

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

15 JANUARY 2013

OFSTED INSPECTION OF SAFEGUARDING AND LOOKED AFTER CHILDREN SERVICES – PROGRESS REPORT

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Summary

This report provides an overview of progress in respect of the Ofsted inspection undertaken in October 2011 and outlines the plans to respond to the new Ofsted Framework for inspection.

1. Budget and Policy Framework

- 1.1 The announced inspection of Safeguarding and Looked After Children is a significant element of the national framework for managing performance and reporting of local authorities and their partners in meeting the needs of children in the locality.

2. Background

- 2.1 Ofsted undertook an announced inspection of Safeguarding and Looked After Children in Medway in October 2011, which was reported in November 2011. The outcome of this review rated Medway as 'adequate' for safeguarding and 'adequate' Looked After Children.
- 2.2 The inspection was part of the three yearly cycle of inspections, which have been subsequently replaced by two separate inspection frameworks which will be in place from April 2013.
- 2.3 Ofsted is introducing a new framework for inspecting Looked After Children's services. This will include both the fostering and adoption services. The inspections will begin from April 2013 and will run on a four-year cycle.
- 2.4 From April 2013 a new multi agency framework for safeguarding will be introduced. This will be on a three-year cycle and will be unannounced. The inspection will be undertaken by Ofsted, Her Majesty's Prison Inspectorate and the Care Quality Commission (Health).

- 2.5 Between April 2012 and April 2013 all local authorities that have been judged either adequate or inadequate will be subject to an interim inspection framework for safeguarding. This framework is significantly different from previous Ofsted inspections as there is a significantly higher bar and a much greater emphasis on observing direct practice, looking at more individual cases and wanting concrete evidence of improvements in outcomes for vulnerable children. This change in emphasis has led to a number of Local Authority services being judged 'inadequate'.

3. Ofsted Findings from 2011

- 3.1 Ofsted judged Medway's Safeguarding and Looked after Children services to be adequate. Medway developed an action plan to respond to the actions identified as part of the inspection.
- 3.2 Progress was last updated in August 2012 (see Appendix A). Actions were recorded as being achieved.

4 Future Plans

- 4.1 In order to ensure Medway is addressing both the current priority areas for improvement and overseeing the previous inspection's actions, a number of working groups are being established. Some will focus on internal work that the Council needs to undertake; others will focus on work through the MSCB, the Children's Trust and the newly established Health and Well Being Board. As the standards and the current Ofsted framework (and the future multi agency inspections) are different it is important that work is undertaken to look to future requirements, as far as we can predict them, as well as looking backwards to findings from a previous inspection regime.
- 4.2 An officers' group to support the Corporate Parenting Board will oversee developments for Looked After Children and care leaving services.
- 4.3 A performance and data group will ensure that accurate data can support managers in their role to ensure good quality and timely work is undertaken with families.
- 4.4 A new children's social care recording system (Framework i) will go live in April 2013. This will help support the improvement in the quality of recording. It is also being introduced in adult social care and when fully implemented later in 2013 it will enable a stronger framework for recording family work.
- 4.5 A review of how children's social care responds to initial contacts will be undertaken to help identify the needs of families at an early stage. This will enable children's social care to be more effective at ensuring that the most vulnerable children get the targeted help they need and that children and their families are signposted and supported by other partners when that is most appropriate.

- 4.6 We are currently working with Portsmouth Council as a 'Munro demonstrator' site. This initiative supports councils in developing and sharing good practice. Medway is focussing on its principle social worker development. The roles help to identify good practice and areas for development.

