the severity of their situation.

MARAC REFERRAL FORM

CASE NUMBER

To Lead Agency:

Tel:

Fax:

Date:

Victim: Name and Date of Birth

Ethnicity:

Address of Victim:

Perpetrator(s): Name(s) and Date(s) of Birth

Address of Perpetrator(s):

Children: Names and Dates of Birth

Address of Children:

Is this a repeat? Y/N/DK

If yes, give date when
last at MARAC:

Reasons for Referral:

Background and Risk Issues:

Is the person referred aware of the MARAC referral? Yes/No

If person is aware of MARAC referral and it is safe to contact them please consider the following questions;

- Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)
- Who does the victim believe it safe to talk to?
- Who does the victim believe it not safe to talk to?

(Attach Risk Assessment where Completed)

Referring Practitioner and Agency:

Contact Details:

Telephone:

Mobile:

Email:

Address:

RESEARCH FORM FOR MARAC

Name of Agency:

Contact:

Tel:

Mobile:

Email:

Research all information, files and databases using NAME, DOB OR/AND ADDRESSES of ALL individuals concerned. Confirm basic contact information, ages of all concerned and number of children.

Contact relevant officer or support/key worker in your team and request current, accurate information and their professional opinion about the individuals concerned. Record this here.

Note records of last sightings, meetings or phone calls.

Note recent attitude, behaviour and demeanour, including changes.

Highlight any relevant information that relates to any of the risk indicators on the checklist e.g. the pattern of abuse suffered, abuse of immigration status, victim's greatest fear etc

Identify any other concerns your agency may have about the victim. Clarify any areas of potential misunderstanding for the partner agencies at the MARAC or inaccuracies on the agenda (e.g. information missing, more than one individual/alias names, conflicting information, more/less children than on agenda).

Has the victim indicated to you what would help them most to feel safe?

Vision for services for children and young people affected by domestic violence - guidance to local commissioners of children's services

Summary

Children:

All children and young people should have healthy relationships education and prevention built in to their curriculum, or equivalent programme (tier 1).

Children and young people vulnerable as a result of domestic violence (tier 2) should be identified and supported wherever possible within the universal setting, eg in Children's Centres, or by peer mentors etc.

Vulnerable children and young people whose needs cannot be met within that setting should be able to be referred to specialist services including community-based domestic violence support, group work and advocacy services.

Children and young people with complex needs whose lives are (or have been) seriously disrupted by domestic violence (tier 3) and children with acute needs who are at risk of death or serious harm from an abusive parental partner (tier 4) should, dependent on need, have access to:

- individual support, advocacy and counselling with skilled practitioners knowledgeable about domestic violence; and
- a group work programme suited to their needs. Children in temporary accommodation should have access to appropriate children's activities as well as access to domestic violence support services in the community.

Children in tier 4 should have multi-agency child protection services linked to support/safety plans for the non-abusing parent and MAPPA, or equivalent responses to the perpetrator. Family court services should focus on the safety of the child and the non-abusive parent in all cases involving domestic violence.

Access to the most suitable service should be based on individual assessment and re-assessment of that child's needs – using the common assessment framework and identifying what services will best match those needs. Children in each tier should still have access to the services in the tier below.

Services:

All services across the tiers should have:

- trained staff knowledgeable about domestic violence;
- policies and procedures to identify and respond to domestic violence at the level appropriate to that service; and
- be able to make appropriate referrals to specialist domestic violence or child protection services.

Universal services should incorporate:

- domestic violence best practice, reflecting national service standards in to how they do their core tasks, eg introducing a child into a new school at short notice.

Vulnerable children's services should incorporate:

- domestic violence best practice built into their service design, eg common assessment, direct work with children;
- appropriate referral to community-based domestic violence support and advocacy services for the abused parent and child;
- access to refuge based support where this is appropriate; and
- domestic violence issues built into their parenting work.

Services for children with complex needs or at acute risk of death or serious harm should encompass:

- multi-agency risk assessment and safety planning for both the children and non-abusing parent, co-ordinated through child protection and/or multi-agency risk assessment conferences (MARAC) and multi-agency public protection arrangements (MAPPA); these 3 processes need to be co-ordinated;
- specialist domestic violence services (individual support including refuge-based support and advocacy, counselling, group work and activities for children); and
- skilled responses within other specialist services, eg CAMHS and social services family support services.

