

**CHILDREN'S CHAMPIONS BOARD**

**Wednesday, 23 September 2009**

**2.00 pm**

**Swale 1, Sessions House, County Hall, Maidstone**







## AGENDA

### CHILDREN'S CHAMPIONS BOARD

**Wednesday, 23 September 2009 at 2.00 pm** Ask for: **Theresa Grayell**  
**Swale 1, Sessions House, County Hall,** Telephone **01622 694277**  
**Maidstone** :

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

#### **Membership (8)**

Conservative (7): Mrs A D Allen (Chairman), Mrs P Cole, Mr G Cooke,  
Mrs V J Dagger, Mr L B Ridings, Mrs P A V Stockell and  
Mrs J Whittle

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 Membership - to note that Mrs P A V Stockell has joined the Board to fill the vacancy previously listed.
- A2 Substitutes
- A3 Declarations of Members' Interest relating to items on today's agenda
- A4 Minutes of Board Meetings held on (a) 11 March and (b) 20 May 2009, and (c) 21 July 2009 (Pages 1 - 34)
- A5 Chairman's Announcements

#### **B. ITEMS FOR CONSIDERATION**

- B1 CPR3 Child Protection Statistical Return (Pages 35 - 40)
- B2 Summary of Protecting Children in Kent review - oral
- B3 Children's Social Services Annual Activity Report for Kent Safeguarding Children Board, 1 April 2008 - 31 March 2009 (Pages 41 - 62)
- B4 Private Fostering - Annual Report (Pages 63 - 64)

#### **C. UPDATES**

**Information Papers on these issues will be sent to Members separately**

*NB – Information items are not for consideration at the Meeting*

C1 Child Protection and Looked After Children Statistics

**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, 15 September 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

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### 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, 11 March 2009.

PRESENT: Mrs A D Allen (Chairman), Mrs C Angell, Mr J Curwood, Mrs V J Dagger, Dr T R Robinson and Mr J D Simmonds

ALSO PRESENT: Mr L B Ridings

IN ATTENDANCE: Mrs K Weiss (Head of Policy & Performance), Mr K Arthur (Head of Children's Safeguards Service), Ms A Gilmour (Kent & Medway Domestic Violence Co-ordinator), Mrs J Doherty (Policy Manager) and Miss T Grayell (Democratic Services Officer)

### UNRESTRICTED ITEMS

#### **25. Chairman's Announcements**

*(Item A4)*

The Chairman and Mrs Weiss advised that, following a delay caused by necessary data being unavailable, the Kent Safeguarding Children Board (KSCB) Annual Report 2007-08 and Business Plan 2008-11 was now ready to share with Members and would be sent to all Board Members following the meeting. The document was to be considered by the CFE POC on 27 March 2009.

#### **26. 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**

*(Item A3)*

(1) RESOLVED that the Minutes of the meeting held on 3 December 2008 are correctly recorded and that they be signed by the Chairman. There were no matters arising. The Minutes of the meeting held on 24 September 2008 are already signed and had been included for reference only.

(2) The Board also considered the Minutes of its special meeting held on 12 February 2009 and RESOLVED that, subject to the addition of Mr L B Ridings to the list of those in attendance and a small amendment to paragraph (5) of Minute 24, the Minutes of the meeting are correctly recorded and that they be signed by the Chairman.

#### **27. Feedback from the special meeting on 12 February 2009**

*(Item B1)*

(1) Mr L B Ridings advised Members that the seven recommendations in the report on Phase 1 of the Safeguarding Review, which the Board had considered on 12 February, had subsequently been reported to an informal meeting of Cabinet Members. At that meeting, recommendations 1, 2, 3, 4, 6 and 7 had been supported

by Cabinet Members, and further consideration of recommendation 5 (the proposed establishment of a Senior Consultant Practitioner post reporting directly to the Chief Executive) had been deferred to allow the issue to be discussed with the new Managing Director of Children, Families and Education (CFE) when she arrived.

(2) Several Members expressed concern about the fact reported in the presentation on 12 February that not all staff surveyed had agreed that all children's social care cases had an allocated social worker. Mrs Weiss undertook to check the situation behind these statistics and advise Board Members.

## **28. Domestic Abuse - Initiatives to better protect children**

*(Item B2)*

*(A presentation by Alison Gilmour, Kent and Medway Domestic Violence Co-ordinator)*

(1) Ms Gilmour introduced the papers which outlined various initiatives and work to address domestic violence issues, and, with Mr Arthur and Mrs Weiss, answered questions from Members. Arising from the discussion, and in response to Members' questions, the following points were highlighted:-

- (a) work on domestic violence covered two strands – help and support for present cases and preventative work to avoid future cases;
- (b) preventative work in the Domestic Violence Safer Schools Project had shown that young people were more tolerant of domestic violence, highlighting the need for early intervention to help young people understand what a good healthy relationship looked like. Therefore, much effort was put into working with schools, and primary schools were a particular key target area for preventative work to introduce children to a positive message as early as possible and try to reduce the domestic violence issue in the next generation;
- (c) various networks existed which could be used to identify problems and promulgate domestic violence protocols/initiatives, but sufficient project workers and resources were also needed to take work forward once a link had been made. There was much interest in taking forward domestic violence work but very limited resources;
- (d) The Kent and Medway Domestic Violence Strategy (KMDVSG) Group included representatives from all statutory and voluntary organisations, so was a solid link between organisations. One representative of the KMDVSG served on the Safer and Stronger Communities Group, and the KMDVSG also used local forums, Community Safety Partnerships and School Improvement Partnerships in their work;
- (e) Several of the projects which helped address the issue of domestic violence had their own methods of evaluating success and there was no one central evaluation method;
- (f) Health visitors had a key role in linking to families and could help identify families with potential domestic violence issues. However, the health visitor service was not evenly resourced across the county. NHS Eastern and Coastal Kent had appointed six domestic violence health visitors in December 2008 but NHS West Kent had none.

- (g) Patterns of domestic violence tended to pass from generation to generation and were therefore perpetuated and could almost come to be accepted as 'normal';
- (h) Witnesses and victims of domestic violence needed specialist support, and courts were now starting to provide this support (for example, in Maidstone) This support would make it easier to pursue prosecutions;
- (i) Some work was also targeted at helping perpetrators to avoid re-offending, via volunteer programmes;
- (j) KCC and several other employers had protocols for dealing with domestic violence issues being experienced by employees, whether they be victims or perpetrators;
- (k) A new initiative currently being piloted was Multi-Agency Risk Assessment Conferences (MARACs) which dealt with the highest risk cases with the aim of lowering the risk. MARACs involved the participation of all agencies and were being rolled out with the aim of introducing them to all areas of Kent by April 2009. This was another way of bringing together agencies and allowing information sharing which could show up repeated patterns and possibly highlight cases which might be missed by one agency looking at behaviour in isolation;
- (l) Different cultures had different attitudes to family relationships and what was and wasn't acceptable. This is called "honour-based violence" and was linked to forced marriages. Much work had been done on honour-based violence, and all schools in Kent had been issued with guidance on this issue. A policy on honour-based violence was presently being prepared by Kent Police. Services to deal with it were available in North and Mid Kent but not in other areas of the county;
- (m) Funding for domestic violence work was accepted from wherever it was offered, but had to be bid for year by year, and there was currently no comprehensive funding stream. The Chairman suggested that the Children's Champions Board could try to help to identify potential funding sources;
- (n) Although much work on domestic violence related to the effects on children and hence was addressed via schools and children's services, domestic violence was also experienced by many couples who did not have children. These people could not benefit from the links and connections which existed between the various children's services;
- (o) Where it was present, domestic violence was known to be part of a range of troubles experienced by families. For example, 70% families experiencing child abuse were known also to experience domestic violence, and 30% of domestic violence cases start during pregnancy. Domestic violence was also a factor in family break up, and children entering care and becoming adopted.

(2) RESOLVED that the content of the report, and the information given in response to questions, be noted, with thanks.

## **29. Discussion about how and when the Board should receive an Annual Report on Safeguarding**

*(Item B3)*

(1) The Board discussed the various strands of safeguarding information it received on a regular basis:- the Kent Safeguarding Children Board (KSCB) Annual

Report and Business Plan and the Annual Report of the Children's Safeguards Unit (CSU), which sits within the Strategy, Policy and Performance Division of CFE. The two reports, however, were prepared to different timetables: the KSCB report usually emerged in the summer (although this time it had been delayed) and the CSU report, prepared as summary of the academic year, appeared later in the year. The CSU reported to the KSCB at the end of the year so there was already a link between them.

(2) The Chairman suggested that the Board have a meeting given over entirely to safeguarding reports, although Mrs Weiss pointed out that this would mean considering a very large quantity of information at one time. Mrs Weiss undertook to consider, with Mr Arthur, how best to organise and pace the information to make it as accessible as possible for Members. Any report considered by the Board could also then be considered by CFE POC.

(3) At the end of the public part of the meeting, Mr Arthur answered questions from Members on his Unit's Annual Plan, which had been included with the agenda as an information item. His responses and the brief discussion around them highlighted:-

- (a) the links between his Unit's work and the work of domestic violence groups, which the Board had just heard about; and
- (b) that the report of the 2007/08 academic year reflected for the first time the increased profile and breadth of the Local Authority Designated Officer (LADO) role in children's social services and the bringing together of information from all professionals – community, church, Police, etc – for the first time.

(4) Mrs Weiss advised Members that Kent County Council was unusual in having a dedicated Children's Safeguards Unit. Mr Arthur's unit had been cited and used by the Department for Children, Families and Schools (DCSF) as a model of good practice.

(5) RESOLVED that the Board consider the issue further once they have the advice of Mrs Weiss on how the information could best be organised and structured.

## KENT COUNTY COUNCIL

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### 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, 20 May 2009.

PRESENT: Mrs A D Allen (Chairman), Mrs C Angell, Mr J Curwood, Mrs V J Dagger, Mr I T N Jones, DL, Dr T R Robinson and Mr A D Crowther (Substitute for Mr J D Simmonds)

ALSO PRESENT: Mr L B Ridings

IN ATTENDANCE: Mrs K Weiss (Head of Policy & Performance), Mr P Brightwell (Policy & Performance Manager - Looked After Children), Mrs J Doherty (Policy Manager) and Miss T Grayell (Democratic Services Officer)

#### UNRESTRICTED ITEMS

#### **30. Minutes of Board Meetings held on (a) 3 December 2008 and (b) 11 March 2009**

*(Item A3)*

RESOLVED that the Minutes of the meeting held on 11 March 2009 are correctly recorded and that they be signed by the Chairman. There were no matters arising. The Minutes of the meeting held on 3 December 2008 are already signed and had been included for reference only.

#### **31. Chairman's Announcements**

*(Item A4)*

(1) The Chairman announced that Mr Jones and Dr Robinson were attending their last meeting of the Board prior to retiring from the County Council at the June elections. She thanked them both for all their work on the Board and was supported by other Members in wishing them well for the future.

(2) Mr Jones thanked the Chairman for the way she had conducted the Board's meetings and business and asked that his thanks to all the officers who had attended and reported to the Board be recorded. He also paid tribute to the many officers working in the field of Children's Social Services across Kent, whose work had been reported to the Board. He said they did a remarkable job, often in very difficult circumstances. He said how useful he had found it to meet young people in care and leaving care and that this had reinforced his belief that all young people needed to have a good home. He thanked Members of the Board and reciprocated their best wishes for the future.

(3) Dr Robinson echoed Mr Jones' comments and added that he had found working with less fortunate children very thought-provoking. He thanked all the officers who had reported to and supported the work of the Board.

### **32. Oral Update - Progress of the Protecting Children in Kent Review** *(Item B1)*

*Mr M Ayre, Review Lead, and Mr P Thomason, Independent Child Protection Consultant, were in attendance for this item at the request of the Board.*

(1) Mr Ayre and Mr Thomason updated Members on developments since the 12 February meeting, at which the Board had considered the findings of Phase 1 of the review, and set out the plans for Phases 2 and 3. Several major events had happened since 12 February to keep the issue in public focus:- the publication of Lord Laming's report and the Government's response to it, the conviction of Baby Peter's killers and the initial report of the Social Work Task Force.

(2) Mr Ayre and Mr Thomason then updated Members on the progress on each of the seven recommendations arising from Phase 1. Key points arising from the update, and given by Mr Ayre, Mr Thomason and Mrs Weiss in response to questions from Members, were as follows:-

- a) Mr Thomason gave a summary of the findings of the extended case audit undertaken, arising from recommendation 1, and explained that a fuller account would be included at the meeting on 21 July;
- b) 52 cases had been reviewed. These had been chosen from across the county and included cases from disability teams. More than half of these cases related to children of pre-school age;
- c) To gain comprehensive information, it had been necessary to use written files as well as the Integrated Children's System (ICS);
- d) All cases reviewed were considered to be safely managed, with child protection conferences and core group meetings taking place within the stipulated time scales and being recorded properly, and child protection plans being in place and monitored properly;
- e) There was some evidence that difficulties with the ICS had hampered the recording and co-ordination of information. Recording standards had dropped, hence the need for paper recording as well as using technology;
- f) Some delays had been experienced in transferring cases from duty to an allocated social worker. Ideally, there would be no delay in transferring, but Members were assured that, where delay occurred, it did not compromise the safety of any child. Managing the transfer well was more important than managing it quickly. If a transfer could not be effected within a few days, a child would always be visited, and the school kept informed, in the interim period;
- g) Recommendations 2 and 3: Mrs Weiss's team had done much work on the problems experienced with the ICS, and this work had been invaluable in contributing to the Government's response to the ICS problems;

- h) Recommendation 4: Practice Development Officers were now part of the general growth in children's social work arising from the £2.5 million government investment. This investment had funded the appointment of 33 new social workers and 11 new social work assistants;
- i) Recommendation 5: The proposed Head of Social Work for Kent had no national precedent and had proved controversial, with much concern being expressed by both Members and officers. A very slow and cautious approach to this issue had been adopted;
- j) Recommendation 6: A paper setting out a proposed practice audit had been sent to Board Members as an information item at the same time as the agenda for today's meeting; and
- k) Recommendation 7: Discussions with the universities – Canterbury Christ Church University and the University of Kent at Canterbury – were well under way and the approach was being welcomed by the universities.

