

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

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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.

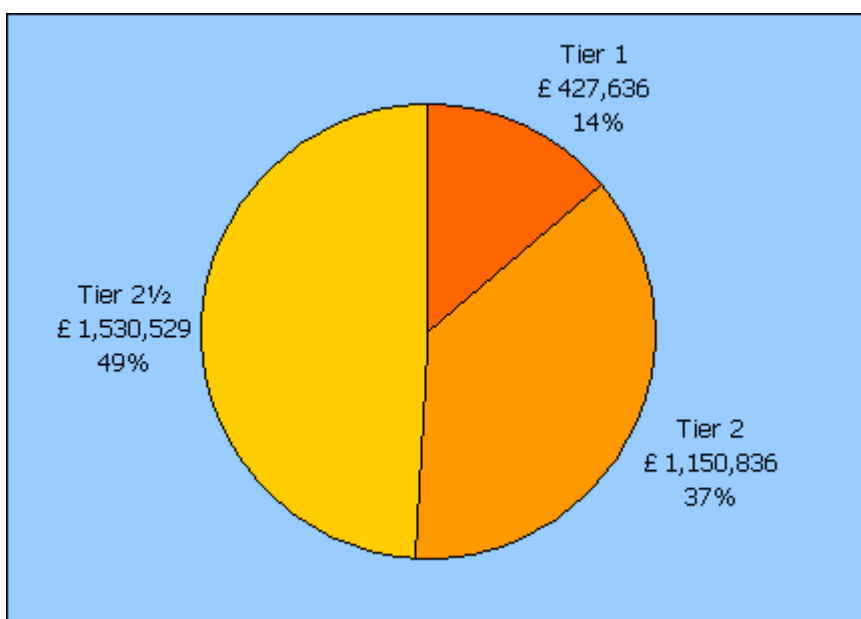


Figure 1: CSS spend on Tier 1 to 2½ preventive services 2008-09

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).

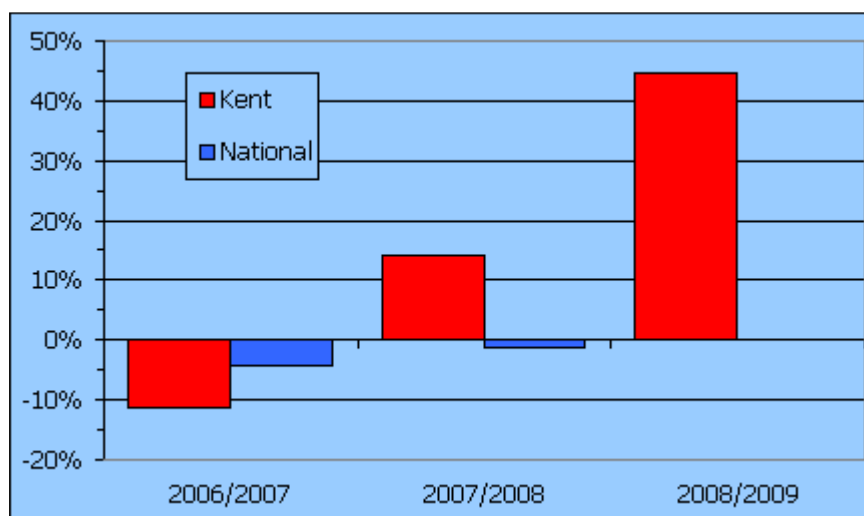


Figure 2: Percentage variation in referral volumes from the previous year

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:

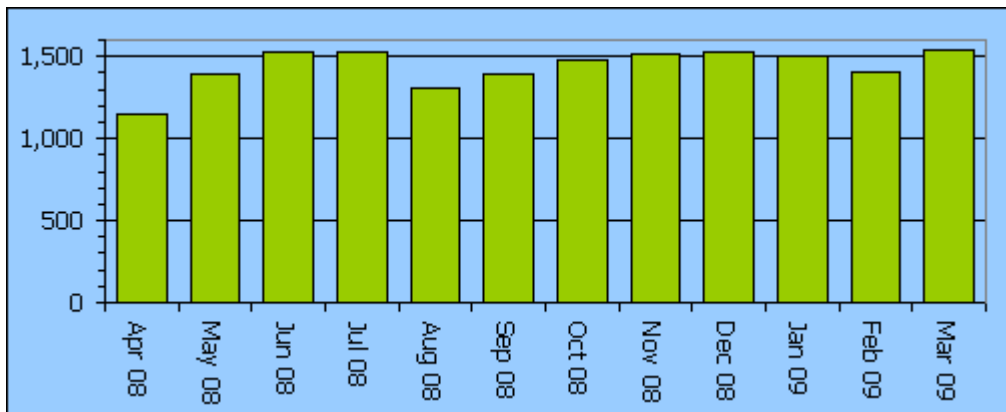


Figure 3: Volume of referrals per month

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.