5. Future Developments

- 5.1 We will be participating in a peer review in March 2013, which is being run by the National Children's Improvement Board. This will help us identify any further areas for development and progress on our current actions. Sector led improvement is a powerful way to bring fresh challenge and to ensure that services are really meeting the needs of the most vulnerable children. It helps establish an outward facing culture that does not seek to blame and encourages reflection and positive active responses to make improvements.
- 5.2 The new multi agency inspection framework and a new 'Working Together' policy document due in early 2013 will see a shift in focus towards outcomes for children, the quality of assessments and to what extent partnerships in the locality work effectively to safeguard children. Whilst the Council services have an important role to play, the quality of partnership working and a clear joint focus on priorities will be even more critical going forward.

6. Risk Management

- 6.1 The delivery of the above developments will be monitored on a quarterly basis by children's social care and report into the corporate performance monitoring arrangements.

7. Consultation

- 7.1 A key to the work we will be undertaking over the next six months is staff engagement. As part of the developments staff will be fully involved and consulted.

8. Implications for Looked After Children

- 8.1 The outcomes for Looked After Children will be directly overseen by The Programme Board as part of its focus on performance.

9. Financial and legal implications

- 9.1 The plans to oversee the improvements in outcomes for children support the statutory responsibilities we have under The Children's Act 1989.
- 9.2 Any additional resources will be addressed as part of the council's budget process.

10. Recommendations

- 10.1 It is recommended that the Committee notes the progress to date and notes the new forthcoming changes to the inspection framework.
- 10.2 It is recommended that the findings of the Peer Review are reported back to this Committee.

Lead officer contact

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Background papers

None

Joint Health and Social Care Action Plan to improve services for safeguarding and looked after children in Medway (PROGRESS REPORT AUGUST 2012)				
Outcome (Code: yellow = LA, blue = NHS, green = joint: red text = CQC additions)	Lead person (<i>working with</i>)	Date to be completed	Actions	Progress
OPERATIONAL DELIVERY IMPROVEMENTS				
1. NHS Kent and Medway and Medway Foundation NHS Trust to ensure adequate security at Medway Maritime Hospital A&E department so that only legitimate individuals have access to patients' areas, especially where children and young people are located to maintain their safety, privacy and dignity. (OFSTED and CQC, 2011)	Gray Smith-Laing Medway Foundation Trust <i>Lorraine Goodsell NHS Kent and Medway</i>	Immediately	A&E security is reorganised to close the current breach and no unauthorised access to patient areas is evident NHS Kent and Medway undertake a site visit to confirm new arrangements in place (December 2011)	Security at A&E meets CQC standards on site visit in December 2011. Site visit on 13 th December. MFT have improved signage to reduce inappropriate entry/exit from the A&E department and increased policing of the area to reinforce this. Plans are in place to provide door entry systems from outside into the department, although the method used will need to be in negotiation with ambulance services. Children and young people wait and are now seen in the secure children's area and therefore any access to them is significantly reduced (see outcome 3) COMPLETE

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2. Ensure that all referrals accepted by children's social care services are allocated promptly rather than being 'assigned to team' and that managers clearly record further actions required (OFSTED, 2011)	Helen Gulvin Medway Council	Immediately	All referrals accepted by children's social care are allocated to a key worker within 24 hours	No unallocated cases in system for longer than 24 hours as evidenced in the Performance Digest COMPLETE
3. NHS Kent and Medway and Medway Foundation Trust to ensure that <i>that plan for a dedicated and upgraded children and young people A&E department is not impeded and in the meantime children and young people are seen in separate areas from adults at all times of day and night, to maintain their safely, dignity and privacy</i> (OFSTED and CQC, 2011)	Gray Smith-Laing Medway Foundation Trust <i>Lorraine Goodsell NHS Kent and Medway</i>	18-Feb	A designated area is made available in A&E for children and young people to allow children and young people to be seen in a separate area from adults at all times	Work is now completed on creating a separate children's area within the Emergency Department. The area is open, fully functional and access is via a swipe card system The site visit from NHS Kent and Medway on 13 th December confirms that a designated secure A&E area for children and young people is available at all times. COMPLETE

