

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

22 SEPTEMBER 2015

ANNUAL UPDATE ON CHILDREN'S SOCIAL CARE

Report from: Barbara Peacock, Director Children and Adult Services

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Summary

This report provides a summary update to members on progress and developments within Children's Social Care and in specific relation to the wider service Improvement Plan.

This annual update is brought to members of Overview and Scrutiny to support the committee in its role in reviewing and scrutinising performance of the Council's Children's Social Care Services.

1. Budget and Policy Framework

- 1.1 Medway Council was issued with an Improvement Notice by the DFE in 2013 following a safeguarding inspection in January and a Looked After Children inspection in July, both of which rated its services as 'inadequate'.
- 1.2 The Improvement Plan lays out the actions necessary to meet the requirements of the Improvement Notice and the timescales by which these will be achieved. The Plan is overseen and monitored by an External Improvement Board chaired by an independent person, Jane Held, who reports regularly to the DFE. (Summary of Improvement Plan appendix 1)
- 1.3 Board members include representatives of key partner agencies as well as Medway Council. Councillor O'Brien attends in his capacity as portfolio holder for Children's Services.
- 1.4 The Department for Education has recently appointed a Children's Services Adviser, John Goldup, who is a member of the Improvement Board and

makes regular reports to the DfE in relation to progress on the Improvement Plan

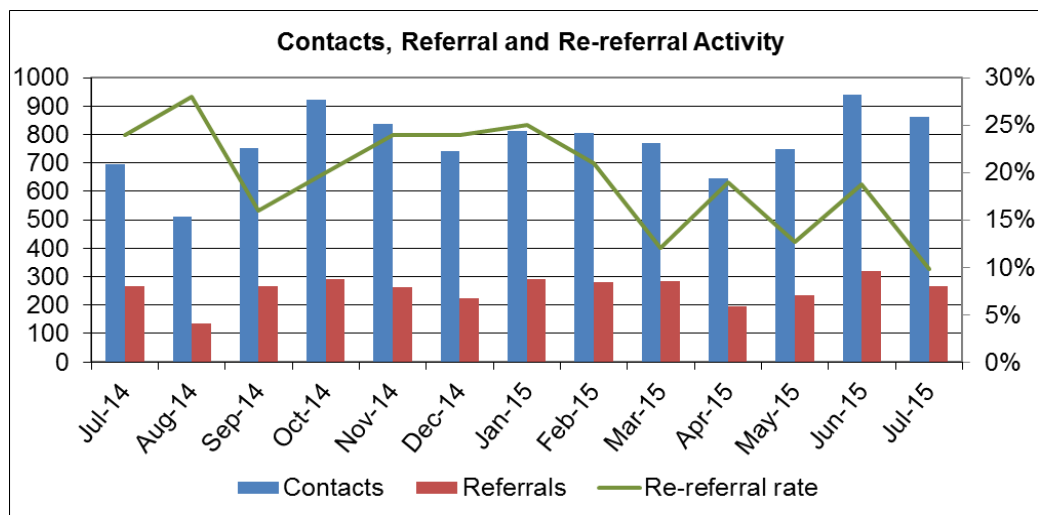
2. Quality and Effectiveness of Services

2.1 Considerable progress has been made over the last year in establishing processes to support improvement and practice within Children’s Social Care. Improvements have been far reaching across all operational service areas and alongside our partners. A table of key performance indicators is provided at appendix 3 of this report to supplement the detailed reporting of our work and performance below.

2.2 Our front door Children’s Advice and Duty Service (CADS) is now multi agency, with police, health, 0-25 disability service and adult mental health practitioners working alongside Social Workers. There are plan in place to expand this to include colleagues from CAMHS, Housing and Probation.