(3) Phase 2 of the review will be considered at another special meeting of the Children's Champions Board, to which all County Council Members will be invited, on 21 July 2009. This will cover inter-agency working and will be prepared jointly with the Kent Safeguarding Children Board (KSCB). All safeguarding agencies are required to complete a self-audit by 26 June, and the initial results of this would be available on 21 July. Mrs C Angell asked that the report on Phase 2 of the review include specific mention of the relationship between the County Council and Health in respect of the Health Visitor service, and also mention of the role of Police and the voluntary sector.

(4) Phase 3 of the Review will be reported to another special meeting of the Board in early Autumn. This will cover the development of national policy on child protection since Lord Laming's report on the Victoria Climbié case and will include the government's response to Lord Laming's second report.

(5) RESOLVED that the information given in response to Members' questions be noted, with thanks, and the progress made be welcomed.

### **33. Kent Children's Trust (KCT) Arrangements, including Local Children's Services Partnerships (LCSPs)**

*(Item B2)*

RESOLVED that the information given in the report be noted, with thanks.

### **34. The Government's Response to Lord Laming's Report, 'The Protection of Children in England; A Progress Report'**

*(Item B3)*

(1) Mrs Weiss introduced the report and answered questions from Members. She explained that the Social Work Task Force would publish its second report on 1 July,

so there would not be time to summarise this in time to include it at the 21 July meeting of the Board.

(2) Mrs Weiss undertook to seek clarification from CFE finance colleagues of the detailed allocation of money which accompanied the Report action plan.

(3) Mrs Weiss had prepared a detailed written response for the Cabinet Member, Mr Ridings, in response to a number of written questions sent to him by the Vice Chairman, Mr Vye, and these responses were summarised orally to the other Board Members.

(4) RESOLVED that the information given in the report, and in response to Members' questions, be noted, with thanks.

### **35. Discussion - Linking into the Primary Head Teachers' conference in June 2009.**

*(Item B4)*

The Board was to have discussed what input it might have into the Head Teachers' conference in June 2009, via the attendance at the conference of the Vice Chairman, Mr Vye. The conference had taken place in April and Mr Vye had attended and given informal feedback to the Chairman. Through Members' attendance at this sort of event, the Board would have an ongoing link into Head Teacher bodies.

### **36. Discussion - Addressing items from the Board's Action Plan which arose at the awayday in July 2008.**

*(Item B5)*

A list of 14 issues for future discussion identified by Board Members had been included in the papers for the meeting. Mr Brightwell suggested to Members that the agenda for each of the Board's meetings should carry a standing item under which these issues could be addressed, one or two at a time. This suggestion met with the Board's general agreement.

### **37. Presentation on the Children In Care Council and discussion on when and how the Board next wishes to meet with young people in care and leaving care, and how to engage the Children in Care Council.**

*(Item B6)*

*Ms L Warne from Upfront Advocacy Service and Ms J Bingham from Catch 22 were in attendance for this item at the invitation of the Board.*

(1) Ms Warne and Ms Bingham presented a series of slides which set out the objectives and developments so far of the Children in Care Council, including a successful launch event in 2009 and plans for future events. A copy of these slides had been included in the papers for the meeting. Ms Warne and Ms Bingham explained that the Children in Care Council should be:- *inclusive*, covering the whole County and including disabled young people and Unaccompanied Asylum Seeking Children and Young People; *owned by young people*, and run how they want it to be run; and that young people needed to feel safe and comfortable. Members endorsed this approach.

(2) Members were pleased to hear of the success of the launch event in April and congratulated those involved in arranging the event in a limited time. They also welcomed forthcoming summer events and a planned visit to parliament in October 2009 at which young people would be hosted by Julian Brazier, MP, and be able to find out about the democratic process. This should reinforce the fact that young people in care are taken seriously and would help boost their confidence. It was also suggested that a trip to Brussels to meet Members of the European Parliament would give young people a chance to see what issues are faced by young people in care elsewhere in Europe.

(3) One Member reported that he had been mentoring a young man whom the Board had met at a previous event. Such support was invaluable to young people needing networking opportunities, moral support and encouragement.

(4) Members then discussed the next steps in terms of meeting with and linking into the Children in Care Council, and it was emphasised that young people on the new Council first needed to establish relationships between themselves before meeting the Board. Members decided to wait for the young people to say how and when they wished to link to the Board.

(5) RESOLVED that the information given in the presentation, and in response to Members' questions, be noted, with thanks, and that Members wait to hear from young people on the Children in Care Council about how and when they wish to link to Board Members.

### **38. Discussion - Corporate Parenting Training for returning and new Members following Elections.**

*(Item B7)*

(1) Mr Brightwell reminded Members of the three levels of Corporate Parenting responsibility held by KCC Members:-

- **Level 1:** Shared by all elected County Councillors as soon as they accept office;
- **Level 2 -Targeted responsibility:** Shared by all Members of the Children's Champions Board, and;
- **Level 3 – Specialist responsibility:** Shared by the Chairman of the Board and Cabinet Members. Mr Ridings added that a recent additional requirement was that the Leader should also share Level 3 responsibility.

(2) The Cabinet Member, Mr Ridings, suggested that all Cabinet Members should receive the same Level 2 training as Board Members, as Corporate Parenting issues cross most portfolio headings.

(3) Mrs C Angell suggested that reports to all POCs include a paragraph setting out the implications of any issue being discussed upon the County Council's Corporate Parenting role and upon the life of children in care in Kent, in the same way as reports might list resource implications or climate change implications, for

example. This would reinforce and raise the profile of Members' responsibility as Corporate Parents.

(4) Members then discussed the possibility of combining corporate parenting and safeguarding training at one event in Autumn 2009, as the government's plans for safeguarding training for County Councillors should be available by then. Mrs Angell suggested that such an event should include the role of district councils as housing providers for young people leaving care and the role of the NHS in providing the Health Visitor service.

(5) RESOLVED that Mrs Weiss and Mr Brightwell work up options for combining the two subjects – corporate parenting and safeguarding – in one event or treating them separately at two events in Autumn 2009 and offer these options to the Chairman and the Board to choose the approach they want to adopt.

## CHILDREN'S CHAMPIONS BOARD

MINUTES of a meeting of the Children's Champions Board held in the Seminar Lecture Theatre, Sessions House, County Hall, Maidstone on Tuesday, 21 July 2009.

PRESENT: Mrs A D Allen (Chairman), Mrs P Cole, Mr G Cooke, Mr L B Ridings, Mr M J Vye and Mrs J Whittle

ALSO PRESENT: Ms S J Carey, Mr N Collor, Mr H Craske, Mr T Gates, Mrs S V Hohler, Mr P J Homewood, Mr R A Marsh, Mr W Richardson, Mr J D Simmonds, Mr K Smith and Mr A Willicombe

IN ATTENDANCE: Mr P Gilroy (Chief Executive), Mr P Thomason (Independent Child Protection Consultant), Ms R Turner (Managing Director Children, Families and Education), Mr B Anderson (Director Children's Social Services), Mrs K Weiss (Head of Policy & Performance), Ms D Marriott (Acting Safeguarding Policy & Performance Manager) and Miss T Grayell (Democratic Services Officer)

### UNRESTRICTED ITEMS

#### **3. Election of Vice-Chairman**

*(Item A2)*

Mr A D Allen proposed and Mr L B Ridings seconded that Mr M J Vye be elected Vice-Chairman of the Board.

*Agreed without a vote*

#### **4. Minutes of the Board Meeting held on 12 February 2009, and an extract from the Minutes of the Board Meeting held on 20 May 2009**

*(Item A4)*

RESOLVED that the Minutes of 12 February 2009 be noted, having already been agreed and signed at the Board's March meeting, and the 20 May 2009 extract be noted as an update on progress since the February meeting.

#### **5. Dates of Board Meetings for 2009 and 2010**

*(Item A5)*

RESOLVED that dates reserved for the Board's meetings for the remainder of 2009 and 2010 be noted.

#### **6. Protecting Children in Kent**

*(Item B1)*

(1) Mr Gilroy introduced the report by reminding Members that the present national review had arisen from the Joint Area Review following the death of Baby Peter in Haringey in 2007. He emphasised that the review team was independent of the CFE Directorate. The review was being conducted in three phases and included

Serious Case Reviews (SCRs) and a review of the Integrated Children's System (ICS). SCRs had looked at more cases involving under 5s than any other age group as this was the main area of concern following the death of Baby Peter. Phase One had been reported to the Children's Champions Board in February 2009 and today's report included the further work which had arisen from Phase One. Phase Two, on partnership working, would be reported to the Board and CFE POCs in September 2009 and Phase Three aimed to be completed in September 2009 and would be reported to full Council later in the Autumn.

(2) Mr Thomason presented a series of slides setting out the findings of the self-assessment questionnaire and the case audit of Kent's Children Social Services (CSS), and compared these to what had been found by Haringey's Joint Area Review. *A copy of the slides is appended to these Minutes.*

(3) Mr Gilroy added that, since the February meeting of the Board, the Government had allocated £1.5 million to Kent and this had been used to employ 33 more Social Workers as well as 11 new Social Work Support Officers to cover the recording work, thus freeing up social workers to concentrate on front line work. He added that Kent needed to be sure it had done its best to address the issues, and be seen to have done its best. He said he was very pleased with the quality of the review undertaken and congratulated the review team.

(4) Ms Turner thanked the review team and all those who had taken part, as the review outcomes would be very helpful for everyone involved in Child Protection and Safeguarding. The review offered a good chance to take stock and it was a credit to social workers, management and support staff that the services had shown up so well, given the difficult and sensitive nature of the issues they had to deal with on a daily basis. The findings of the review had reinforced that good services needed both good social workers and good business support staff. The Directorate had a good peer review system run by the teams of Kay Weiss and Bill Anderson. Ms Turner welcomed the training and staff development moves that had come out of the review. Following Haringey's Joint Area Review, there were now "no notice" inspections, performance figures were prepared monthly and vacancies monitored regularly. Members also had a role to play by serving on Adoption Panels and the Children's Champions Board, as Members' judgement and input was important. The Board's role in raising the profile of Members' Corporate Parenting responsibilities was also an immense help.

(5) Mr Anderson added that the Review had been reassuring for Members, as a culture of ongoing challenge insured that the Directorate never became complacent. He emphasised the vital role of Mrs Weiss's team in this ongoing challenge and monitoring of services and thanked the review team.

(6) The offices present then responded to a number of questions and comments raised by Members, as follows:-

- (a) Members welcomed the invitation to all County Councillors to attend this special meeting to hear the outcomes of the review. This reinforced the importance of Safeguarding and Child Protection issues for all elected Members. Members' attendance and participation in meetings to talk about Child Protection sent the message to the Social Work team that Members valued their work;

- (b) Lord Laming had expressed the view that having a stated threshold at which a child would start to receive services was a useful tool, although not a statutory requirement. As resources were always finite, having a threshold helped with resource allocation;
- (c) Preventative work was also very important and would receive targeted resources. Mr Anderson's team was to lead on KCC's Preventative Strategy;
- (d) Mr Gilroy suggested that the full County Council could have an annual report on Safeguarding/Child Protection issues and dedicate a morning's debate to the subject;
- (e) The review team had chosen not to apply Ofsted's standard definitions or its language to their review, but the rating of "satisfactory" meant that no cases reviewed had actually failed, and some were very good. Overall, children in Kent are very safely protected;
- (f) Research had shown that alcohol misuse was a very significant risk factor relating to Child Protection issues, and handling it was a challenge for the public sector. CSS managers would need to ensure that social workers liaised with professionals involved in treating a family member for alcohol misuse, but this added another challenge to the safeguarding work;
- (g) The most accurate screening method currently available could identify approximately 85% of those parents who were most at risk of abusing their children, but if a department were to aim to resource services for all of these families, the caseload would quadruple immediately. Thresholds were applied to ensure that services were target appropriately at the most high risk families. Under Every Child Matters, more services had been invested in supporting families. Over the last 10 years, the percentage of CSS budget spend used for preventative services had risen from 5% to 33%;
- (h) Lord Laming had estimated that 1.3 million children were living with an alcoholic parent, and it was just not possible to resource services for all of these children. The KCC's Alcohol Misuse Select Committee report had emphasised the need for prevention work and to change public policy and attitudes to alcohol misuse;
- (i) The age at which a child could be consulted personally about his or her Child Protection Plan varied depending on the child's confidence and ability to express themselves. Social work contact over a period of time would suggest the most appropriate method for any particular child, and the child's responses would always be contributed to the setting of their Child Protection Plan. With adolescent and older children, the approach could be more direct. Social workers working with children and young people needed to use their skills and experience to judge the most appropriate way to engage a young person. An experienced practitioner would also take account of non-verbal communication and coded behaviours/language which, in some families, were very extensive. It was simply not possible to build up these skills and relationships using temporary social work staffing;

- (j) New parents no longer receive health visitor and midwife home visits as they would have done 30 years ago, when the home visiting period lasted much longer into a child's early years. Both health visitor and home midwifery services had been cut back, but now domestic midwifery services were starting to return. A review of health visitors and midwifery commissioning was shortly to be undertaken;
- (k) Mr Gilroy expressed the review that post-graduate social worker training had become too academic in recent years and had lost its practical element, eg., how to take a good history. Liaison with Vice-Chancellors of Universities had shown that the thinking about post- graduate training was now changing;
- (l) The evidence of recent years had shown that a high profile case like Baby Peter and the media attention and outcry surrounding it raises public anxiety, insecurity and panic and the number of Child Protection referrals rises, increasing the workload and making the system less effective. Boosting public confidence in the system would reduce the number of referrals and make the workload easier to manage;
- (m) Being able to show results and changes promised in return for the expenditure of public money is a challenge for the public sector. For example, the SureStart scheme promised to make a difference which had not yet materialised;
- (n) One Member pointed out that nervous young parents could be frightened to take their child to hospital with a genuine injury, innocently acquired, for fear of being reported and investigated as having abused or neglected their child;
- (o) Kent had a history of having a large number of children in care placed by other local authorities, many concentrated in areas such as Thanet and Swale. This was partly due to a shortage of foster parents in London and partly due to the fact that placing a child in Kent benefitted London Authorities financially. In the past, also a large number of children and adults with learning difficulties had been placed in Kent by other local authorities, and these children/young adults had then become Kent's responsibility. Some of these had been placed as a result of the closure of large old hospitals and institutions. A debate was needed of the public policy which had allowed a large number of vulnerable children and adults to be moved into deprived areas of Kent;
- (p) The majority of children who enter council care do so due to neglect. It is not good for children to be in council care, so CSS needed to support them in the community if at all possible, although it is not easy to identify and support children living in chaotic family set ups. This would require good partnership working to deliver a multi-agency package;
- (q) The huge amount of paperwork and bureaucracy associated with adoption hearings could divert social workers' attention away from other cases. Whilst it was important to be thorough in the preparation of adoption cases, so parents could see the process being thorough and the panel could make a well-informed decision, it was possible to remove some bureaucracy without having a negative effect on the process. The adoption system and care

proceedings both needed to be transparent, well documented and inspire public confidence.