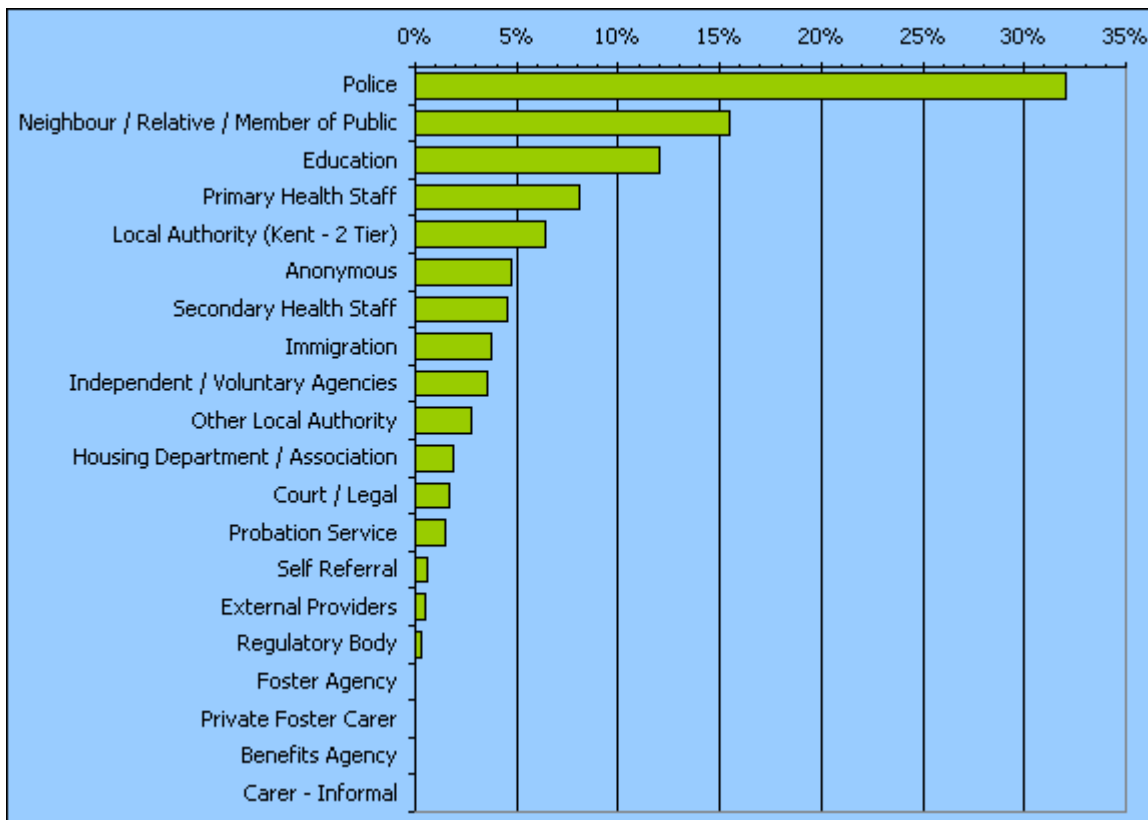


Figure 4: Referrals 2008/2009, by referrer

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:

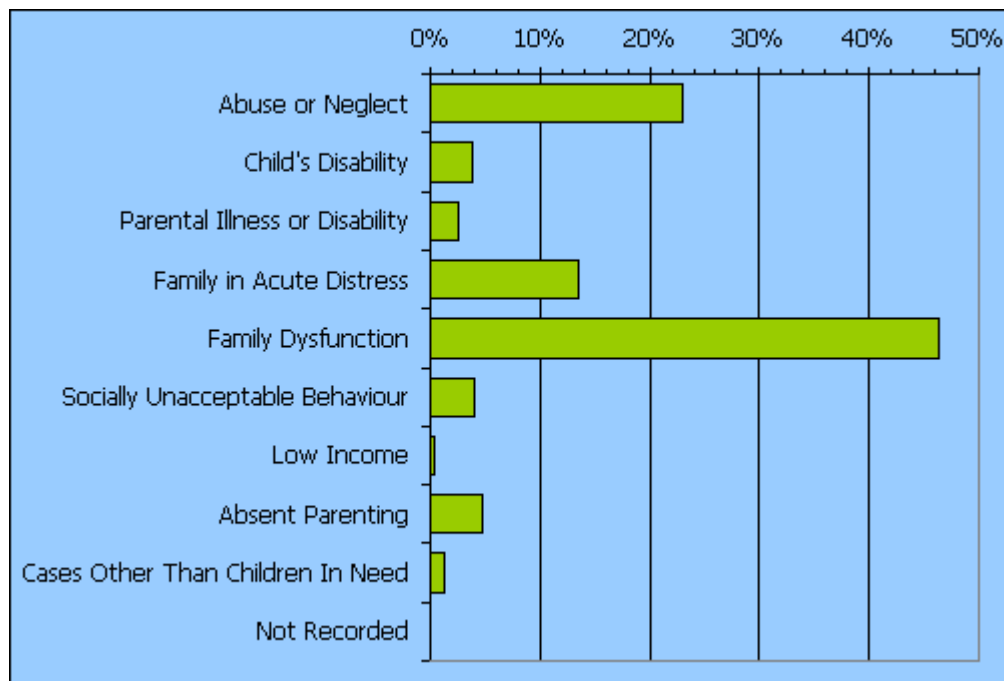


Figure 6: Referrals 2008/2009, by category of need at referral

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.