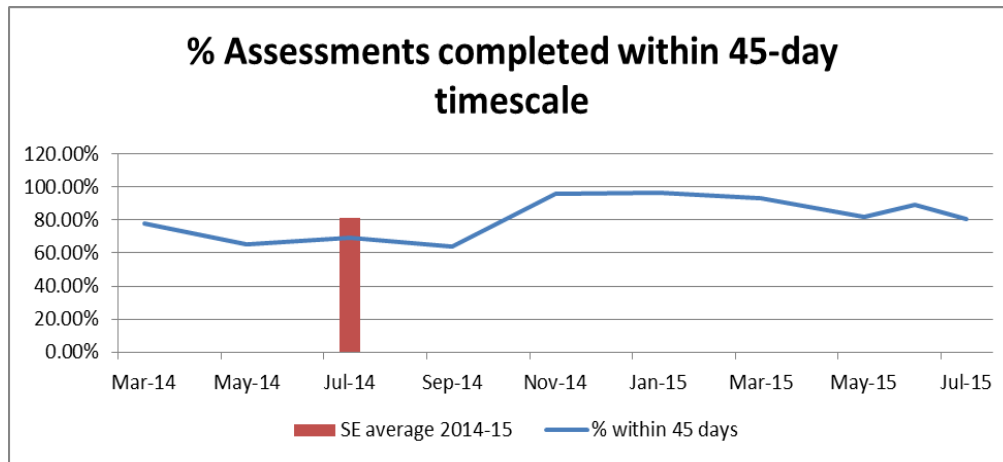
2.3 Re-referral rates are low indicating that appropriate responses are being made at point of referral – (shown in the continuous green line in the table at 2.4) the number of contacts/referral resulting in the need for an assessment is has also reduced,

2.4



2.5 Timescales for completion of assessments within the targeted 45 day period is much improved, with the overall trend remaining above the benchmark of the SE average.

2.6

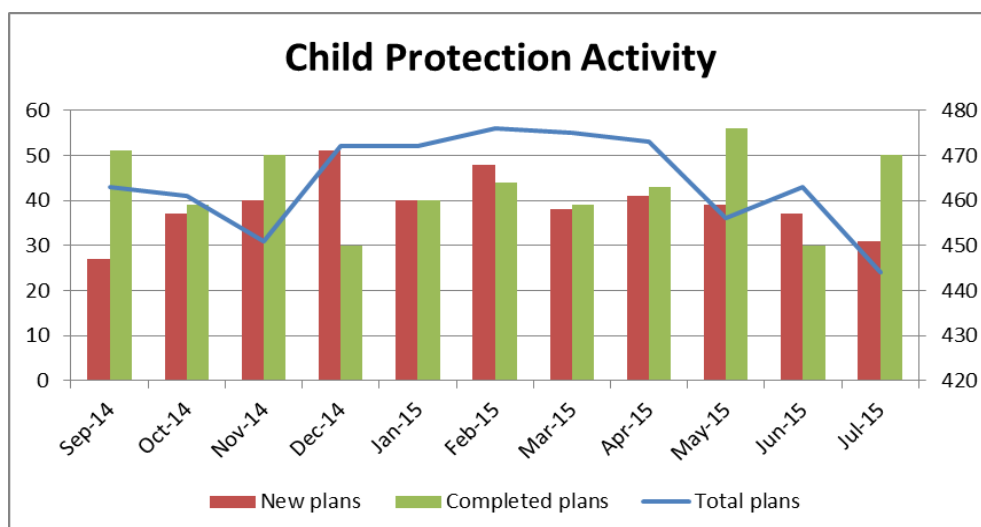


2.7 The Integrated Family Support Service (IFSS) is co-located at MHS Broadside, and as an integral part of CADS offering a ‘never do nothing’ approach with timely responses to those referrals which do not meet the threshold for Children’s Social Care, and offering clear ‘step-down’ and ‘step-up’ options.

2.8 Following a re-alignment process in summer 2014, the service is now fully consolidated into 3 main service areas IFSS; CADS, Child in Need and Child Protection; LAC and Court Proceedings. The structure is designed to optimise workflow, allowing for fewer transition points and more continuity of service for children and families. (Revised structure chart is attached at appendix 2)

2.9 The numbers of children subject to Child Protection Plans has stabilised over the last 12 months, and in July 2015, the number at 444 was at a 12 month low.