Strategic planning:

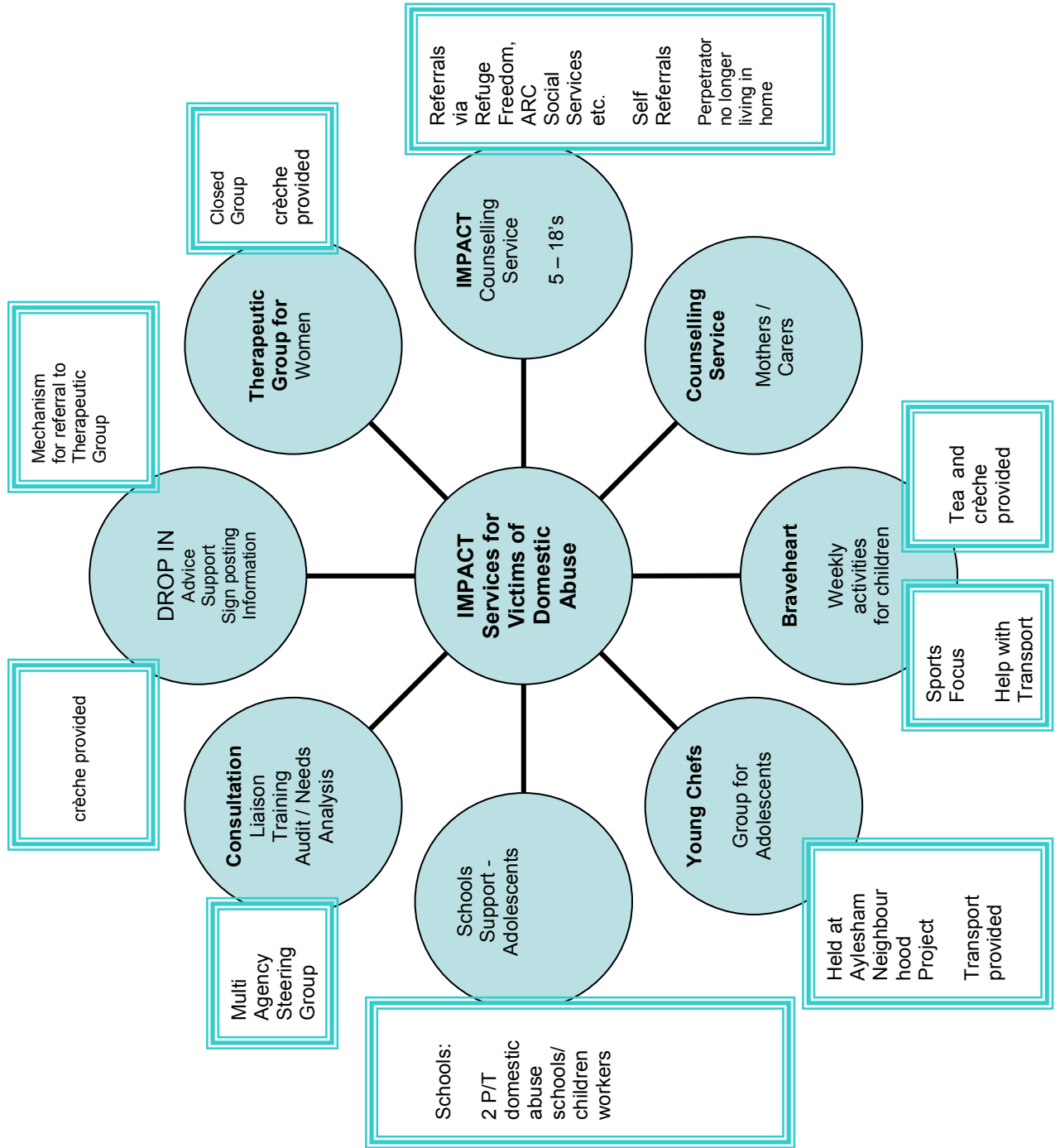
Every Children's Services authority should have in place:

- joint planning and commissioning arrangements with other key partnerships with responsibilities for addressing domestic violence in conjunction with local domestic violence partnerships;
- individuals within each agency and partnership with a responsibility to develop the domestic violence agenda;
- the single plan for children's services should outline how the children's partnerships have identified the needs of children experiencing domestic violence and their plans to meet those needs; and
- an implementation plan that identifies the key priorities for improving outcomes for children affected by domestic violence in the context of improving outcomes for all children.

For full report see LGA website:

www.lga.gov.uk/Publication.asp?lsection=0&ccat=28&id=SXE2AA-A783A8D6

Action for Children: Services for Victims of Domestic Abuse in Dover



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