(7) The Chairman thanked the review team once again for their thorough preparation and clear presentation of the findings, and Directorate officers who had supported and taken part in the review and attended the meeting to help answer Members' questions.

(8) RESOLVED that:-

- (a) The content of the report, and the information given in response to Members' questions, be noted, with thanks;
- (b) The recommendations set out in paragraph 20 of the report, namely that Children's Social Services undertake work to review its supervision policy and, where necessary, strengthen it, and the additional investment in staffing take account of the need to make high quality task-focussed and reflective supervision consistently available to frontline staff, be agreed;
- (c) A further special meeting of the Children's Champions Board be arranged for Autumn 2009 to report back on further national developments and their possible impacts on local safeguarding arrangements and on the findings of the work to assess the effectiveness of local inter-agency safeguarding arrangements; and
- (d) The outcomes of Phase 3 of the review, when complete, be reported to a meeting of the full Council later in Autumn 2009.

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# PROTECTING CHILDREN IN KENT

**Peter Gilroy – Review Owner**  
**Martyn Ayre – Review Lead**  
**Peter Thomason – Independent Consultant**  
**Joanne Purvis – Review Assistant**

# Baby Peter

- **Died of non-accidental injuries, aged 17 months**
  - **Had been on child protection register from age 9 months**
  - **Injuries recorded during the period he was on CP register**
  - **Social worker visited regularly (last saw Peter 4 days before death)**
  - **Health services in contact (last saw Peter 2 days before death)**
  - **Mother non-compliant and misled agencies regarding presence of partner**
  - **Lack of authoritative approach by agencies**
  - **Poor supervision**
  - **Poor inter-agency communication**
- [Haringey LSCB Serious Case Review, February 2009]**

# Findings of Haringey JAR

- **Weaknesses in safeguarding and child protection procedures and practice**
- **Inadequate leadership and management of safeguarding by local authority and partner agencies**
- **Poor gathering, recording, and sharing of information**
- **Failure to identify those children and young people at immediate risk of harm**
- **Poor child protection plans**
- **Agencies generally working in isolation from one another and without effective co-ordination**
- **Failure to consult with children**
- **Limited evidence of reasons when children were not seen alone**
- **Inadequate serious case review of death of Baby Peter**

# Tools for reviewing Kent CSS safeguarding

- **Questionnaire completed by all Children's Social Services teams**
- **Extended audit of 50 current child protection cases**

# **Main findings from questionnaire and case audit for Kent CSS**

- **Children on CSS caseloads are adequately safeguarded**
- **Evidence of sound professional practice by CSS**
- **Effectiveness weakened by caseloads in some teams**
- **Effectiveness weakened by recording requirements of the Integrated Children System (ICS)**
- **Importance of supervision in maintaining quality of child protection work**

# Main findings

## QUESTIONNAIRE

- Kent CSS safeguarding standards are generally safe
- There are some pressures on the safeguarding systems and practice
- Some pressures are county-wide, others are localised
- Localised pressures may change location and focus over time
- Where county-wide and local pressures coincide, there is increased risk that standards may become unsafe

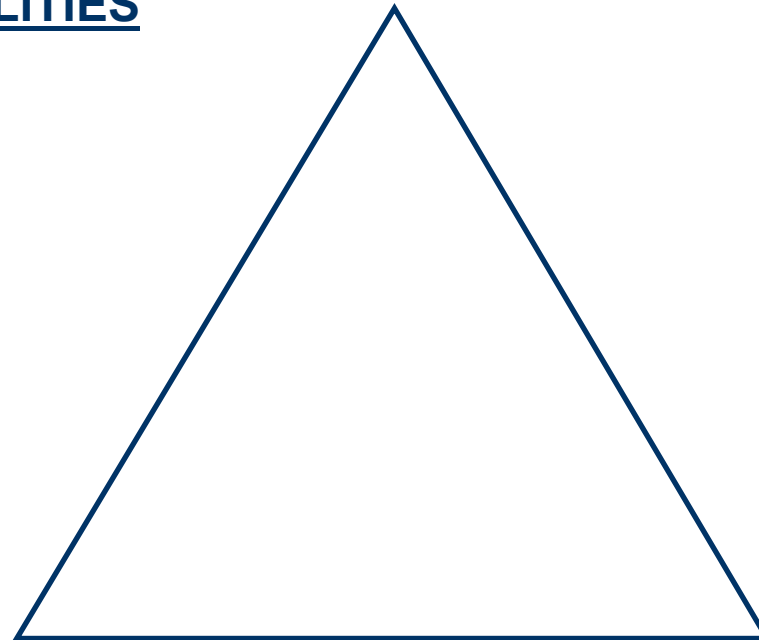
## CASE AUDIT

- Children in review are adequately protected
- Some elements of reviewed cases fell short of best practice
- Mixed recording processes create difficulty in gaining a speedy and comprehensive overview of cases
- Good quality supervision is associated with good child protection

# Good child protection organisations

## REQUISITE QUALITIES

QUALITY



COMPLIANCE

# Haringey JAR - Weaknesses in safeguarding and child protection procedures and practice

## KENT CHILDREN'S SOCIAL SERVICES

- Policies are generally well implemented and followed [Q27]
- Quality audits are used to evaluate outcomes and compliance [Q28]
- Performance indicators are used to assess quality of practice [Q29]

# **Haringey JAR - Inadequate leadership and management of safeguarding by local authority and partner agencies**

## **KENT CHILDREN'S SOCIAL SERVICES**

**Children's Social Services management has been positive in its actions in response to the Secretary of State's request to review safeguarding services and in taking action in response to the findings of this review**

**Review of other agencies' management and leadership will be undertaken by the Kent Local Safeguarding Children Board**

# Haringey JAR - Poor gathering, recording, and sharing of information

## KENT CHILDREN'S SOCIAL SERVICES

- Information gathering is satisfactory [Q2]
- Account is taken of historical concerns [Q16]
- Child protection reviews involve a range of agencies [Q19]

# Haringey JAR - Failure to identify those children and young people at immediate risk of harm

## KENT CHILDREN'S SOCIAL SERVICES

- **Thresholds are clearly defined [Q1]**
- **Strategy discussions are held according to *Working Together* requirements [Para 9.1]**
- **Child protection conferences are generally held within timescales and according to *Working Together* requirements [Para 9.1]**
- **Where appropriate, legal processes are used promptly to protect children [Para 8.1]**

# Haringey JAR - Poor child protection plans

## KENT CHILDREN'S SOCIAL SERVICES

- Care planning and assessment is satisfactory [Q15&17]
- Child protection plans are clear [Q22]
- There is evidence that child protection plans are successful [Q23]
- Children are usually consulted about their child protection plans [Q24]
- Child protection plans are in place and monitored and most show evidence of progress [Para 9.1]
- Core Group meetings are normally held within stipulated timescales and are well-attended and implement child protection plans [Para 9.1]
- Independent chairpersons of child protection conferences maintain focus on child and progress of plans [Para 9.1]

**Haringey JAR - Agencies generally working in isolation from one another and without effective co-ordination**

**To be reviewed with partner agencies on Kent Local Safeguarding Children Board**

# Haringey JAR - Failure to consult with children

## KENT CHILDREN'S SOCIAL SERVICES

- Children are seen and spoken to [Q12]
- Children are visited within agreed timescales [Q21]
- Children are visited regularly and seen and spoken to [Para 9.1]
- Children are usually consulted about their child protection plans [Q24]

# Haringey JAR - Limited evidence of reasons when children were not seen alone

## KENT CHILDREN'S SOCIAL SERVICES

- Managers address reasons when children are not seen alone [Q13]

# **Haringey JAR - Inadequate serious case review of death of Baby Peter**

**Haringey LSCB produced a second serious case review in February 2009**

**All recent serious case reviews conducted by Kent LSCB have been appraised and accepted by Ofsted**

# CONCLUSION

**“... there can be no guarantee that a single case within Children’s Social Services may not be in a state of risk. Standards of child protection work, overall, can only be assured by regular supervision and self-monitoring.” [Para 10.2]**

**“Regular, high-quality, organised supervision is critical.” [Lord Laming]**

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From: Kay Weiss, Head of Policy & Performance

Lead Officer: Donna Marriott, Acting Safeguarding Policy & Performance Manager

To: Children's Champions Board – 23 September 2009

Subject: **CPR3 Statistical Return**

Classification: Unrestricted

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Summary: This report provides an analysis of the data submitted to the DCSF by Kent Children's Social Services for the year 2008-2009.

Members are requested to note the contents of the report.

## **FOR INFORMATION**

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### **Background**

The CPR3 statistical return is the statutory return made to the DCSF on an annual basis, providing data for the year (2008-2009) on referrals, assessment and children and young people who were subject to a child protection plan during the year.

The attached report provides an overview of the key data submitted to the DCSF in June 2009. The report provides some analysis of the data and considers where there has been any decline or improvement in performance, as well as highlighting key issues for consideration/further examination.

### **Recommendations**

Members are requested to NOTE the contents of this report.

Donna Marriott  
Acting Safeguarding Policy and Performance Manager

Date: 25.08.09

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## **Narrative Report - CPR3 Return 2008/09**

### **Introduction**

Performance during 2008/09 should take account of the increase in referrals to Children's Social Services (CSS), the impact of ICS implementation on CSS operations, heightened concerns in respect of safeguarding and managing risk post Baby P, and vacancy levels within front line social work teams.

Kent has a strong performance on safeguarding and was rated 'Good' in the JAR evaluation undertaken in February 2008, and the subsequent APA in September 2008.

### **Total number of referrals received by Children's Social Services**

2005/06	2006/07	2007/08	2008/09
11,860	10,515	12,005	17,358

Referrals received by CSS throughout 2008 have increased by 44.6% on the previous year. Anecdotally, District Duty Teams have reported a significant increase in referrals since the Baby 'P' case came to the attention of the media in late 2008 however the data indicates an even distribution of referrals through out the year.

Caution needs to be exercised in respect of the 44.6% increase as 07/08 data was recorded by the SWIFT system and not all children within the family were recorded as a referral necessarily. ICS went live in April 08/09 and all children within a family must be recorded as a referral. Therefore while it is possible to say there has been an increase in referrals it is not possible with any degree of accuracy to say by how much. However the County Duty Service has reported an increase in referrals by child 35% and nationally, other Local Authorities are reporting increases in the region of 30 – 35%.

The increase in referrals is not attributable to the introduction of the CAF in Kent. It is not possible to identify if there has been an impact from the development of the Local Children Services Partnerships and Children's Centres as the data counts referrals by referring agency.

Overall, the percentage of the total number of referrals to CSS from each individual agency has not changed significantly from the previous year; most agencies having increased their numbers of referrals to CSS. The largest number of referrals are received from the Police, 2985 referrals in 2007/08, in comparison to 5150 in the year 2008/09. Police referrals made up 30.2% of the total number of referrals for 2008/09 and 28.1% in 07/08.

46.4% of all referrals were classified as 'Family Dysfunction' and 23.1% as Abuse and Neglect.

### **NI68: Referrals to children's social care going on to initial assessment**

2005/06	2006/07	2007/08	National Average 2007/08	Statistical Neighbours 2007/08	2008/09
94.5% (11,210)	74.8% (7,865)	64.2% (7,710)	59.4%	59.1%	47.5% (8,241)

The number of referrals going on to initial assessment as percentage of the total number of referrals has dropped from 64% to 47.5% however this drop in performance should take account of the fact that the total number of referrals has increased by 44.6%. In real terms more initial assessments were completed in 2008/9 - 8,241 during 2008/9 compared to 7,710 in 2007/08. This equates to 531 additional initial assessments completed during the previous year.

The fact that less than half of referrals received by Duty Teams led to initial assessment (a high proportion of referrals being screened out), is an issue which requires further investigation as it does raise a question regarding the appropriateness of referrals being received.

**NI59: Initial assessments for children's social care carried out within 7 days of referral**

2005/06	2006/07	2007/08	National Average 2007/08	Statistical Neighbours 2007/08	2008/09
66.8% (7,485)	75.3% (5,925)	76.9% (5,930)	70.7%	70.2%	71.7% (5,911)

Performance in relation to initial assessment being completed within 7 days has dropped 5.2% over the previous year. This represents 19 fewer initial assessments being completed during 2008 as in real terms more initial assessments were completed in total. This performance is still slightly favourable in comparison to our statistical neighbours and the average across England.

**NI60: Core assessments for children's social care that were carried out within 35 working days of their commencement**

2005/06	2006/07	2007/08	National Average 2007/08	Statistical Neighbours 2007/08	2008/09
70% (1,475)	84% (2,820)	84% (3,370)	80%	79%	81.2% (3,423)

Performance in respect of core assessments completed within 35 working days remains strong at 81.2% for 2008/09. This is a small drop in performance (3.8%) on the previous year, but should be considered in the context of a small increase in completion of core

assessments in real terms from 4,000 to 4,215, as well as the significant increase in referral activity.

**NI64: Child Protection Plans lasting 2 years or more**

2005/06	2006/07	2007/08	National Average 2007/08	Statistical Neighbours 2007/08	2008/09
7.6% (65)	5.5% (45)	8.2% (65)	5.3%	5.3%	10% (86)

There has been a 1.8% increase in Child Protection Plans lasting 2 years or more. This drop in performance was anticipated due to management action taken prior to the JAR in 2007 to improve performance in respect of the NI65 indicator (children becoming subject to a Child Protection plan second or subsequent time). At this time, concerns were identified because this indicator had dropped a band (at 19.2%). Analysis work established that some Child Protection Plans were being ended prematurely and an over optimistic view taken of the child’s circumstances. Practice in this area was strengthened. It is now expected that all conferences where consideration is being given to ending the Plan, must have an updated core assessment which demonstrates measurable improvements.