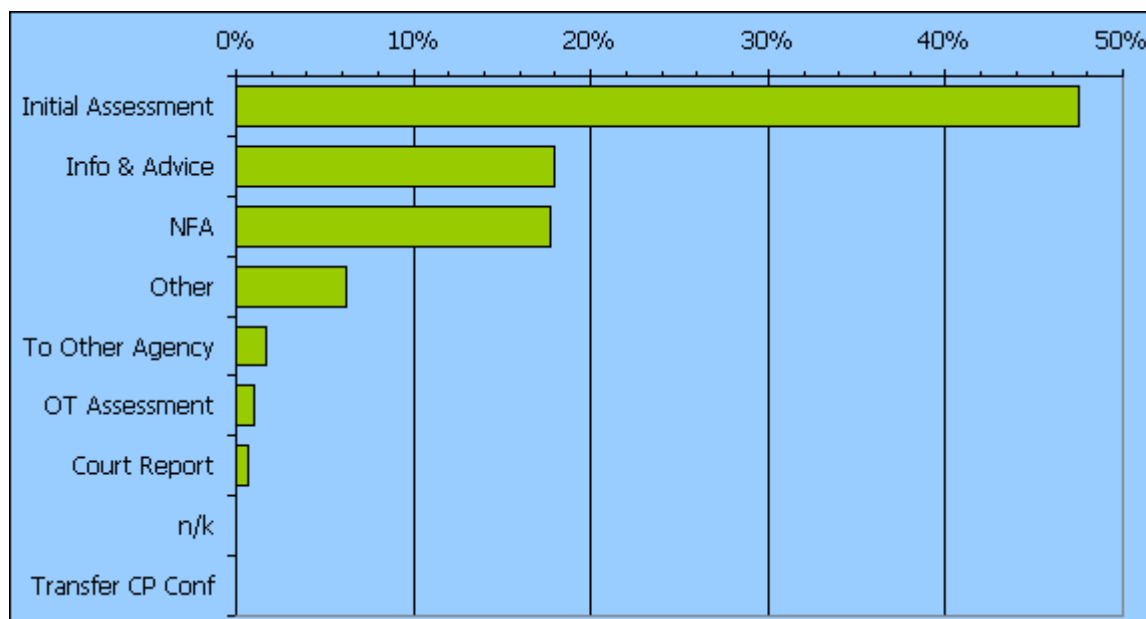


Figure 7: Referrals 2008/2009, by outcome

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.

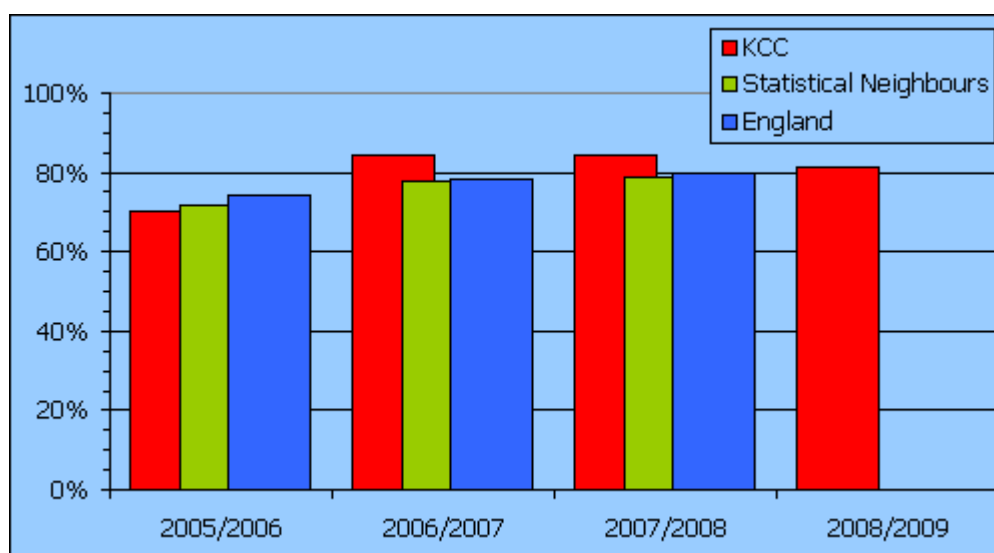


Figure 8: Percentage of core assessments completed within 35 working days

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.