**Joint Health and Social Care Action Plan
to improve services for safeguarding and looked after children in Medway
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4. Improve the quality of assessments, ensuring that risk and protective factors are clearly identified, that the child's culture and identity are well considered and that the impact of the current circumstances on the child are fully explored (OFSTED, 2011)	Helen Gulvin Medway Council	18-Feb	All social care staff trained to understand and implement the Medway Model of practice in assessment The senior practitioners implement the MMP with particular regard to this recommendation The principal practitioner's action plan will lead and support this work All staff have clear feedback on their assessments with identified areas for improvement if required	Case auditing evidences improved quality and consistency in assessment in line with the Medway Model of practice. Ongoing work by Principal Practitioner to maintain standards. COMPLETE
5. Improve the quality of child protection planning so that families are clear about what needs to change, how this is to be achieved, how the plan will be monitored and the contingency arrangements should the plan prove ineffective (OFSTED, 2011)	Stephanie Goad Medway Council	18-Feb	All IRO staff trained to understand the quality standards set out in the Medway Model of Practice and are producing good quality child protection plans with clear arrangements for monitoring Parents have CP plans fully explained by social workers and know what needs to change	QA measures, including observations of CPCs by CISRS Manger evidences good quality CP plans and effective monitoring arrangements Q4 monitoring by CISRS includes evidence from observations of CPCs undertaken in January and February 2012 Ongoing work by Principal Practitioner to maintain standards

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			The Principal Practitioner will support the implementation of these proposals through their work	COMPLETE
6. Ensure that children and young people are enabled to attend, or be represented at, their child protection conference should they so wish, with regard to their age and understanding (OFSTED, 2011)	Helen Gulvin Medway Council	18-Feb	Guidance on age and circumstance appropriate arrangements for engaging and supporting children and young people to attend or contribute to their CP conferences are set out. The guidance will also clarify the respective roles of social workers and IROs	Improved attendance and involvement of children and young people in CP conferences as evidenced through the IRO monthly statistical monitoring. COMPLETE
7. Ensure all care leavers receive a copy of their health histories to equip them to make effective future health choices (OFSTED, 2011)	Sally Morris Medway Council/ NHS Kent and Medway Kate Taylor Medway Foundation Trust	18-Feb (Revised to Nov 12 due to need for additional resource)	New process agreed as part of the leaving care arrangements to inform all care leavers about their health histories	Template for health histories agreed - Implementation subject to additional resource currently being negotiated with the Clinical Commissioning Group in Medway.

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8. Ensure that all staff in children's social work teams are clear about the purpose and value of life story work, that this work starts sufficiently early for relevant children and becomes embedded practice (OFSTED, 2011)	Helen Gulvin Medway Council	18-Feb	How and when to initiate and update life story work is added to the MMP and all social workers are trained in the model.	All staff are initiating life story work at the appropriate time as evidenced in case audit work COMPLETE
9. NHS Kent and Medway must ensure that there is equality of access to forensic sexual assault services for all young people at all times (CQC, 2011)	Lorraine Goodsell NHS Kent and Medway	18-Feb	This action to be picked up by the Kent and Medway Sexual Assault Strategy Group: next meeting 10 th January 2012. SARC policies and procedures to be aligned to ensure that the same message is given re self referral	Young people in Medway have access to forensic sexual assault services at all times COMPLETE
10. Medway Foundation NHS Trust must ensure that there is sufficient staffing capacity to deliver the strategic priorities relating to the common assessment framework (CQC, 2011)	Gray Smith-Laing Medway Foundation Trust	18-Feb Dec 12 (revised to ensure fully implemented)	A joint Common Assessment Framework (CAF) Pilot commenced in September 11 involving Midwives and Health Visitors will address capacity issues as part of its remit.	Some evidence of increased use but progress slow this could reflect the number of cases likely to come through the hospital route but ongoing monitoring continues. • During Pilot 13 CAFs were completed.