**NI65: Children becoming the subject of a Child Protection Plan for a second or subsequent time**

2005/06	2006/07	2007/08	National Average 2007/08	Statistical Neighbours 2007/08	2008/09
14.2%	19.7%	19.2%	13.6%	14.7%	15.1%

During 2008/09, there was a reduction in the number of children becoming subject of a Child Protection Plan for a second or subsequent time to 15.1%. This upward trend was anticipated and is a significant improvement in performance which, as hypothesised above, may correlate with the management action taken in 2007, linked to preventing premature de-registration.

**NI67: Child protection cases which were reviewed within required timescales**

2005/06	2006/07	2007/08	National Average 2007/08	Statistical Neighbours 2007/08	2008/09
100%	98.4%	100%	99.4%	99.5%	99.3%

Performance in this area remains strong. The dip from 100% represents 6 children, 2 families. In total, the number of children needing to be reviewed who are subject to a Child Protection Plan has increased year on year. In 2005/06 there were 500 children, in 2006/07 there were 620 children, in 2007/08 780 children subject to a CP Plan and in 2008/09 there were 860 children in this category. Again this represents a year on year increase in activity, whilst strong performance has been maintained.

<b>PAF banding</b>
<b>Very good</b>
<b>Good</b>
<b>Acceptable</b>
<b>Ask questions about performance</b>
<b>Investigate urgently</b>

**Banding for 2008/09 is not currently available**

By: Bill Anderson, Director of Children's Social Services  
To: Children's Champions Board – 23<sup>rd</sup> September 2009  
Subject: Children's Social Services Annual Activity Report for KSCB –  
1<sup>st</sup> April 2008 – 31<sup>st</sup> March 2009  
Classification: Unrestricted

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### **Summary:**

This attached report details the safeguarding activity of Children's Social Services (CSS) for the period 1<sup>st</sup> April 2008 to the 31<sup>st</sup> March 2009. It is an annual report produced for the Kent Safeguarding Children Board (KSCB).

The report provides an overview of Children's Social Services activity in the context of the preventative agenda before going on to provide an analysis of referral activity, including some comparative data on last years activity in the context of referral source. Key issues identified are;

- CSS committed £3.1million to preventative services for 2008/9
- Referrals to CSS increased by 44.4% to 17,358
- 52.5% of referrals received by CSS did not meet the criteria for a social work initial assessment
- 22.9% of referrals received were assessed as a child protection concern
- The number of children subject to a Child Protection Plan has increased by 6.5%
- 2.5% of referrals are recorded with a principle need around the parent's illness or disability
- Neglect continues as a principle category for determining Child Protection Plans

The report considers the increasing numbers of referrals which are being received by Children's Social services, and explores the dynamic of how many referrals do not meet the criteria for specialist intervention.

An overview of Children's Social Services intervention with other vulnerable groups is also examined, including looked after children and disabled children.

### **Recommendations**

Members are asked to:

1. Note the contents of this report and the actions planned by Children's Social Services

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**REPORT FOR KSCB  
IN RELATION TO  
KENT CHILDREN'S SOCIAL SERVICES  
PERFORMANCE ACTIVITY IN THE CONTEXT OF  
SAFEGUARDING  
2008-2009**

## **Contents Page**

- 1. Introduction**
- 2. Children's Social Services Preventive Services**
- 3. Referrals**
- 4. Referral Source**
- 5. Child in Need**
- 6. Outcome of referral**
- 7. Assessments**
- 8. Child Protection Activity**
- 9. Children subject to a child protection plan**
- 10. Child Protection Plan by category**
- 11. Child Protection Plan by Age**
- 12. Duration of Child Protection Plans**
- 13. Timeliness of Child Protection Review Conferences**
- 14. Disabled Children and Child Protection Planning**
- 15. Impact of the Public Law Outline**
- 16. Parenting Capacity Assessment Service**
- 17. Looked After Children**
- 18. Corporate Parenting Forum**
- 19. Child in Care Council**
- 20. Conclusions**
- 21. Recommendations**

## 1. Introduction

This report provides an overview of Kent Children's Social Services activity during the year 2008-2009. This has been a challenging year for Kent Children's Social Services, with the introduction of the Integrated Children's System, an increase in referrals to the Directorate and heightened concerns in respect of managing risk post baby Peter, as well as vacancy levels within front line social work Teams.

The report is set out to provide an overview of the depth of work carried out across Children's Social Services within Kent, and seeks to identify matters which may be of interest to the Board in the context of multi-agency working.

## 2. Children's Social Services Preventive Services

The Every Child Matters agenda, and in particular the Children Act 2004, were key drivers to the introduction of the Children's Plan, which aims to improve outcomes for all children by redesigning services and ensuring active partnership through Children's Trusts.

The introduction of the Kent Children's Trust in 2006, and the later introduction of the Local Children's Services Partnerships in 2008 were established to meet the requirements of the Children Act 2004 for whole-system integration. The Local Children's Services Partnerships form the operational arm of the Kent Children's Trust and play a central role in improving outcomes for local children, young people and families through integrated commissioning and front line delivery.

During the financial year 2008/09, Children's Social Services committed £3.1million on preventative services across the tiers 1-2.5 of our Child in Need Matrix. Working with and through the Local Children's Services Partnerships, the focus is clearly on the priorities established in the local Children & Young Person's Plan.

The chart below shows the Children's Social Services spend on Tier 1 to 2.5 preventive services in 2008-09 provided by the Voluntary and Community Sector.

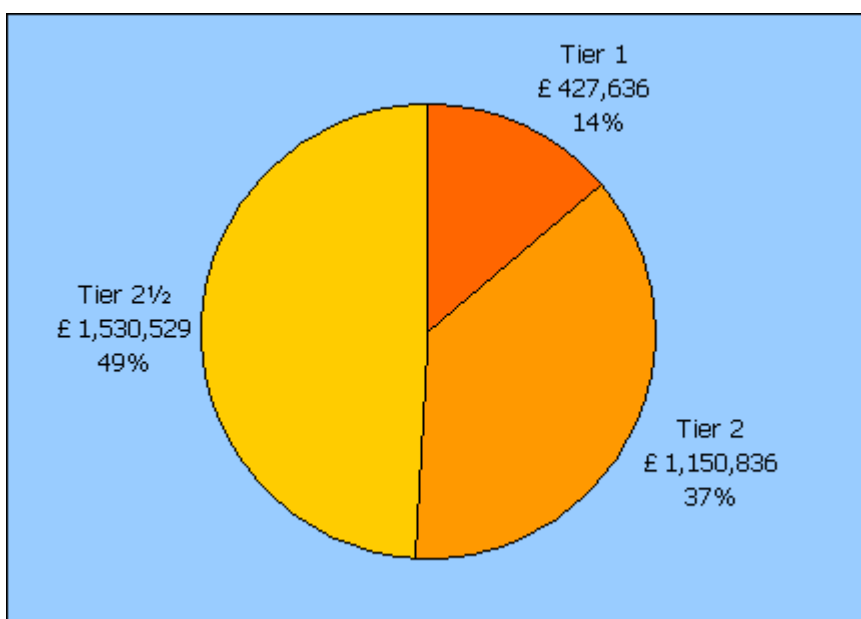


Figure 1: CSS spend on Tier 1 to 2½ preventive services 2008-09

This year (2009/10) is the second year for Kent's implementation of its Aiming High pilot to develop improved services for disabled children and their families. The project team has been highly commended by the DCSF in the quality of its planning and its level of service user involvement. The Local Children's Services Partnership Boards will be key agents in ensuring that the core offer for Aiming High is delivered at locality level and there will be important strategic links between Children's Social Services and the Partnership Boards in order to deliver the Aiming High agenda.

Within Kent County Council there are a number of key Kent-wide policies which provide a county vision and structure through which services are delivered. These include:

- Kent Children and Young People's Plan 2008-2011
- Kent and Medway Local Safeguarding Children Board Policy and Procedures
- Invisible People – a multi agency strategy for young carers in Kent
- Kent Compact and the introduction of the Kent Partners Compact
- Community Strategy (Vision for Kent)
- Towards 2010
- The Kent Agreement
- The Annual Plan
- Supporting Independence Programme
- Medium Term Plan

### 3. Referrals

As KSCB will already be aware, there has been a considerable rise in the referrals made to Children's Social Services in the year April 2008 to March 2009. Between 2005 – 2008, the national rate of referrals decreased by some 5.4% and during the same period the referrals increased across Kent by a slight 1.2%. This increase is notable given the national context of decreasing referrals.

In this most recent year (2008 – 2009) we do not yet have available the Statistical First Release which would provide the national detail. However, the referrals into Kent have increased dramatically to 17,358 – a rise of 44.6% (see figure 2).

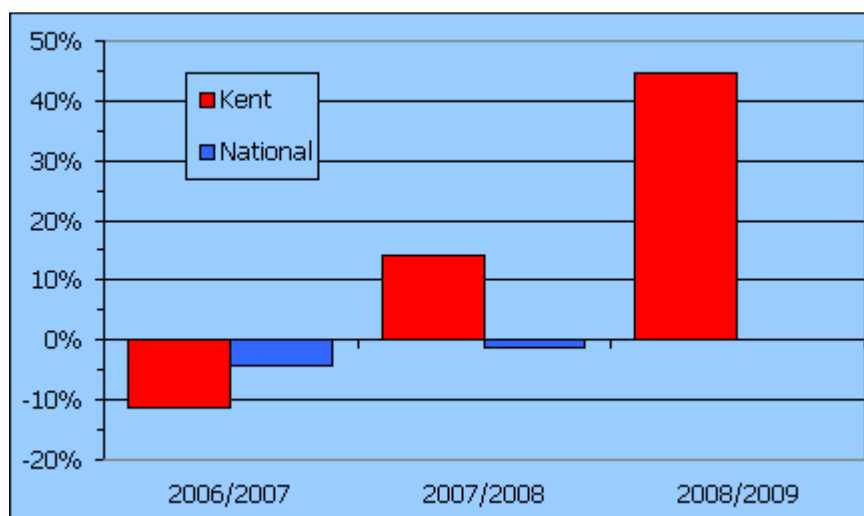


Figure 2: Percentage variation in referral volumes from the previous year

An increase in referral activity is reported by other local authorities at around 30-35%. Anecdote might suggest that this and Kent's increase is related to an increase in anxiety post Baby Peter and indeed, this may be a contributory factor. In addition, the introduction of ICS in Kent in January 2008 required a changed reporting arrangement whereby every child in a family was recorded as an open referral at that first point. Previously, at referral, usually only one referral was opened in respect of the family.

It is important to note that this current recording system does not account for open cases where there is a new incident of child protection concern. This new Child Protection work is undertaken within the duty arena (following the recommendation from the A99 Serious Case Review), yet remains unquantified. Previous data suggests that such activity would have accounted for between 25% and 31% of the work of the teams. KSCB are advised that measures have been taken to compensate for this lack of data, which will be available in part, for next year's reporting.

The month on month data identifies a more consistently increasing referral profile as is demonstrated in the graph below:

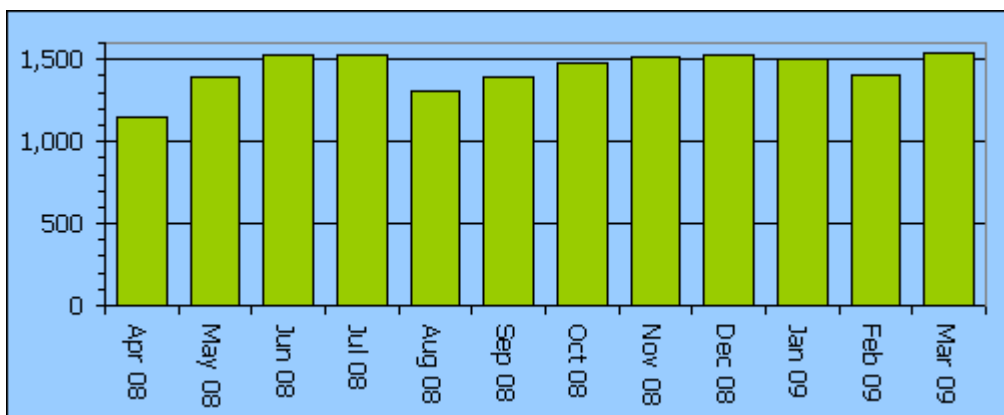


Figure 3: Volume of referrals per month

The report presented to KSCB last year noted the then significant increase in referrals, particularly at a time when communities were developing preventative services. For such an increase to be exceeded in the following 12 months must raise important questions with regard to the confidence of communities in managing the preventative and early intervention agenda.

#### 4. Referral Source

Notwithstanding the increase in total referral numbers, the proportion of referrals to Children's Social Services from each individual agency has remained in line with last year's profile.

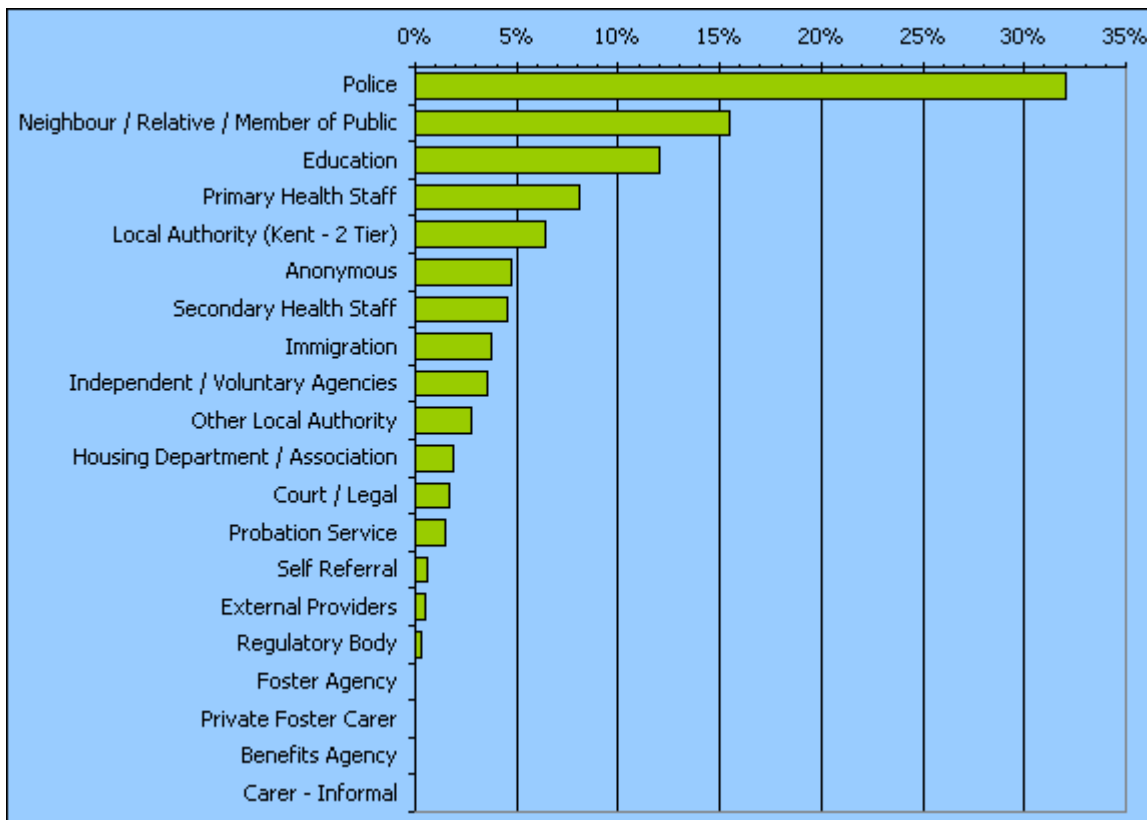


Figure 4: Referrals 2008/2009, by referrer

As the above chart demonstrates, the largest number of referrals received was from the **Police**, with a total of 5,150 referrals being received during the last year in comparison with 2985 referrals in 2007-08. Referrals from the Police made up 30.2% of the total number of referrals for 2008-09, a slight increase on the previous years 28.1%. This does raise the question as to whether the referral increase reflects a growing identification of domestic abuse, though no analysis has yet been carried out to date to establish whether the referrals are resulting from domestic abuse incidents.