2.10

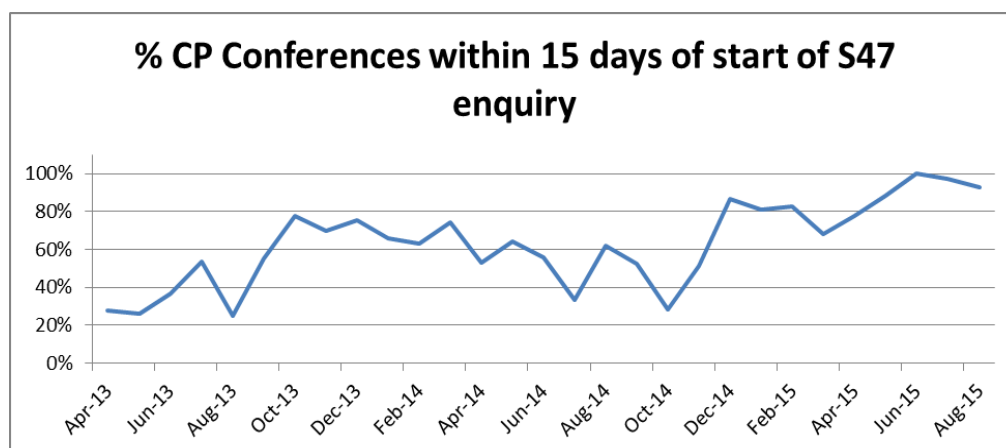


2.11 However, Medway still has a higher rate per 10,000 (71 per 10,000 in July 2015) than our statistical neighbours (45) or England average (38) (2013-14 figures). Whist internal and external audit indicates that appropriate decisions

and thresholds are being applied; work continues to robustly review cases and ensure plans are progressed appropriately with children stepped down to CIN plans where safe to do so.

- 2.12 IFSS now operates from a multi-agency area based team model. A gradual virtual re-alignment of the Social Work Teams into that model during 15/16 and beyond will support effective, collaborative and joined-up working with children on plans.
- 2.13 The adoption of the Strengthening Families/Strengthening Organisations approach across the service is providing a focus for Child Protection Conferences, CP and CIN plans. The model is threaded throughout templates and tools supporting that practice as well as providing a basis for supervision and Quality Assurance meetings
- 2.14 The Strengthening Families approach within child protection conferences has been welcomed by partners and families, and is supporting a 'smarter' approach to child protection planning and a more concise format for CP Plans and minutes.
- 2.15 The service has greatly improved meeting timescales for convening Initial Child Protection Conferences following work being undertaken to streamline the process.

2.16



- 2.17 Children's Social Care has been actively engaged in developing the response to children and young people at risk of Child Sexual Exploitation (CSE). This has included co-locating social work staff with police colleagues to support a specific police-led local operation into CSE, co-designing pathways, establishing a specialist co-located CSE Investigation Unit across Medway and Kent (due to 'go live' from Sept 2015), and implementing a CSE risk assessment tool to support social work practice and analysis of presenting issues.

2.18 A Medway CSE Protocol has been launched and a Multi-Agency Sexual Exploitation (MASE) Group established and is co-chaired by the Assistant Director for CSC and DS Kent Police.