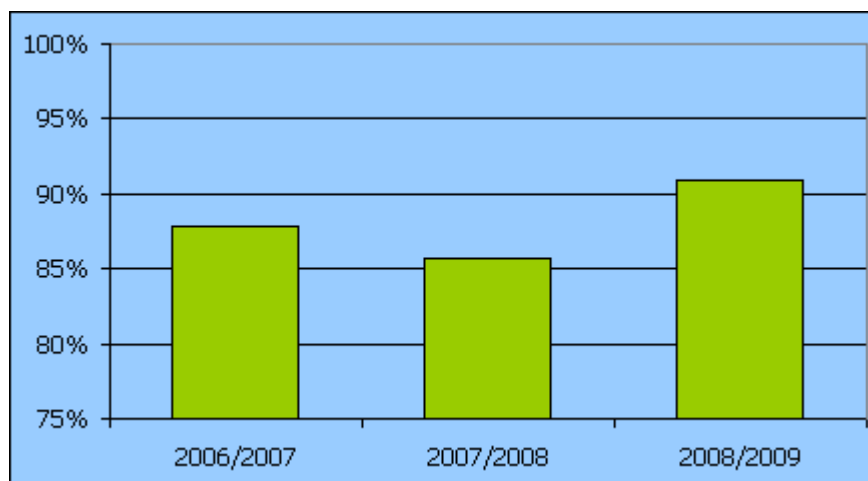


Figure 9: Percentage of children at Initial CP Conference that were made subject of a plan

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%.

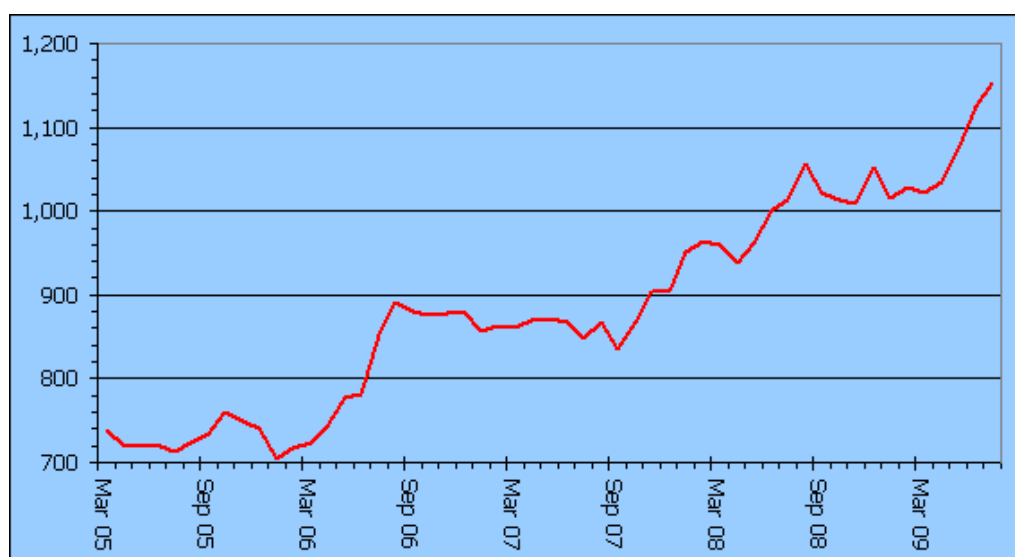


Figure 10: Volume of children with a CP Plan at month ends, 2005-2009

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.