This figure does need to be considered in the context of the high numbers of referrals which do not lead to an initial assessment. It raises a question regarding how appropriate it is to refer these families to Children’s Social Services, and whether their needs would be better met by the provision of targeted resources such as through the wide range of domestic abuse services available in the community including those preventative and early intervention services previously outlined. This issue has been highlighted as an area that requires further exploration between the Police and Children’s Social Services, and work is planned to begin examining this issue.

Given that data is recorded by agency and not by “location”, it is not possible to qualify the specific impact of for example, Children’s Centres or Local Children’s Services partnerships. None the less, the significant increase in total referral numbers compounded by the finding that these referrals do not meet the criteria established in the Child in Need Matrix further re-enforces the question with regard to the confidence of these community services in addressing the needs of vulnerable children and their families. Moreover, a direct consequence of such a referral is to draw families into a higher level of intervention – it is not a “neutral” or “reassuring” activity.

Referrals from members of the **public** (neighbours relatives, friends and strangers) made up 16% of the overall referrals into Childrens Social Services throughout 2008-2009, and accounted for the second highest referral source across the service (see figure 5).

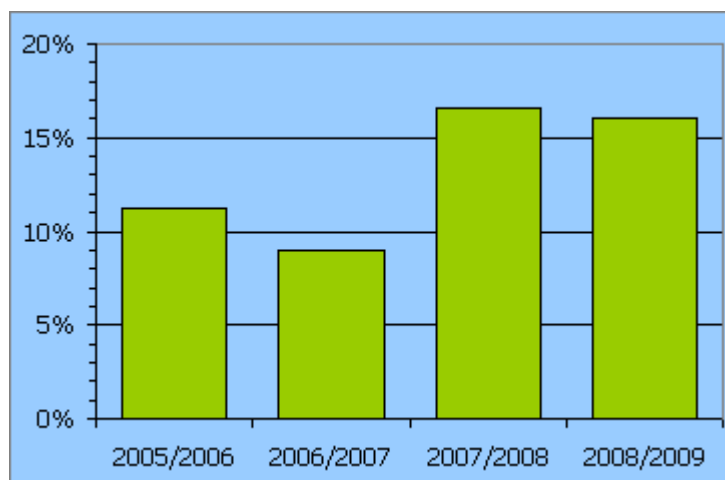


Figure 5: Percentage of referrals from members of the public

It is of note that the number of referrals received from members of the public during 2008-2009 is similar to the previous year. This significant referral rate does suggest that members of the public are aware of referral mechanisms and what to do if they have concerns about a child.

Referrals from **Education** services across the County accounted for 1,929 referrals into Children's Social Services throughout 2008-09. Although Education referrals account for the third highest referral source across the County during this period, this equates to a drop in the overall referral proportion of all referrals, at 11%, in comparison with the previous years proportion of 15%.

Although the overall numbers of referrals from **Health** staff across the community have increased, to 1,305, this still only forms 7.5% of the overall referrals to Children's Social Services throughout 2008-09. It was anticipated that the introduction of the mental health protocol might lead to an increase in referrals, though this has not been realised. There may be merit in monitoring whether the joint mental health/CSS workshops currently being planned for roll out across the two services during 2009 leads to an increase in referral activity during the forthcoming year.

Of note is the considerable increase in referrals from the Court increasing from 81 in 2007-08, to 269 in 2008-09. This represents an increase of 232% on the previous year's referrals, which given how significant the increase is seems to warrant further examination to establish whether there has been a change in practice or process. Unfortunately, the data is not currently broken down by referral type and will require further analysis to establish whether these referrals relate to an increase in requests for Section 7's or 37's from the Courts (essentially, a request for the local authority either to further advise the Court, or specifically, to consider seeking a Care Order).

## 5. Children In Need

Of the 17,358 referrals received during this period, the principal categories of need are identified below:

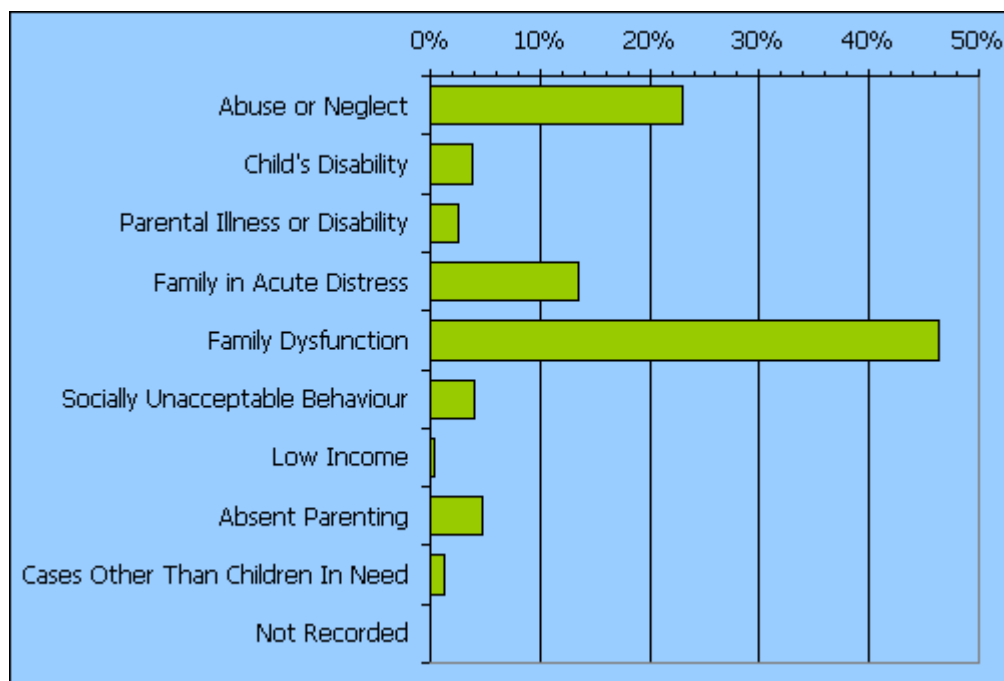


Figure 6: Referrals 2008/2009, by category of need at referral

Unsurprisingly, family dysfunction represents the main need at the time of referral. It is of note that the very families that would be well supported in our targeted prevention and early intervention services are the families with an element of dysfunction.

The most recent county audit of referral and contact points (July 2009) is robust in its finding that the threshold for child protection planning is appropriately judged and well managed. The audit identified that there are challenges with regard to child in need capacity, including the impact of inappropriate referrals that indicate partner agencies unfamiliarity with the Child In Need Matrix – a matrix of need and eligibility that KSCB ratified on a multi agency basis. The subsequent action plan will detail work across the Children's Trust that facilitate more confident application of the child in need matrix; an increased understanding of the common assessment framework; and a skilled children's workforce in the community that is more able to meet these early needs of children in their families.

Referrals for a disabled child constitute 3.5% of all referrals in this period, whilst accounting for almost 16% of the open caseload in CSS (June 2009). Children within the Disabled Children's Service will remain open on average for almost 4 years, which is reflected in the greater proportion of ongoing cases rather than at the point of referral.

Mindful that 2.5% of the referrals are where there is an identified and significant level of parental illness or disability, the Children's Trust alongside KSCB may wish to give further consideration to how the Young Carer's Strategy is delivered. Clearly, we will want to develop effective services that keep families outside of the high level and arguably stigmatising remit of Children's Social Services.

## 6. Outcome of Referral

A total of 52.5% of referrals received by Children's Social Services did not meet the criteria for a social work service/assessment. This figure is higher than the previous year, and suggests a higher number of referrals were diverted out at the point of referral.

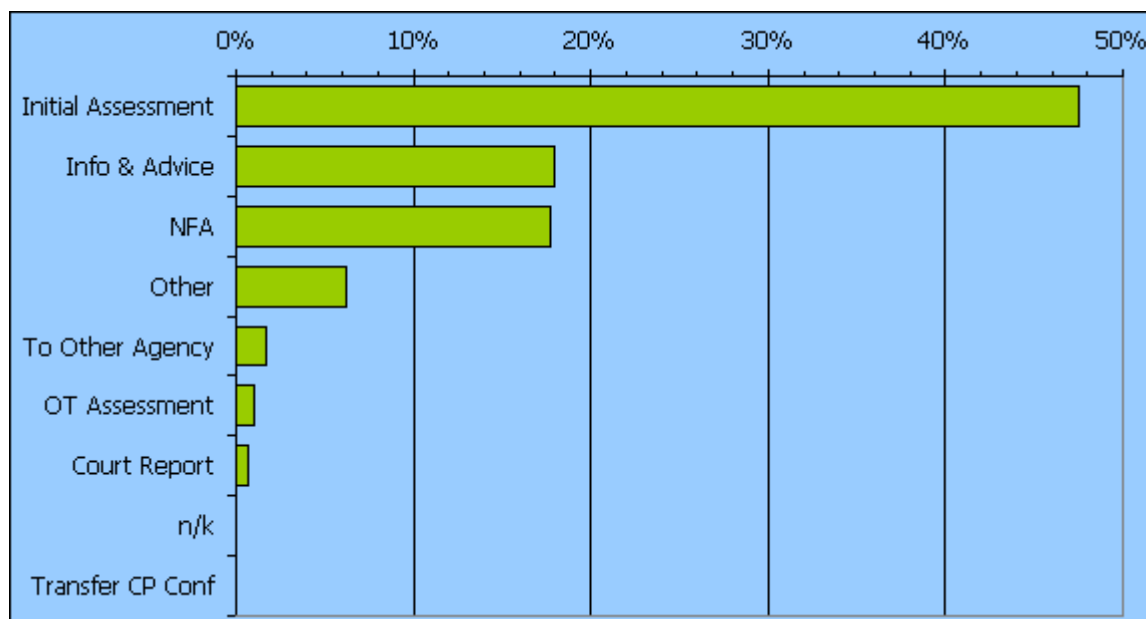


Figure 7: Referrals 2008/2009, by outcome

Of those referrals that did not lead to an assessment by a social worker, 18.0% resulted in either the provision of information, advice and guidance before case closure. It is reasonable to assume that in a very large part, these families are referred back out to community services. A misplaced referral is of itself a significant consumer of resources, both on the part of the referrer, and of course for Children's Social Services, in making the necessary judgement and consulting with the family. More importantly, this process serves to build in delay for the child and their family, and potentially exacerbates anxiety and need as a consequence. It will be important in the development of the preventative strategy, including those integrated services, to confidently meet the needs of children at the earliest of opportunity.

A further 17.9% of referrals led to no further action being taken by Children's Social services at the point of referral. These are referrals that did not meet the Children's Social Services eligibility criteria in accordance with the Child in Need matrix. This finding does not support the hypothesis put forward in last year's activity report, which forecast a reduction in inappropriate referrals as the CAF becomes embedded across the children's workforce. This does suggest that further analysis is required to establish how the CAF is being utilised by the children's workforce to meet the additional needs of children and young people at the earliest opportunity.

## 7. Assessments

An Initial Assessment is defined as the first assessment of any child who has been referred to social services with a request that services be provided. The decision about whether an Initial Assessment is required in response to a referral must be made within 24 hours by the duty senior. National Indicator 59 requires the statutory return on the proportion of such assessments that were completed within 7 working days.

Of the 17,358 referrals received in this reporting period, 8,241 progressed to Initial Assessment; a proportion of 47.5%. The national comparator is not yet available. Our performance last year was at 64.2% (against a national return of 59.1%). However, the actual number of initial assessments completed did in fact increase over this period, equating to an additional 531 assessments carried out throughout the year.

The number of children who require a core assessment of their needs following an initial assessment, is considerable and includes all those children who require a specialist level of social work intervention as children in need; those identified as in need of protection; and all looked after children. During 2008-09, this equated to a total of 4,215 core assessments being completed throughout the year, representing a total of 24.3% of all cases referred to Children's Social Services.

Performance in respect of core assessments completed within 35 working days remains strong at 81.2% for 2008/09 (see figure 8). Although this is small drop in performance (3.8%) on the previous year, it should be considered in the context of the increase in the completion of core assessments in real terms from 4,000 to 4,215.