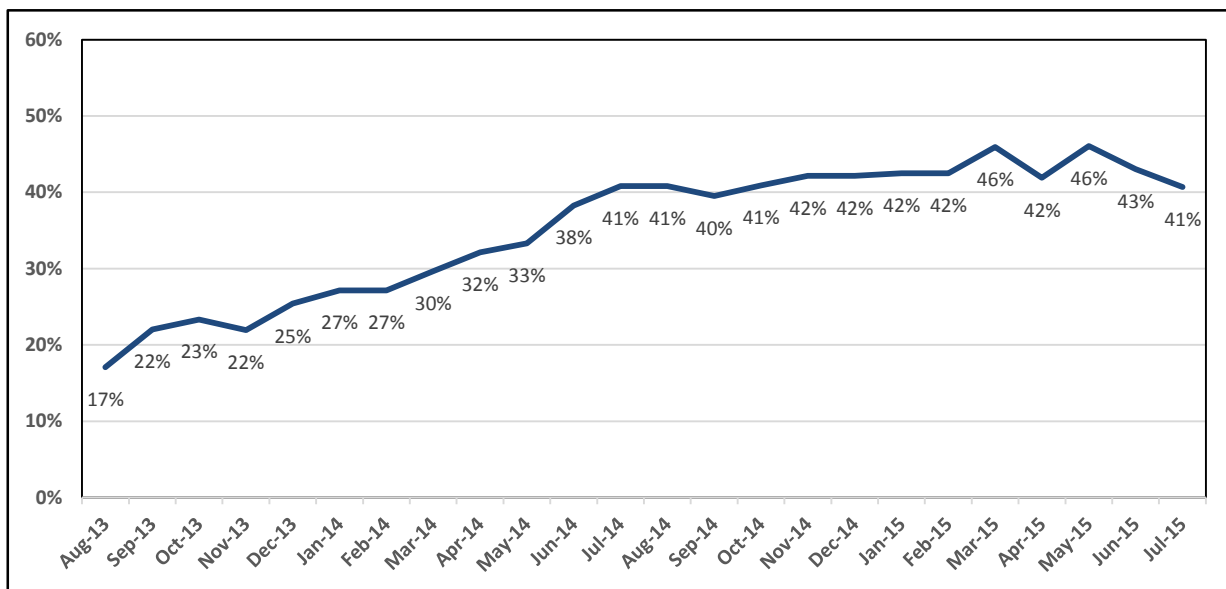
2.19 A meeting in September with Professor David Shemmings will discuss developing a potential bid to the DfE Innovation Fund to build specialist skills and capacity for work with CSE survivors and developing a programme of peer mentoring for young people in and on the edge of care.

2.20 The rise in numbers of cases subject to legal proceedings continues to challenge services across the Council including our colleagues in the Legal Team. Despite this increase in volume, there has been an improvement in timeliness of court proceedings. This trend of improving performance can be seen in the graph below which demonstrates the improvement in the percentage of cases completed within 26 weeks.

2.21 The graph analyses court proceedings data for each month and shows the percentage of completed cases over a 12 month period which completed within 26 weeks, ie, each monthly figure analyses data over a 12 month rolling period.

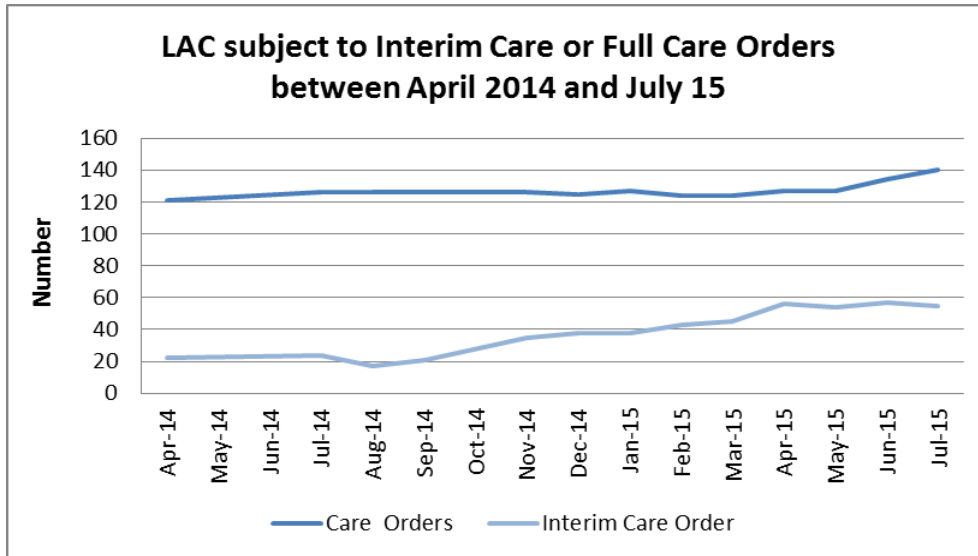
2.22 This saw a quarterly average of duration of cases in court of 58 weeks in July – August 2013, which has improved to 32 weeks in May – July 2015.