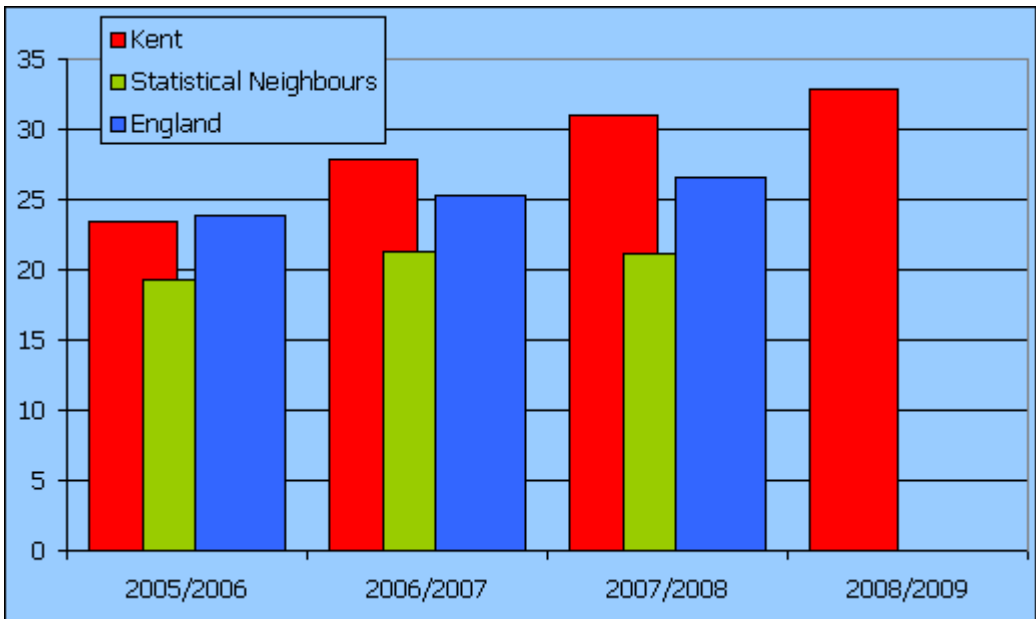


Figure 11: Children subject to a CP Plan per 10,000 population (0-18 year olds)

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.

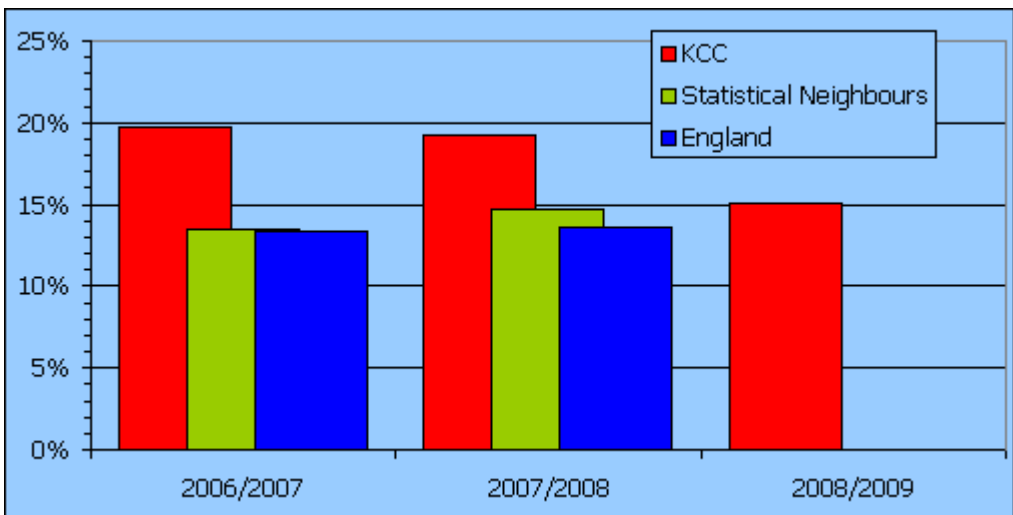


Figure 12: Percentage of children made subject of a Child Protection Plan for a second or subsequent time

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.

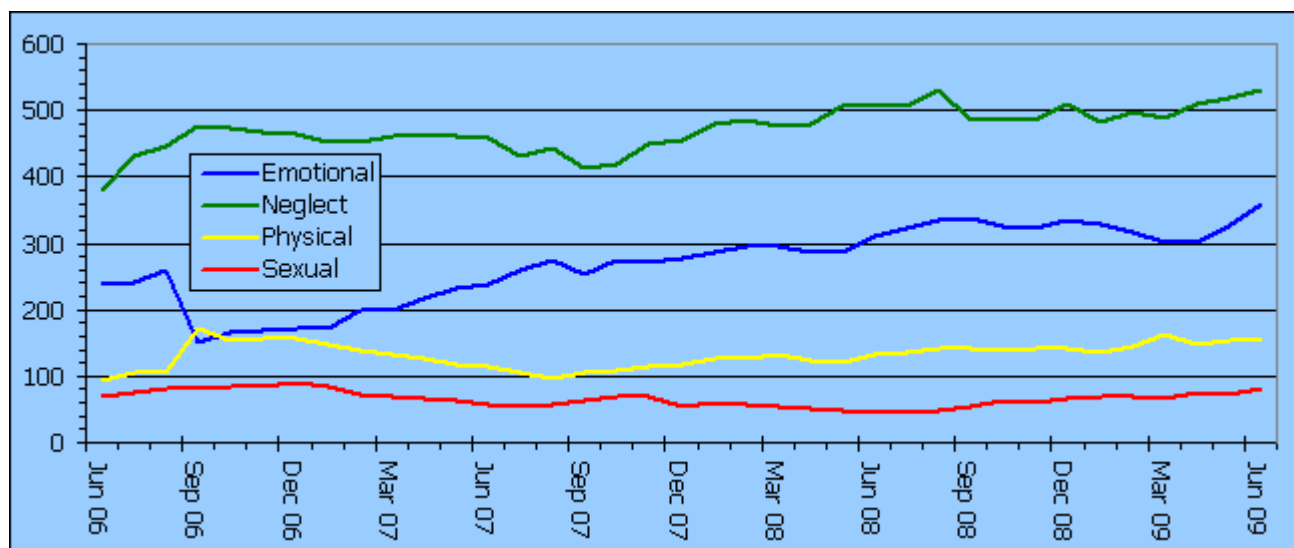


Figure 13: Child Protection Plans by category history, 2006-2009

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%.