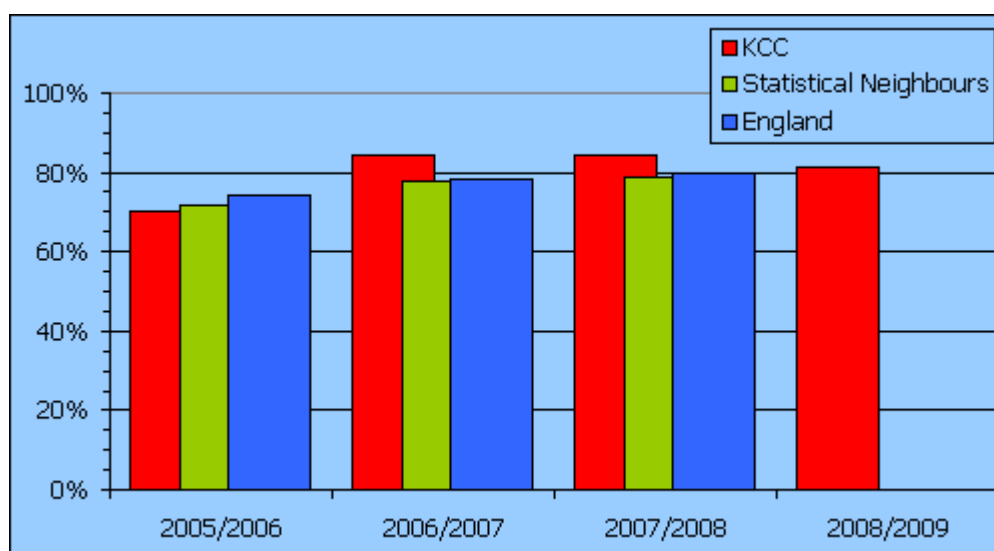


Figure 8: Percentage of core assessments completed within 35 working days

## 8. Child Protection Activity

Of the total number of referrals received, 22.9% (3,941) were assessed as being child protection concerns and therefore requiring an Initial Strategy Discussion. The primary function of this initial discussion is to determine whether child protection enquiries under Section 47 (1989 Children Act) should be undertaken.

Across Kent, 3,542 children progressed to Section 47 enquiries; 20.4% of all referrals or 89.9% of all referrals of a child protection concern. Nationally (2007-08) 70 children per 10,000 are subject to Section 47 enquiries; using population data for Kent (2007 ONS mid year estimates) this equates to 114 per 10,000. This substantiates the analysis that the thresholds for child protection are at least well managed.

Nationally (2007-08), 52% of children subject to Section 47 enquiries became subject to a Child Protection plan. For Kent (2008-09) this rate is 25.5% (902 of the 3,542 Section 47 enquiries). This fits with the larger proportion of children in Kent who are referred in as child protection concerns and for whom Section 47 enquiries are undertaken when compared to a national profile.

It is interesting to note that the total number of children subject to Section 47 enquiries remains consistent with last year (3,950), notwithstanding the considerable rise in children referred into Children's Social Services. Of these section 47 enquiries, 992 children were subsequently considered at an Initial Child Protection Conference, or 28.0%. Last year, the proportion was 28.4%.

Once at Conference, the most likely outcome is that children will be made subject to a Child Protection Plan. For this most recent reporting year, 902 children (of the 992) that went to Conference had a child protection plan; a figure of 90.9%. Over the past 3 years, this proportion has varied around this figure, as detailed in the chart below.

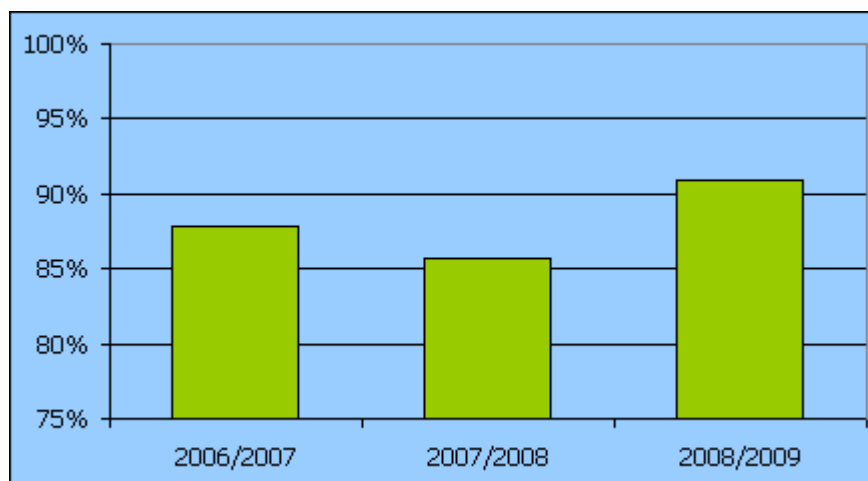


Figure 9: Percentage of children at Initial CP Conference that were made subject of a plan

### 9. Children subject to a Child Protection Plan

The total number of children subject to a child protection plan in Kent at the end of March 2009 was 1,022, an overall rise of 62 additional children in comparison to the same period at the end of 2007-08 (figure 10). This does indicate an upward trend, being a 6.5% increase on last year's figure, although it should be noted that this rise is less than the previous year's increase of 11.5%.

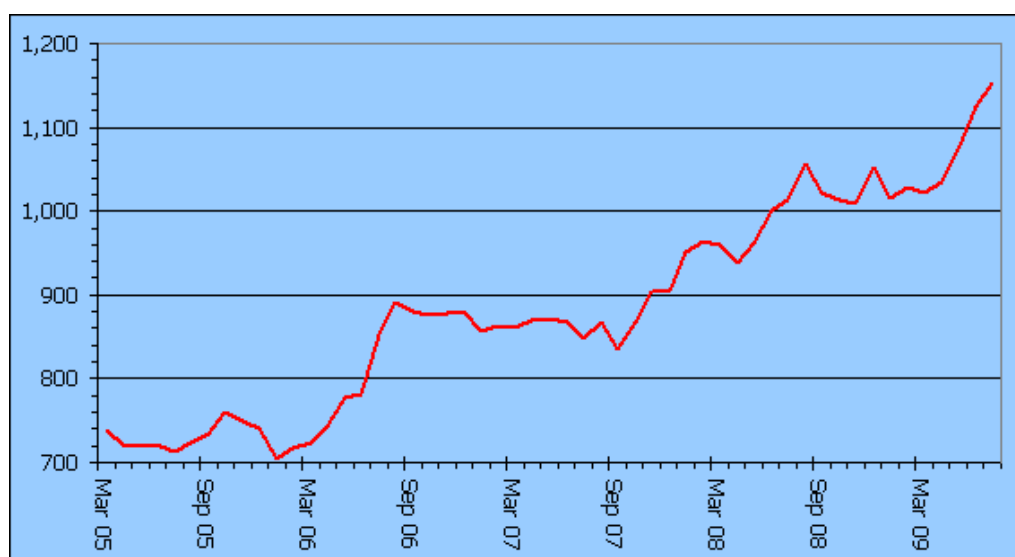


Figure 10: Volume of children with a CP Plan at month ends, 2005-2009

Indeed, figure 11 identifies that Kent continues to have a considerably greater proportion of its children subject to a child protection plan, and that this trend has been growing.

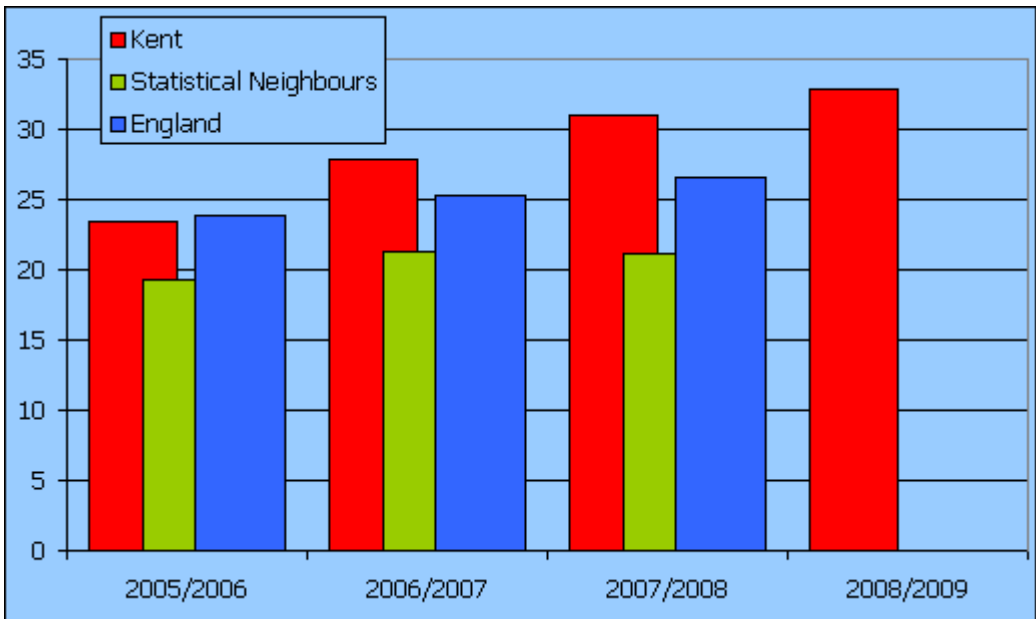


Figure 11: Children subject to a CP Plan per 10,000 population (0-18 year olds)

It will be important for KSCB to consider further the increasing multi-agency tendency to make children subject to such plans. Moreover, this finding serves as an interesting contrast to local anecdote that thresholds for such intervention are too high.

We now have the benefit of a full year's data to consider since the ending of the child protection register in April 2008. The small increase in the overall number of children subject to a plan in comparison to the previous year indicates that the initial concerns about the potential for the ending of the register to lead to significant increases in children subject to child protection plans has not been realised.

The introduction of the policy decision in 2007 to ensure increased scrutiny and focus on child protection plans in order to prevent plans being ended prematurely appears to have had a continuing impact on the increasing numbers of children subject to a plan. However, this change in practice can be seen to have resulted in a significant improvement in performance in other areas, with a reduction in the number of children who became subject to a child protection plan for a second or subsequent time dropping from 19.2% in 2007-08 to 15.1% in 2008-09.

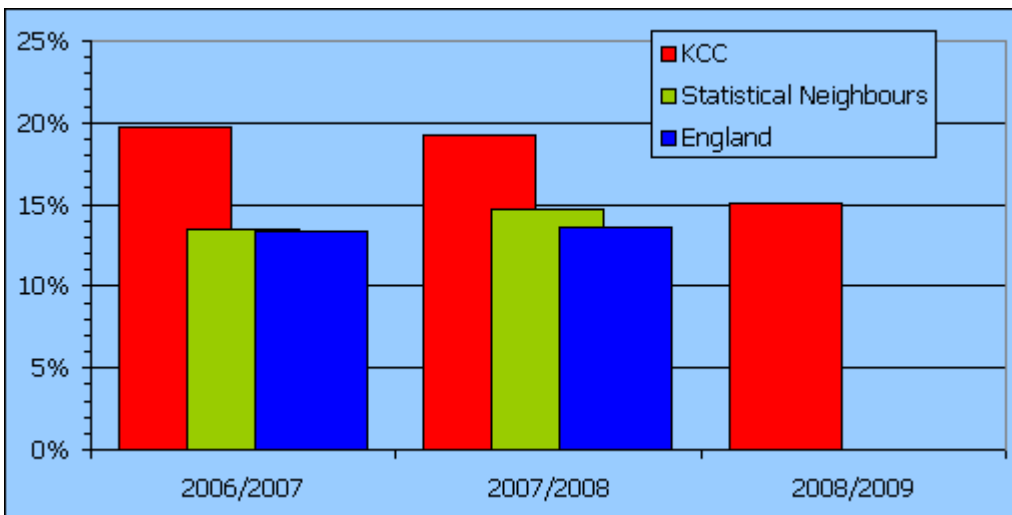


Figure 12: Percentage of children made subject of a Child Protection Plan for a second or subsequent time

## 10. Child Protection Plan by Category

Across Kent, neglect remains the predominant category for determining child protection plans. There is a slight increase in the recording of physical abuse that may be no more than a statistical anomaly. It may also be that this slight increase more specifically reflects child protection planning post Baby Peter and there would be merit in monitoring this with a view to whether this slight increase continues as a feature.

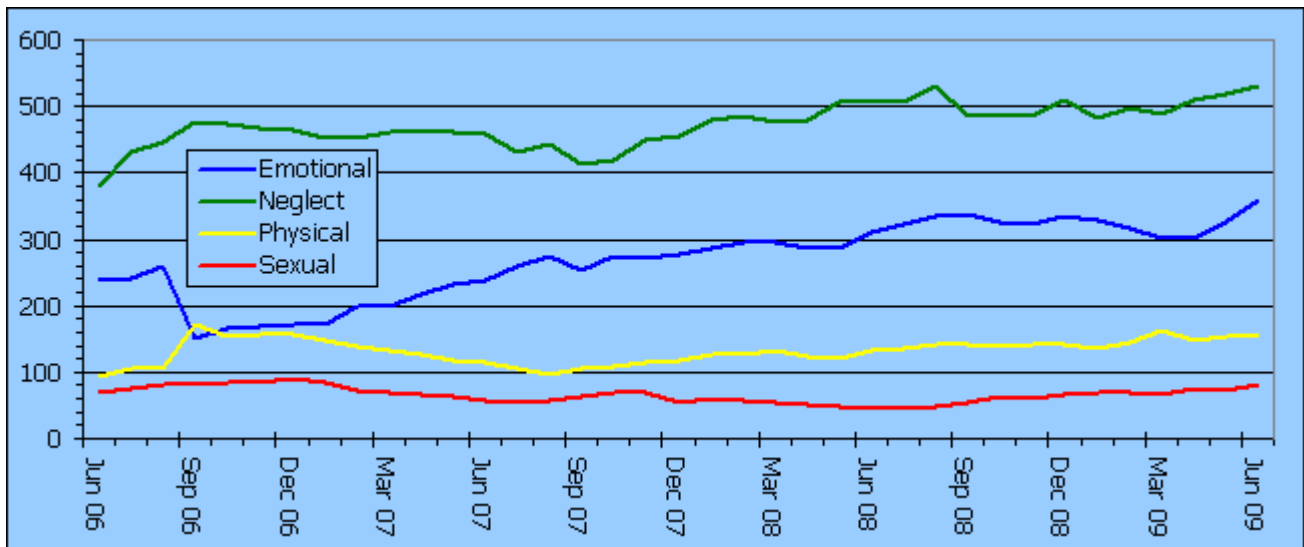


Figure 13: Child Protection Plans by category history, 2006-2009

The previously reported internal Children's Social Services audit of sexual and physical abuse referrals took place in autumn 2008. This audit found that in those cases where there was clear unambiguous evidence of physical or sexual abuse, then teams worked well and promptly with multi-agency colleagues to protect children. However, at that time, the audit team also concluded that the completion of agency checks and the convening of strategy discussions were less robust than was appropriate. In part this reflected challenges posed in recording onto ICS.