2.23



2.24 Processes are in place to robustly monitor and track these cases to ensure improved timeliness and prioritisation. As with children on CP Plans, there has been independent and external validation that the service is working with the right children at the right tariff.

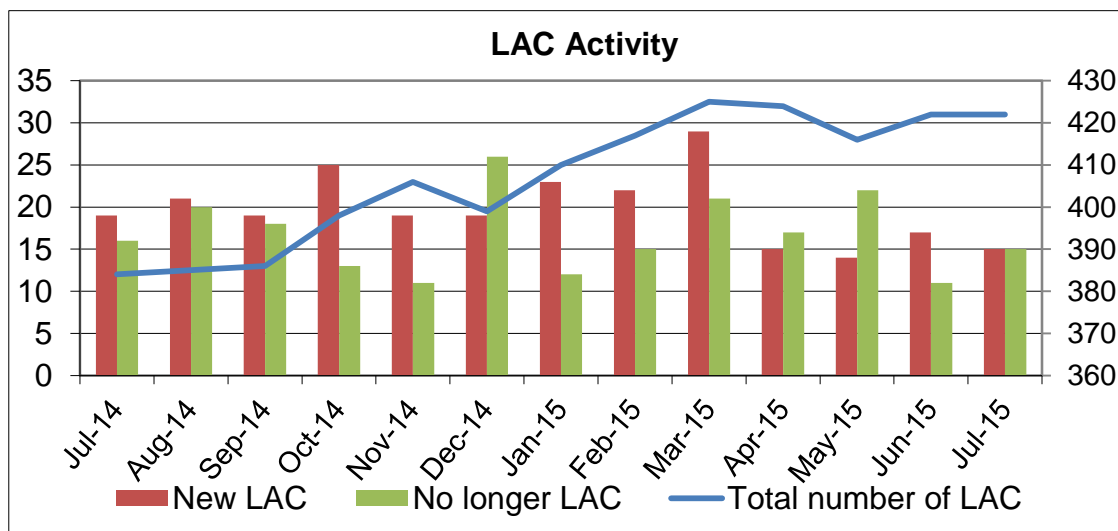
2.25



3. Looked After Children and Proceedings

- 3.1 Training has been provided for Social Workers to build their skills and confidence in Court and improve quality of Statements and Care Plans. Timescales for completion of court proceedings continues to reduce towards the 26 week target, and there are regular meetings between the service, CAFCASS and the judiciary to promote a joint approach to continued improvement in this area.
- 3.2 The Council, in partnership with Kent County Council, were successful in achieving DfE innovation funding for the set-up a specialist Family Drug and Alcohol Court and multi-disciplinary therapeutic team based in Medway and due to be operational from January 2016.
- 3.3 More robust processes for identifying placements are now in place through the Access to Resources Panel, supported by an Access to Resources Team. The Chair of the Panel is based within Partnership Commissioning which promotes planning for sufficiency of placements, cost effective provision, and facilitates robust review of use of external placements.
- 3.4 The number of Children looked after remains slightly higher than our Statistical neighbours at a rate of 68.5 children per 10,000 compared to a mean statistical neighbour rate of 65.

3.5



4. Education and Health of Looked After Children

4.1 The LAC Strategy and Action Plan have been signed off by the Corporate Parenting Board CPB, chaired by the Lead Member for Children’s Services, The CPB and its sub groups are now driving detailed work to further improve performance in relation to Looked After Children.

4.2 This includes;

4.3 **Education of LAC-** The Virtual School Head reports to each Corporate Parenting Board on educational progress made by children in care across their current key stage. Analysis shows that progress in key stages 3 and 4 compares well with national expectations. The performance is not so strong at key stages 1 and 2. One possible reason for this difference is that the majority of those in key stages 3 and 4 have been in care for a longer period, benefiting from stable care and the ongoing support they receive from the Virtual School enabling their progress to accelerate.