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			<p>The pilot is being monitored monthly and will be fully reviewed in February 2012 on completion of the pilot.</p>	<ul style="list-style-type: none"> Pilot following extension has ended; pilot review meeting has taken place. It has been agreed (that rather than 4 champions deal with CAFs) that all midwives will now participate in the CAF process to increase pace of use. Since 1 November 2011 the following CAFs have been registered: <p>Midwives - 5 CAFs, supporting 9 children. COAST Team - 1 CAF, supporting 1 child.</p> <p>Also a case was stepped down to CAF, initially the Children's Centre led on the CAF but a member of the COAST team is now the Lead Professional</p>

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11. Medway Foundation NHS Trust must ensure that all staff as defined by 'Working Together to Safeguard Children' who require safeguarding training receive this at the appropriate level for their role in line with this statutory guidance (CQC, 2011)	Gray Smith-Laing Medway Foundation Trust	18-Feb Dec 12 (Revised to ensure fully implemented)	<p>The Training Strategy for the Trust will be updated in line with this guidance.</p> <p>A training need analysis will be completed on all staff identifying the level of training required for each role.</p> <p>The strategy will be approved by the Trust Policies committee and is in the process of being signed off.</p>	<p>Training strategy has been signed off and available to staff via the MFT intranet. Currently 80% of staff have been trained at a level relevant to their role. An induction on safeguarding children is also in place for all new staff.</p> <p>The Named nurse has extended training across all areas of the Trust.</p> <ul style="list-style-type: none"> • Audit to be undertaken • Working with MSCB to evaluate outcomes from training

PROCESS IMPROVEMENTS				
<p>12.NHS Kent and Medway to ensure there is an appropriate designated Mental Health Act (Section 136) place of safety that all partner agencies are aware of, accessible at all times for mental health advice and assessments to provide appropriate treatment interventions. (OFSTED and CQC, 2011)</p>	<p>Lorraine Goodsell NHS Kent and Medway</p> <p><i>Pippa Barber Kent and Medway Partnership Trust</i></p>	<p>18-Feb</p>	<p>A designated Mental health Act (Section 136) place of safety is identified at Medway Hospital and this is available and known to all staff from February 2012</p>	<p>There have been multi-agency meetings between KMPT, EKCHT and the police re S136 facilities. The creation of a single S136 suite for young people has been considered but is felt to be unsafe, impractical and not effective use of resources. A wide agreement now in place with a policy and protocol for under 18s embedded in the KMPT Trust wide 136 policy Young people in the 136 suites will be monitored throughout and no adult will be able to use them whilst a young person is present. The young person will be assessed by a CAMHs consultant and during out of hours the out of hours CAMHs team from the west of the Trust will also attend the Suite to monitor the young person. The police have also agreed not to handcuff young people when they pick them up on a S136. There has been training for police colleagues.</p> <p>COMPLETE</p>

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13. Ensure that thresholds for access to children's social care services are applied consistently and that when referrals are not accepted, referring agencies understand the reasons for the decision (OFSTED, 2011)	Helen Gulvin Medway Council	18-Feb	Clear process to be put in place in children's social care for: a) accepting and agreeing/refusing referrals and b) informing referral agency of action taken or suggested action for referring agency c) include in feedback letters clear reasons for decision	Survey feedback from lead referring agencies indicates consistent and clear feedback from children's social care in February 2012 COMPLETE
14. Ensure that the employment records of all children's social care staff, including those who transferred in via local government reorganization, includes copies of qualifications (OFSTED, 2011)	Trisha Palmer Medway Council	18-Feb	All relevant staff that transferred from KCC are identified and contacted to supply copies of their qualifications	All HR files of ex KCC employees have relevant and up to date case records with qualifications and CRB checks in place COMPLETE
15. Medway Safeguarding Children Board to ensure that the appropriate notification arrangements are in place so that children affected by domestic violence are identified, protected and supported (OFSTED, 2011)	Stephanie Goad Medway Council	18-Feb (Revised to pilot activity for 6 months from Oct 12)	New process arrangements for DV notifications agreed including appropriate notifications for key health and education staff by January 2012	A pilot to test the draft notification process is agreed and health services have already started to receive notifications schools due to start in October 2012.