The audit also identified an absence of health contributions in strategy discussions as being of particular concern. Sometimes health colleagues were not invited to contribute even when there were allegations of injuries or sexual abuse. Within the audit sample it was uncommon to see paediatric examinations being commissioned to determine the cause of injuries to children. Instead it was more common to see social workers making judgements about the likelihood of parental explanations being correct or asking parents to take their child to their GP. Further guidance was issued and work has been carried out following this audit to emphasise the importance of the multi-agency contribution to the strategy discussion process, and the most recent audit (in July 2009) has identified a notable improvement in this regard.

## 11. Child Protection Plan by Age

As with last year, just over 3 in 4 children with a child protection plan are aged 10 or under, including unborn children. Although this year sees the emergence of a small cohort of children aged 17 years, the proportion of those aged 11+ with a child protection plan is fairly constant at 23.8% compared with a figure last year of 23.0%.

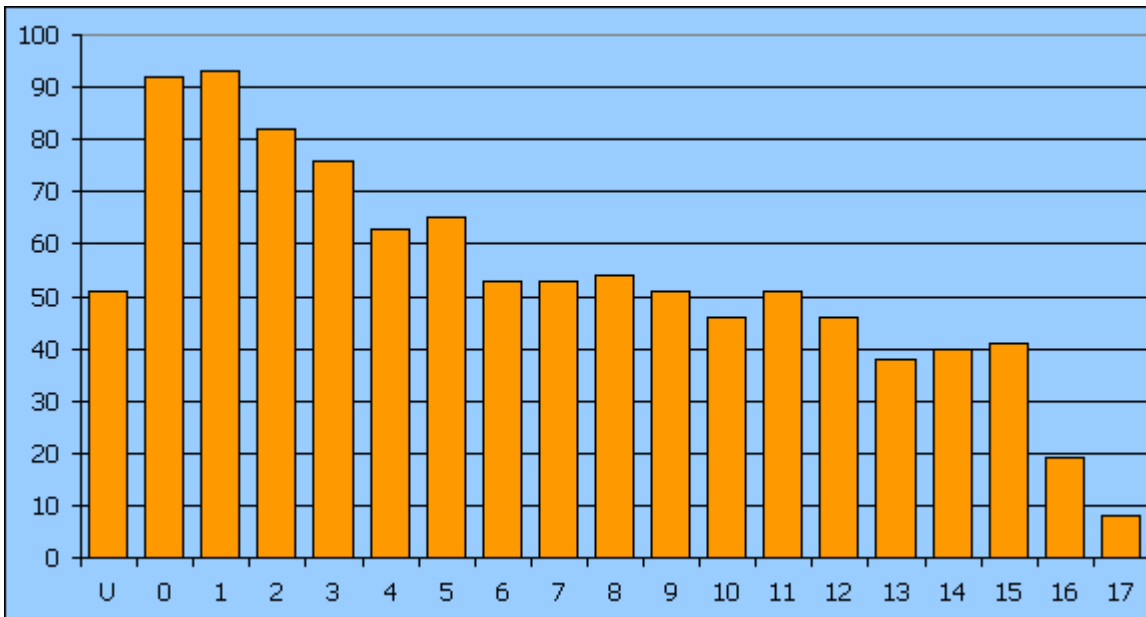


Figure 14: Children with Child Protection Plans as at 31<sup>st</sup> March 2009, by age

Although relatively small numbers, there has been a doubling of unborn children subject to a plan in this most recent reporting period. Last year's figure (31/3/08) was at 2.4% compared with 5.0% (31/3/09).

## 12. Duration of Child Protection Plans

The other significant group in the context of child protection activity is those children who remain subject to a child protection plan for 2 years or more. This issue forms a national indicator (NI 64), and is therefore monitored by the Department of Children, Schools and Families (DCSF). As can be seen, there has been a 1.8% increase in child protection plans lasting two years or more across Kent during 2008-09.

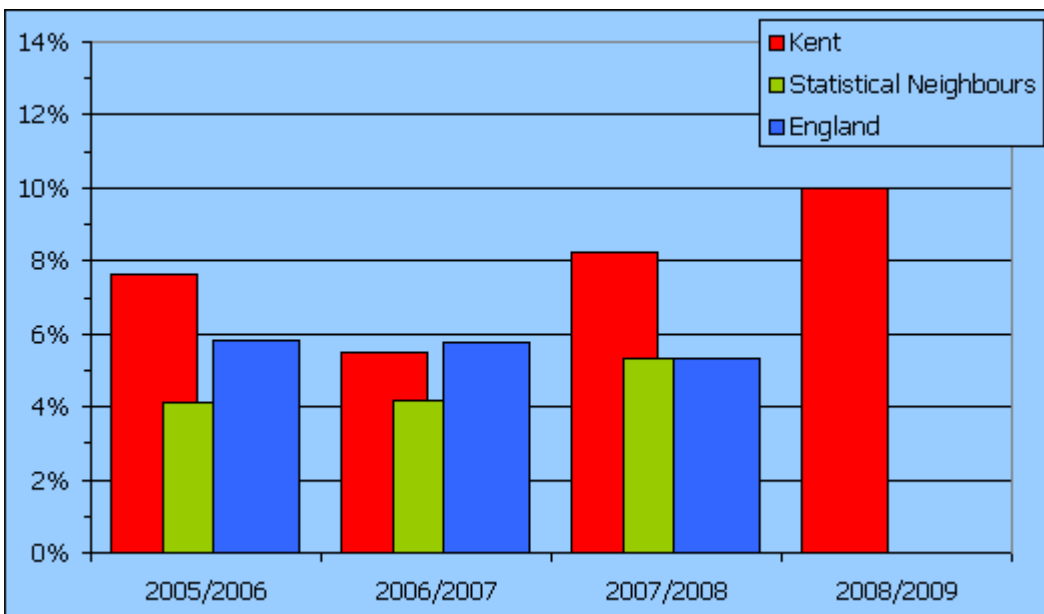


Figure 15: Percentage of children with a CP Plan of two years or longer at end of plan

This drop in performance was anticipated due to management action taken prior to the Joint Area Review in 2007 to improve performance in respect of the NI65 indicator (children becoming subject to a Child Protection plan second or subsequent time). At this time, concerns were identified because this indicator had dropped a band (at 19.2%). Analysis work established that some Child Protection Plans were being ended prematurely and an over optimistic view taken of the child's circumstances. Practice in this area was strengthened thus leading to fewer children's plans ending prematurely.

### 13. Timeliness of Child Protection Review Conferences

In total, the number of children needing to be reviewed who are subject to a child protection plan has increased year on year. In 2005-06 there were 500 children needing to have their plan reviewed, increasing to 860 children in 2008-09. Again this represents a year on year increase in activity, whilst strong performance has been maintained.

The number of child protection conferences reviewed within timescales is also subject to performance measures and is a national indicator (NI67). Kent has strong performance in this area. Just 2 families (6 children) account for the small drop from 100% last year (see figure 16).

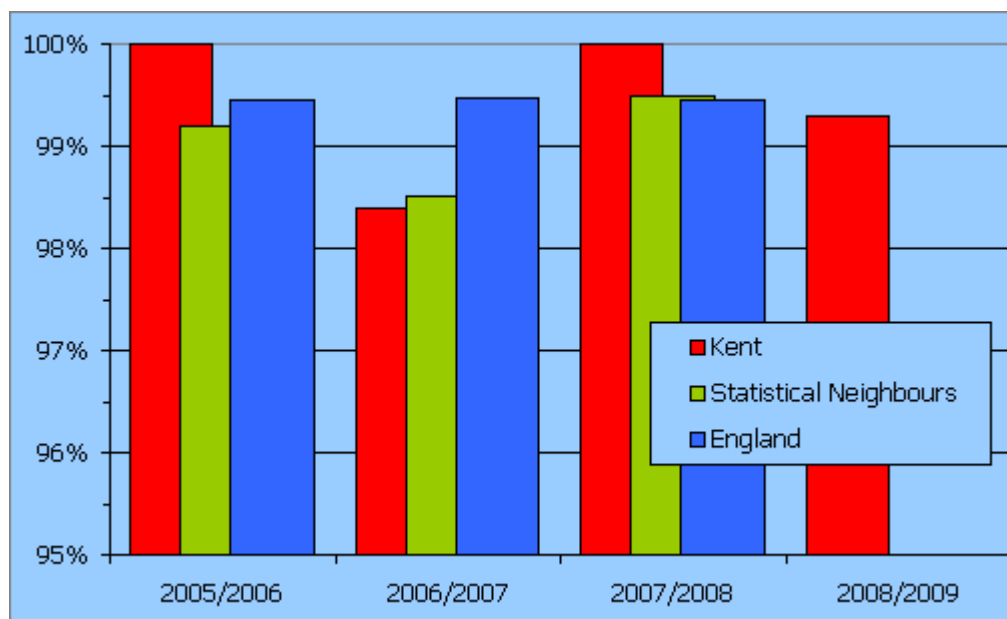


Figure 16: Percentage of CP Reviews held within timescales

### 14. Disabled Children and Child Protection Planning

Although it is known that disabled children are particularly vulnerable to abuse, there is limited information available nationally to provide an indication as to whether this group is appropriately represented in the safeguarding arena. Local authorities are not required to maintain information about the numbers of disabled children subject to child protection enquiries or plans, and even when local authorities do keep this information a lack of a common definition and inconsistent recording means that the information is not reliable<sup>1</sup>.

<sup>1</sup> It doesn't happen to Disabled Children: Child Protection & Disabled Children, NSPCC:2003

Kent Children's Social Services does maintain data regarding the number of disabled children subject to a child protection plan in the County. As with previous years, the numbers of disabled children in Kent subject to a child protection plan remains small, with the higher proportion being in the East of the County. Interestingly, there has been an increase in disabled children in West Kent being made subject to a child protection (equating to a 300% increase). However, this figure should be approached with some degree of caution given the very small numbers of children involved.

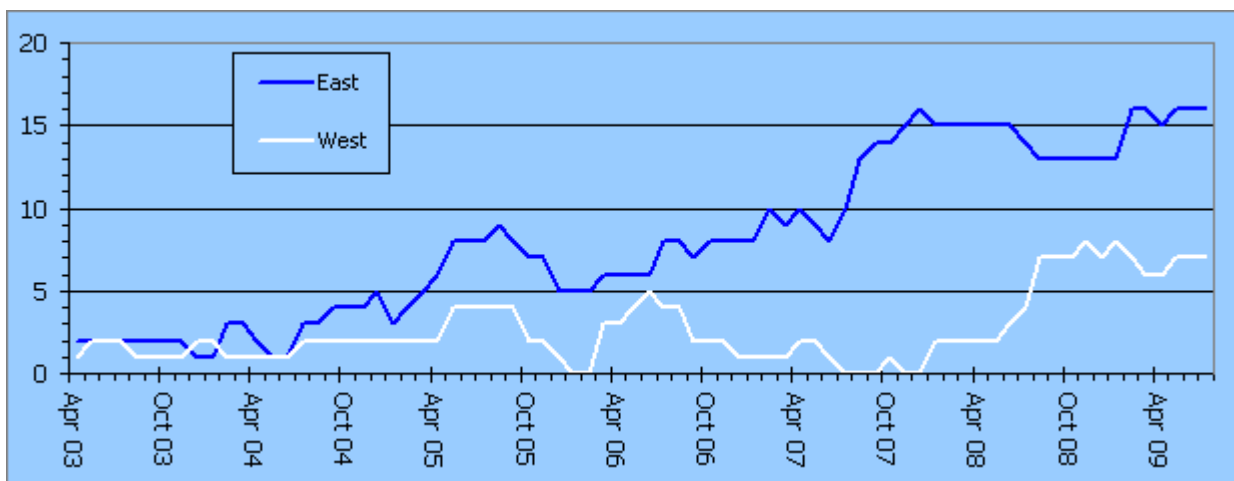


Figure 17: Disabled children who have a Child Protection Plan, 2003-2009

Within Kent, the Duty and Initial Assessment Teams retain responsibility for investigating child protection concerns regarding disabled children even if they are receiving a service from the Disabled Children's Service. The reason for this approach to practice is to ensure that such concerns are considered independently. Within Children's Social Services a joint protocol has been developed between the two services to provide clarity regarding individual roles and support a joined up and child focused approach to child protection investigations. To further support this work during 2009, Duty and Initial Assessment Teams across the County have joined with colleagues from Disabled Children's Teams to roll out workshops examining interface issues and promoting joint working approaches.

## 15. Impact of the Public Law Outline

In 2008, the judiciary and the Ministry of Justice introduced the Public Law Outline (PLO) as a tool for the management of care proceedings cases. It became operational across England and Wales from 1<sup>st</sup> April 2008, when it was issued alongside the statutory guidance on Court Orders<sup>2</sup>.

The PLO places a requirement on other agencies in addition to Children's Social Services to contribute to the core assessment, to provide specialist or expert reports pre proceedings and to write these reports in the knowledge that they may subsequently be placed before the court. The fundamental importance of the contribution of all agencies in developing good quality, timely assessments that are child focused are central to the philosophy behind the PLO.

We have now had the benefit of a full year since the introduction of the PLO to begin to consider the impact it is having on practice. We have carried out some review work across Children's Social Services (including Legal Services) to consider the early impact of the

<sup>2</sup> The children act 1989 guidance and regulations Volume 1 court orders, DCSF: 2008

PLO, particularly in terms of outcomes for children. The ongoing review process has been trying to establish whether the PLO promotes more timely and appropriate interventions for children. Early indications suggest that planning for some children under the PLO process has not led to more timely interventions, and there is also some early indications that we are experiencing an increase in the number of children becoming looked after whilst also being subject to child protection plans. These early indications will require further analysis throughout the forthcoming year both across Kent and in our support for National evaluation.

## **16. Parenting Capacity Assessment Service**

The development of the Parenting Capacity Assessment Service within Children's Social Services has taken place during 2008-09 as part of the Service re-alignment process. The six newly created Parenting Capacity Assessment teams were launched on the 3<sup>rd</sup> August 2009 and are taking on specialist assessment work across the County.

The service was designed to offer intensive, multi agency assessments of children and their families where there is continued and ongoing risk of significant harm despite the presence of a child protection plan. Assessments are commissioned by case holding social work teams from the Parenting Capacity Assessment service under the auspices of the Public Law Outline, which now requires local authorities to undertake or commission all required assessments prior to initiating Care Proceedings.

The distinct nature of the service with its links to multi agency partners including adult and child health means that it can deliver a timely and holistic assessment of the child and family. For some children this may conclude that safeguarding can only be achieved through the intervention of the Courts, but for others this may result in a better and more meaningful child protection plan.