4.4 The age profile of our Looked after Children remains stable across the age bands which helps us to plan and target educational support , particularly for our young people approaching their GCSE’s.

4.5 Ages of Looked after Children

	Apr	May	Jun	Jul	Aug
0 to 2 years	69	63	62	56	61
3 to 4 years	30	34	33	33	34
5 to 8 years	70	68	72	73	72
9 to 10 years	56	57	56	58	62
11 to 15 years	126	122	127	128	132
16 to 17 years	73	72	73	73	73

4.6 As well as analysing the progress of year groups and key stages, the progress of individual children is tracked, and additional support is provided for individuals to secure accelerated progress when this is necessary utilising Pupil Premium.

4.7 Using the latest nationally published data, from the academic year 2012/13 the average attendance of Medway LAC was 96.9% compared with a national average of 95.6%.

4.8 Care Leavers have achieved recent A level exam success and a number have got into university to study marketing and advertising, drama, and radiography. There is also good news for our Care Leavers currently in further and higher education, with one achieving a C in their first year of a childcare course and others getting a 2:1 in Psychology and a 1st in Criminology.

4.9 Health of LAC

The percentage of LAC who had their Initial Health Assessment within timescales in July 2015 was 69%, which is an improvement on the 2014-5 year end figure of 55%. This is attributed to increased capacity within the community paediatric service as at February 2015, and the Council appointing a dedicated administrator to work alongside the LAC Health Team at MFT to ensure timely notifications of new entrances into care. However, there are continued efforts to ensure that this is a continued and improving performance.

4.10 Review Health Assessment performance for 14/15 stood at 89% with Review Adoptions Assessments at 90.1% for the same period.

4.11 Whilst the average number of days between Placement Order and matching children with adoptive carers remains higher than the national target, and is kept under review by the service, there are a of number positives underlying this overall timeliness which indicates that this is in order to achieve the right and successful outcome for children.

- 4.12 One reason for the longer timescales is the high number of children who are adopted by their foster carers, and adoptions of children with more complex needs.
- 4.13 Also, the proportion of children adopted as a percentage of LAC numbers remains higher than national average (12.6% in 2014-5 compared to an England average of 5.4% and a SE region average of 8%). The result of this is a significant rise in the overall numbers of Children adopted, compared Medway historical performance in this area.
- 4.14 Medway Number of children adopted over 4 year period

(14/15)	(13/14)	(12/13)	(11/12)
48	43	26	16

The service remains highly ambitious to continue to address overall timescales for adoption and has submitted an innovative and transformative bid to the DfE around the 'regionalising adoption' agenda.

5 .Leaving Care

- 5.1 The Leaving Care Team is now fully operational and provides care leaving PA services to looked after children at 17+, with a view to extending this to 16+ from 16/17 if not before.
- 5.2 Ensuring care leavers have access to opportunities for employment and education remains challenging, and whilst Medway remains above the 15/16 target, and in line with national data, there has been a drop in performance from 14/15 figures.

5.3

Care Leavers in employment education or training on 19th, 20th or 21st birthday (Rolling 12 months for YTD figures)	National 13/14	Medway 13/14	Medway 14/15	Medway YTD	Medway target 15/16
	45.0%	44.0%	48.4%	46.0%	45.0%

- 5.4 A comprehensive action plan has been developed arising from the work of the Member Task Group on improving outcomes for care leavers, including employment, education and training opportunities.
- 5.5 A third care leaver is now working as an apprentice at Cookham Wood YOI and a nurse has been appointed to work specifically with young people leaving care and make sure they can readily access their health history.

- 5.6 The Leaving Care Team are exploring options to co-locate delivery of services it provides to this cohort to the Princes Trust, where young people can access a range of other services and support towards independence, training and employment.
- 5.7 A 'Your Future, Your Choice' booklet has been developed in conjunction with young people which outlines options around employment and training and a 'Steps To Success' event held recently for 16-18 year old LAC not in education, employment and training.
- 5.8 In respect to Care Leavers accessing suitable accommodation, again whilst this remains slightly above the last published national figures, performance has dropped compared to what Medway achieved in 14/15.