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16. NHS Kent and Medway and Medway Council to ensure access to the CAMHS single point of access referral system throughout the working day to enable timely referrals to be made by all health practitioners. (OFSTED and CQC, 2011)	Sally Morris Medway Council/ NHS Kent and Medway	18-Feb	The on-line electronic SPA form is available for all referrers to use and the telephone support is consistently available between 9 and 5 pm (Feb 2011)	On line form available and qualitative feedback from GPs good although many still continue to use the telephone support available. COMPLETE
17. Ensure that outcomes from the 'Strengths and Difficulties Questionnaires' (SDQs) are used within looked after children health assessments (OFSTED, 2011)	Sally Morris Medway Council/ NHS Kent and Medway	18-Feb	Agree a new process with social care to ensure that SDQs are received in time to inform the health assessments of LAC LAC Health assessments are informed by the SDQs	Strength and Difficulties Questionnaires: improvements are evident following agreement on new process. COMPLETE
STRATEGY IMPROVEMENTS				

<p>18. Ensure that the 'did not attend' rates for looked after children health assessments are significantly reduced (OFSTED, 2011)</p>	<p>Sally Morris Medway Council/ NHS Kent and Medway</p> <p>Kate Taylor Medway Foundation Trust</p>	<p>18-Feb (extended timescale to ensure fully met - ongoing monitoring)</p>	<p>Medway Foundation Trust agree a new approach to reduce the DNA rates in the LAC health service in consultation with children and young people January 2012</p>	<p>Some reductions achieved but further reduction dependent on additional resource being available. Some young people do not want Saturday morning clinics or evening clinics being offered. A one-stop shop in a youth centre once a month has commenced. This offers a range of services in one place including health assessments for 3 young people but it's very early to know if this approach will work. An additional full time LAC nurse post is out to advert which will go some way to improving capacity and enable some of the additional work being undertaken. That person is unlikely to be in post until the latter part of the year</p>
<p>19. Ensure that the council's foster carers are clear about the arrangements linking skill development with additional fee payments and the complex needs of children placed. (OFSTED, 2011)</p>	<p>Helen Gulvin Medway Council</p>	<p>18-Feb</p>	<p>Clarify directly with all foster carers the arrangements for skill development and the relationship with additional payments Link foster workers to go through with their allocated foster carers how the scheme works</p>	<p>A focus group with a sample of foster carers report improved understanding of these arrangements by February 2012</p> <p>COMPLETE</p>
<p>20. Ensure that the children's case recording system enables accurate case recording, and improves management oversight of case work. (OFSTED, 2011)</p>	<p>Rose Collinson Medway Council</p>	<p>18-May</p>	<p>New system procured by March 2012 and a full implementation plan agreed with all key stakeholders by April 2012.</p>	<p>New system procured and being implemented according to timetable and to agreed standards. Full implementation and effective use by all teams in social care expected to take longer than May 2012</p>

21. Ensure that all external placements are commissioned and monitored in line with proposed strategic commissioning arrangements to ensure maximum value for money and provide clarity and rigour regarding expected standards of care. (OFSTED, 2011)	Sally Morris Medway Council/ NHS Kent and Medway	18-May	<p>A new strategy and resources for supporting commissioning of all external placements is agreed with children's social care and Children and Adults management team.</p> <p>The strategy is being implemented by May 2012.</p>	<p>Feedback from performance monitoring (ADQs) indicates the new system is effective in maintaining standards and value for money. Significant reductions achieved in placement costs.</p> <p>Currently entering a joint framework procurement exercise with Kent County Council to secure standards and better value and identify preferred suppliers.</p> <p>COMPLETE</p>
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