Ongoing specialist training and supervision for the social work staff is an integral aspect of the service. In addition regular consultation with external consultants in the fields of psychology, learning disability, drug and alcohol addiction, mental health, child development and parenting capacity will take place to ensure the quality of the service.

## **17. Looked After Children**

The legislative framework places emphasis on seeking to keep children within their communities and families as far as possible. However, there will always be some children where the risks to the child's safety or wellbeing are so significant that this is not possible. This group of children represents the most vulnerable group in our community by virtue of the fact that they cannot be protected without being removed from their home on either a temporary or permanent basis.

Kent's looked after children population stood at 1,132 as at the end of March 2009. This equates to a total of 12 less children either placed in care or accommodated than at the same period in the previous year. Last years report to KSCB noted the correlation between the numbers of looked after children and the Index of Multiple Deprivation (IMD). A similar pattern is again evident this year, with the highest numbers of looked after children being within Thanet, Swale and Shepway.

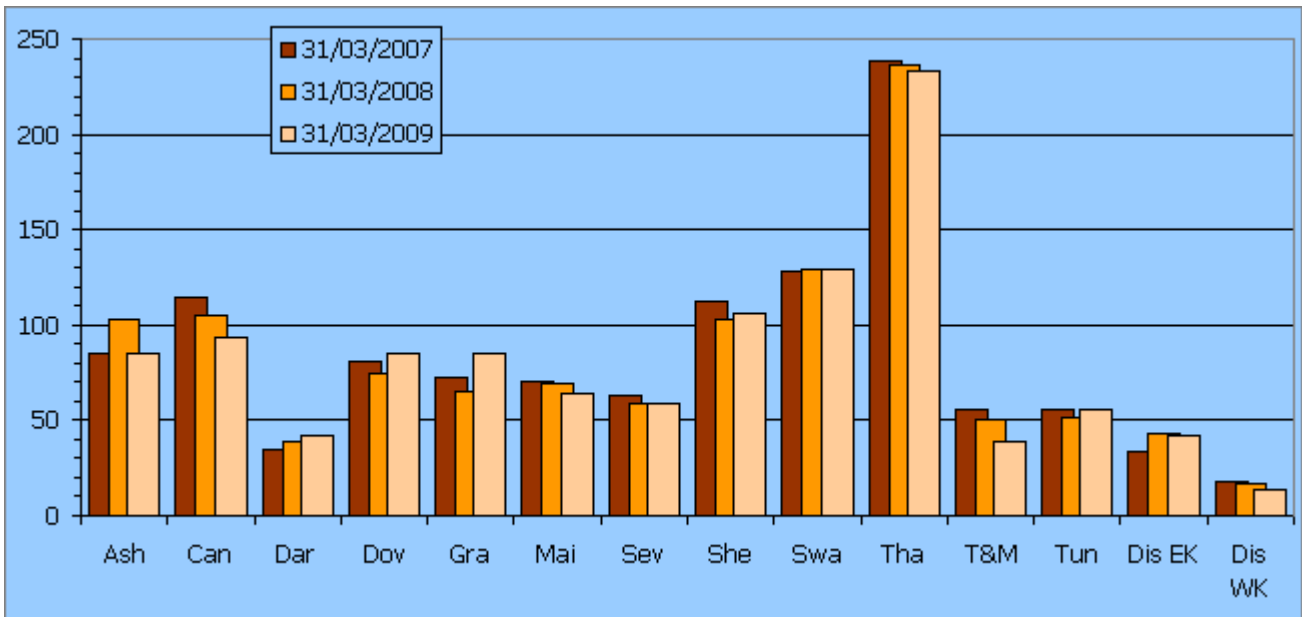


Figure 18: Looked After Children volumes by district - 2007-2009

As with last year, there remains a number of looked after young people aged 15+. As can be seen, this also includes an increasing number of young people aged 17 (see figure 19).

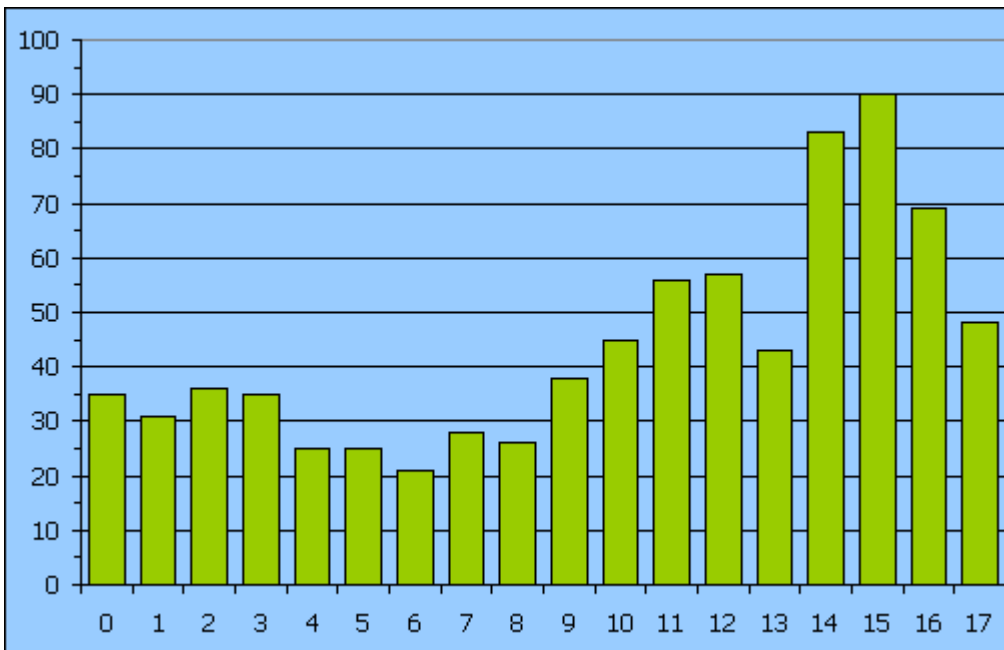


Figure 19: Looked After Children, as at 31<sup>st</sup> March 2009, by age

The increase in young people aged 17 has risen further since March 2009, and will be an issue which will need to be monitored to establish the impact of the recent House Of Lords Judgment, R vs. Southwark. This Judgement sets out new guidance regarding young people aged 16 – 18 presenting as homeless which will be of interest to KSCB, particularly given it has led to the current review of the working protocols in place between Kent housing authorities and Children’s Social Services.

The delivery of effective safeguarding for children in care requires more than simply ensuring physical protection in the context of their immediate safeguarding needs. It is important that the children’s workforce understand the adverse impact that being in care can have on children and young people and that agencies work together within the spirit of

the Children Act 1989 to keep children within their families and communities wherever possible. Research supports this approach, but also emphasises the importance of ensuring effective corporate parenting for those children and young people who cannot be protected without being placed outside of their parents care.

## **18. The Corporate Parenting Forum**

Care Matters (white paper) Time for Change (DCSF, 2007) has helped to clarify the role of corporate parents and the responsibilities of officers working in the local authority and partner agencies in delivering effective corporate parenting. Kent's corporate parenting framework reflects the messages in Care Matters and includes the establishment of a Corporate Parenting Forum to oversee the delivery of corporate parenting, which it does in partnership with the Children in Care Council. The key means for delivering effective corporate parenting is outlined in Kent's Pledge for children and young people in and in the process of leaving care. Kent's Pledge builds upon the commitment to deliver better outcomes for this group of children.

Kent's Pledge has been influential in shaping Care Matters and has received interest from other authorities and central government. It was used as an example of best practice by GOSE in the regional launch event of Care Matters in 2008.

## **19. Children in Care Council**

In addition to the Corporate Parenting Forum, the corporate parenting framework includes the provision of the Children in Care Council (CICC). All local authorities are expected to have a CICC in place from April 2009, which will co-ordinate mechanisms for children and young people to express their views and influence the way in which services and practice are developed.

Within Kent, the first meeting of the Children in Care Council took place on 15<sup>th</sup> April 2009, involving 31 children and young people looked after or in the process of leaving care from across Kent. These children and young people have formed a provisional council while arrangements are being made for elections to take place in the New Year - with a fully elected council being in place from April 2009. Further meetings of the Council are planned and arrangements have also been made to establish two apprenticeship posts to support the running of the Children in Care Council.

## **20. Conclusions**

- There has been a sustained increase in referrals into Children's Social Services. In this past 12 months, this referral rate has risen dramatically showing an increase in over 40% on the previous year. This is at a time of significant resource being vested into the community to deliver the preventative and early intervention agenda.
- 2.5% of referrals are recorded with a principal need around the parent's illness or disability. The Children's Trust will want to consider further how this informs the delivery of the Young Carer's Strategy.
- 18.0% of all referrals lead to the family or referrer being offered information advice and guidance, along with a further 17.9% that are subject to no further action at the

point of referral. Whilst such families still have identified need, these would be better met through community based interventions.

- The Police still account for the largest proportion of referrals into Children's Social Services at 32%.
- There has been a significant increase (232%) on the previous year's referrals from the Courts/legal, which requires further analysis to establish whether the increase relates to a change in practice or an increase in requests for Court reports.
- Kent has 114:10,000 children subject to Section 47 enquiries. This compares to a national ratio of 70:10,000 (although this relates to a 2008 figure). A growing proportions of Kent's children are then subject to a Child Protection Plan.
- The proportion of unborn children with a child protection plan has doubled in the past year (2.4% to 5.0% as at 31<sup>st</sup> March respectively).
- Neglect continues as a principle category for determining Child Protection Plans.

## 21. Recommendations

	<b>Recommendation</b>	<b>Officer responsible</b>	<b>Date for delivery</b>
1	For the findings of the contact and referral point audit and Action Plan to be presented to KSCB and the Children's Trust, with an emphasis on increasing multi-agency understanding and application of the Children in Need Matrix.	Head of Policy and Performance (Kay Weiss)	November 2009
2.	To note that the Director of Children's Services has commissioned the development of a children's preventative strategy.	Director of CSS (Bill Anderson) & Head of Extended Services, CFE (Marissa White)	
3.	To note the element of the Think Family pilot in Thanet which is developing enhanced professional supervision for community staff in preventative and early intervention services.	Director CSS (Bill Anderson) & Policy and Performance Manager (Donna Marriott)	Implementation of pilot by October 2009
4.	Examination and analysis of referrals made directly from the Courts.	Acting Safeguarding Policy & Performance Manager (Donna Marriott)	January 2010
5.	KSCB partner's to maximise their commitment to delivering an effective Young Carer's Strategy.	All Board agencies	December 2009

Report prepared by:

Karen Graham, Head of Children's Social Services, East Kent  
Donna Marriott, Acting Safeguarding Policy and Performance Manager

By: Kay Weiss, Policy and Performance Manager,  
Children's Social Services

To: Children's Champions Board

Date: 23<sup>rd</sup> September 2009

Subject: Private Fostering – Annual Report

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**Summary:** This report provides a brief overview of the Private Fostering Annual Report for 2008 - 2009

**Classification:** Unrestricted

**Recommendation:** Members are requested to note the continued improvement in performance of the Private Fostering service.

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## 1. Introduction

The Private fostering Annual Report is produced to meet the requirements set out under Regulation 12 of the National Minimum Standards for Private Fostering. Regulation 12 requires local authorities to provide a written report each year, for consideration by the Director of Children's Services and the chair of the Local Safeguarding Children Board. The report was presented to KSCB on 7<sup>th</sup> September 2009.

The Annual Report provides an evaluation of the outcomes of the local authority's work in relation to privately fostered children in Kent. It provides information on how the needs of privately fostered children are actively promoted and understood in order to ensure their welfare is promoted and safeguarded.

## 2. Overview of Report Findings

The local authority has continued to make good progress in developing a quality service for children privately fostered building on the work carried out in 2007-08 in respect of safeguarding issues, for example carers checks and more robust assessments of private foster carers capacity to meet children's needs.

An objective of the development work being undertaken is to increase the numbers of privately fostered children known to the local authority and during 2007 – 08, there has been an increase of 12% in the overall number of private fostering arrangements that remained open to the Directorate in April 2009 in comparison with 2008. There has also been an increase of 24% in the number of referrals being made to the Directorate, with a total of 72 new referrals identifying private fostering arrangements being received. This compares favourably with the national figure for new referrals during 2008-09, which was an increase of 15%.

The first national awareness raising campaign for children privately fostered was undertaken by BAAF during January 2009 and a number of publicity activities were planned in Kent to coincide with this. The Private Fostering WebPages on K-net were refreshed at this time and show increased activity with larger numbers of visitors to the site during 2009. Ongoing awareness raising also appears to have resulted in continued improvements in terms of

internal Children's Social services referrals for private fostering arrangements. As with previous years, there has been less success in improving the referral rate from other agencies (outside of Children's Social Services), such as Health, Education or the Police and work is being undertaken to address this issue.

The updated Private Fostering legislation introduced in 2005 does not place a statutory duty on other professionals outside of the local authority, such as teachers, Health Visitors, and GPs, to report private fostering arrangements. However, there is a clear expectation that professionals recognise and understand the vulnerability of this group of children and will bring them to the attention of the local authority if they believe that the arrangement has not (or will not) been formally notified.

A third social worker was appointed to the service for Mid Kent in January 2009 which has helped to generate more referrals. In addition awareness raising work with the large number of Language Schools in East Kent has also resulted in increased referral activity from this sector.

### **3. Ofsted Inspection**

The planned Ofsted inspection in Kent took place in July 2008 for a period of three days. The resulting report rated the service in Kent as "Good", the highest possible evaluation, and considered that all aspects of the service inspected were strong. Nationally Ofsted has expressed concern about the high numbers of local authorities inspected not meeting a satisfactory standard with 25% being judged as inadequate.

### **4. Publicity campaign**

In order to continue to meet the requirements set out by the Private Fostering Regulations, there needs to be ongoing publicity campaigns. There is already a Kent Communications Strategy for Private Fostering, which was developed in 2007. This Plan has been regularly reviewed and a new Action Plan is being developed for 2009-10. The Plan will take account of the second National Awareness raising campaign for private fostering, being led by BAAF in February 2010.

### **5. Recommendations**

CCB is asked:

- a) To **NOTE** the continued improvements in the service for privately fostered children and the Ofsted inspection evaluation of the service as 'good'

*Sarah Hammond*  
*Policy and Performance Officer*  
*September 2009*