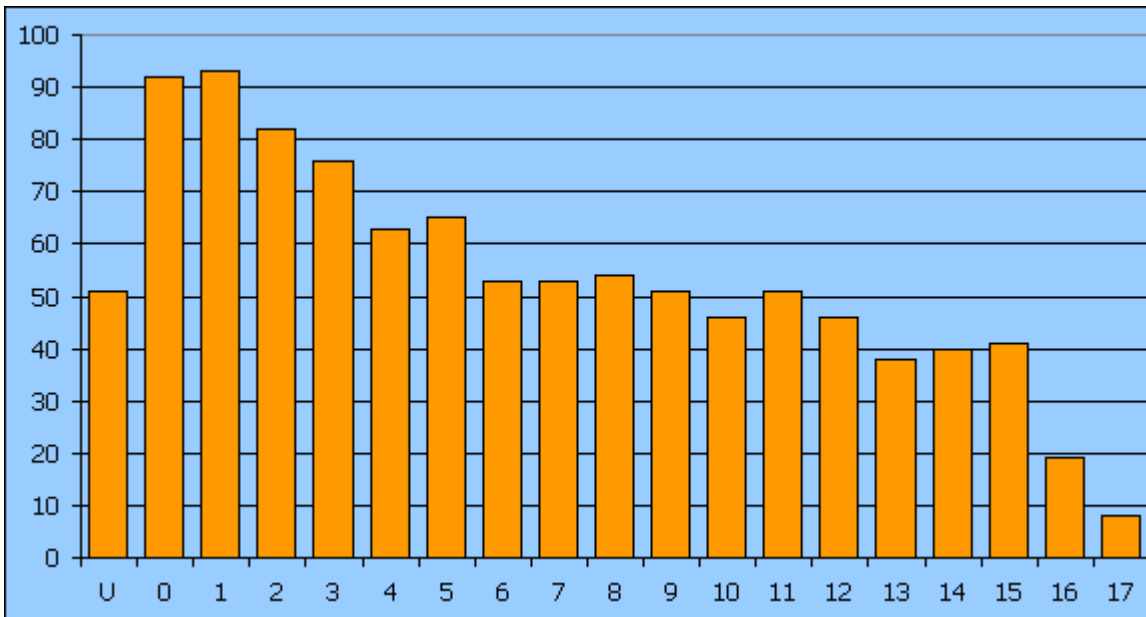


Figure 14: Children with Child Protection Plans as at 31st March 2009, by age

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.

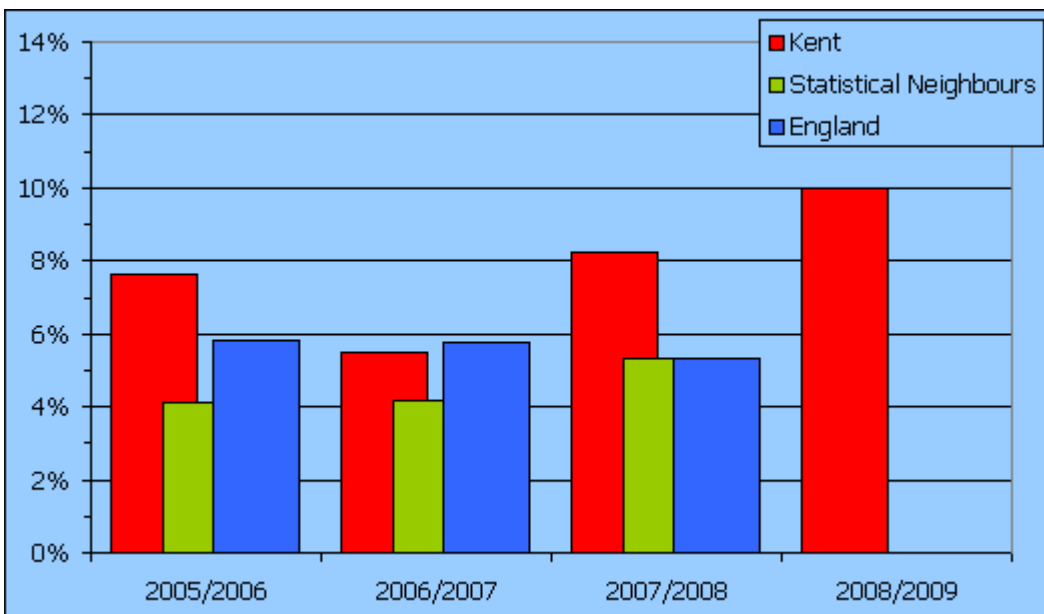


Figure 15: Percentage of children with a CP Plan of two years or longer at end of plan

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).

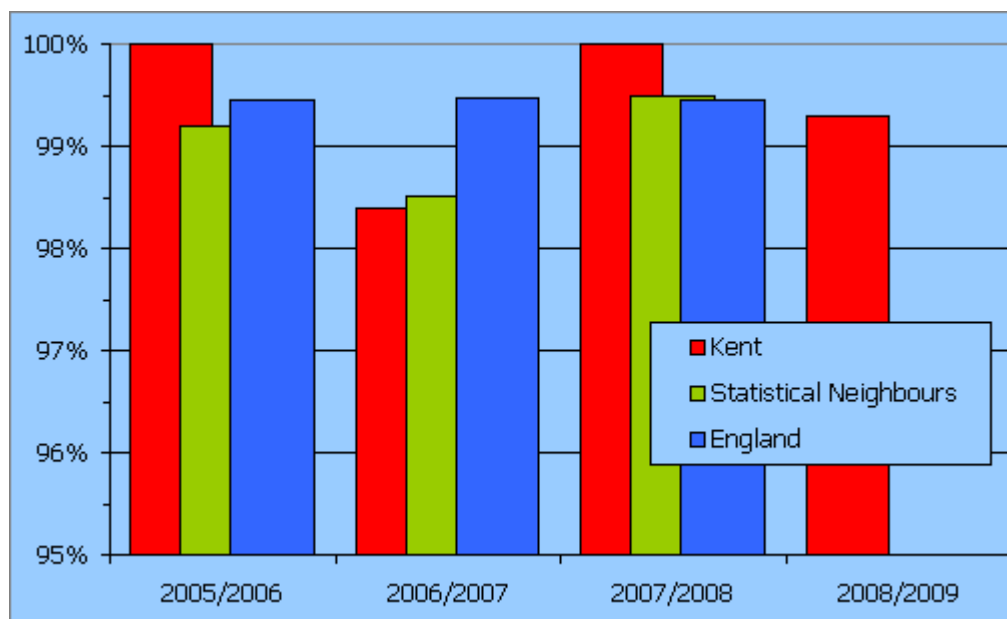


Figure 16: Percentage of CP Reviews held within timescales

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 reliable¹.

¹ 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.

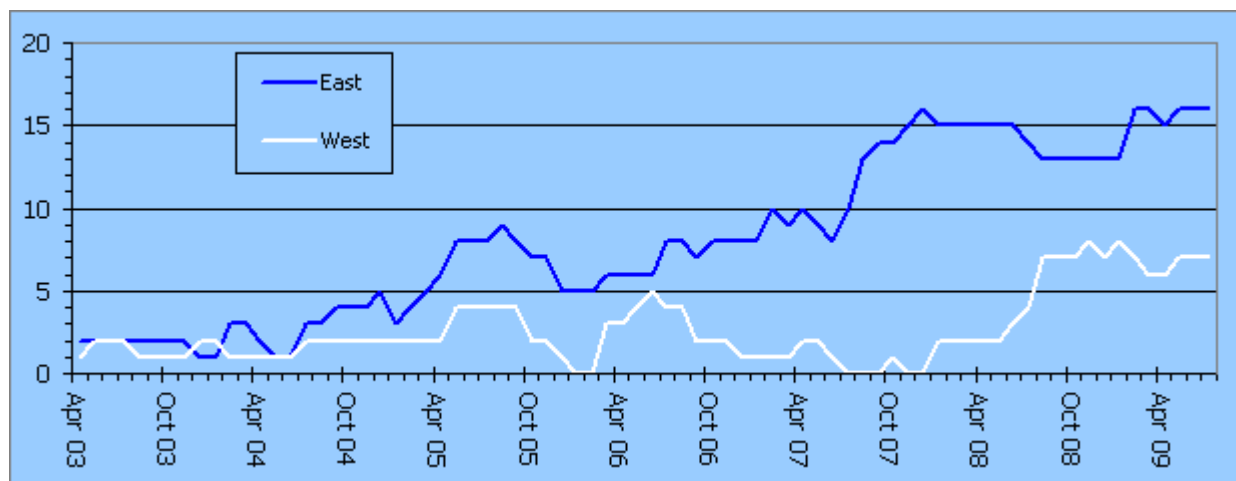


Figure 17: Disabled children who have a Child Protection Plan, 2003-2009

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 1st April 2008, when it was issued alongside the statutory guidance on Court Orders².

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

² 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 3rd 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.

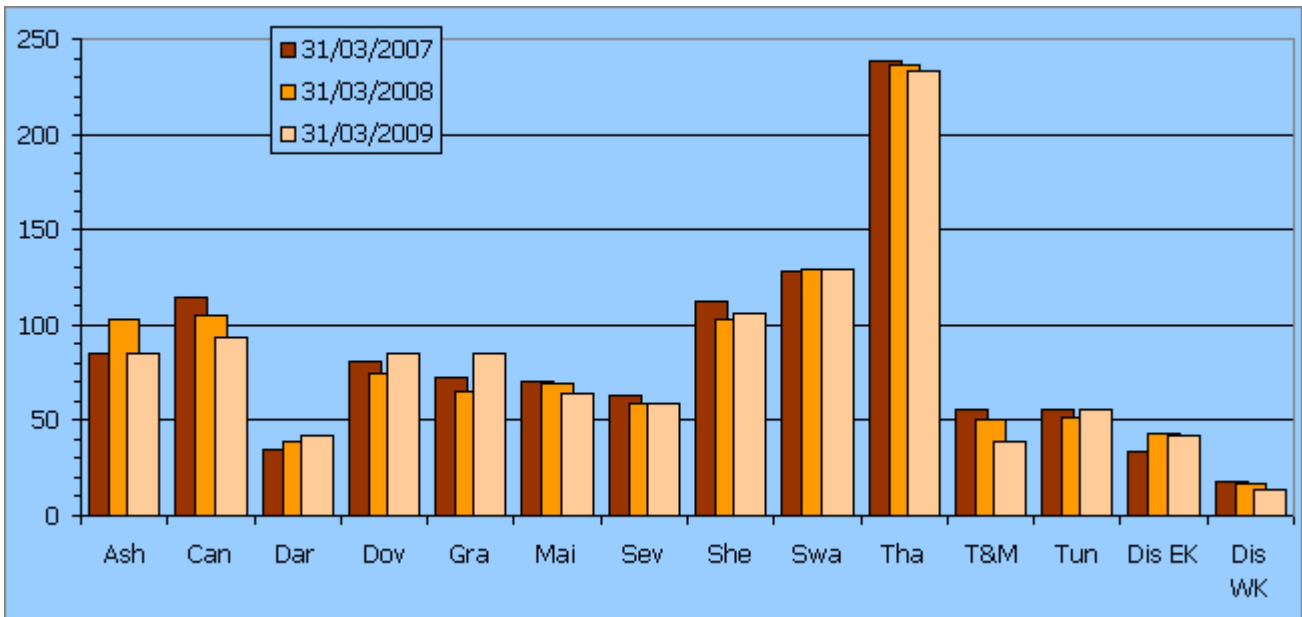


Figure 18: Looked After Children volumes by district - 2007-2009

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).

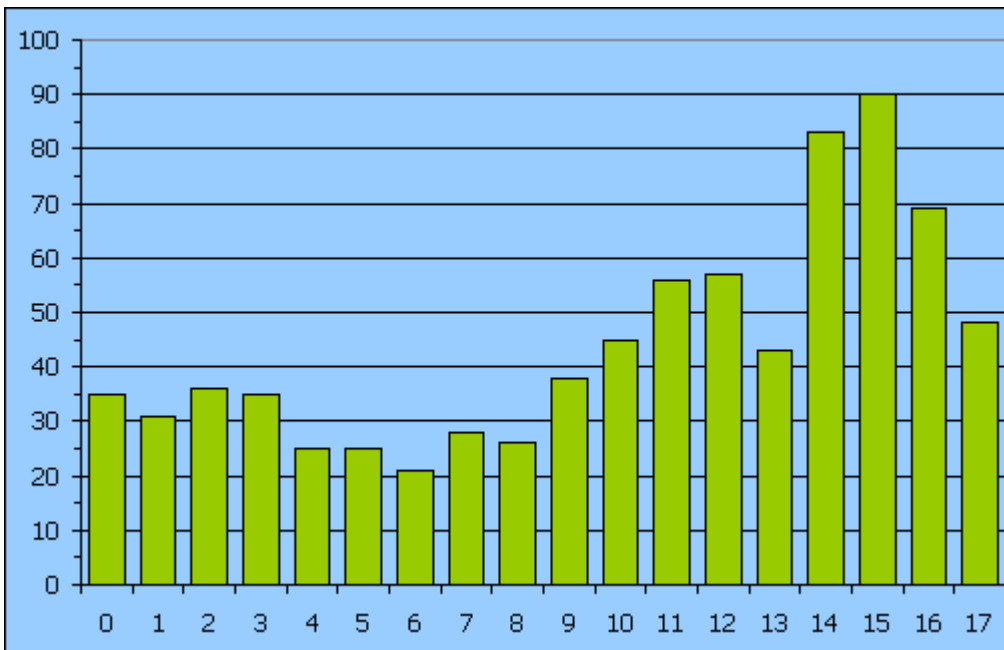


Figure 19: Looked After Children, as at 31st March 2009, by age

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 15th 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 31st March respectively).
- Neglect continues as a principle category for determining Child Protection Plans.

21. Recommendations

	Recommendation	Officer responsible	Date for delivery
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

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