5.9

Care Leavers in suitable accommodation on 19th, 20th or 21st birthday (Rolling 12months for year YTD figures)	National 13/14	Medway 13/14	Medway 14/15	Medway YTD	Medway target 15/16
	78.0%	78.0%	86.2%	79.0%	78.0%

- 5.10 The Leaving Care Team have worked closely with the Joint Commissioning Team, and partners, to review accommodation provision for this group of young people and develop a commissioning strategy. A tendering process is underway to ensure a sufficiency and quality of supported accommodation for this cohort.

6. Emotional Health and Wellbeing

- 6.1 Ensuring access to CAMHS services for all of our LAC remains a challenge, but additional resources have been allocated by the CCG to improve provision at Tiers 2 and 3. A Single Point of Access has been established, and the contract with Sussex Partnership to provide the CAMHS service is being robustly managed, as well as range of good quality alternative mental health and emotional well-being services being accessed as an alternative.
- 6.2 The 0-25 Service, for children and young people with disabilities, established a year ago, provides a streamlined service through to adulthood for children with a disability, has been reviewed.
- 6.3 A number of children and families who require support through Direct Payments or short breaks, but who do not have safeguarding needs, are now supported through an 'Enablement Pathway'.
- 6.4 A Social Worker from that service is now based in CADS to ensure all referrals are responded to appropriately, and where there are safeguarding concerns or a child becomes looked after, the case is transferred to Children's

Social Care service.

- 6.5 Audit processes are evidencing that children's views, wishes and feeling are being discussed and recorded, and external 'deep dive' visits have evidenced that Social Workers know their children well. External training has been provided for social work staff on direct work with children, and through themed audit this is showing to be an improving area of practice. 279 learning audits were completed between July 2014 and April 2015 in a total of six cycles.
- 6.6 The framework for case file auditing was reviewed from Jan 2015 to introduce greater rigour, and since this period has demonstrated a gradual improvement in cases audited that were not inadequate. In the latest audit cycle there was an improved performance of only 1 case rated as 'inadequate', 26 cases 'requiring improvement' and 10 cases judged to be 'good'.

7. Practice Scrutiny

- 7.1 However, there is a need to continue building on and improving recording of work undertaken and evidencing social work practice and management oversight that it is more consistently 'good' and 'outstanding' across the board.
- 7.2 It has been widely acknowledged and validated that the service has put in place a non-blame culture of learning and development, which is driving continued improvements.
- 7.3 Medway has invited external reviewers to scrutinise practice and provide feedback, as well as visiting other Local Authorities known to demonstrate good and outstanding practice. In addition, the Chair of the Improvement Board and colleagues from the DFE have undertaken regular progress review/deep dive visits to evidence progress on the ground.

8 Workforce and Capability

- 8.1 Recruitment of social work staff continues to have a clear focus with particular emphasis on recruiting to Team Manager level, which is a challenge nationally as well as locally.
- 8.2 Although recruitment targets have been consistently met, the increase in the overall staffing compliment arising from the significant extra staffing investment by the Council in April 2015, has meant that use of agency staff is still higher than desired. The overall increase of social work staff equates to 62% or 54 posts.
- 8.3 However, many agency staff and managers have been in post for more than six months, initiatives to transfer agency staff into permanent positions have been successful with 9 agency workers transferring to permanent contracts.

- 8.4 There has been a total of 75 permanent staff recruited in the last 2 years.
- 8.5 A 'Return to Social Work' initiative has been successful with 6 permanent worker recruited , this initiative will be repeated, Plans are also in place to offer a 'Supported Year in Management' programme to recruit aspiring managers and provide intensive support to and help them develop to fill permanent roles. .
- 8.6 Stability in our permanent workforce is good and sickness levels are low.
- 8.7 The Social Work Academy is fully operational with 29 Newly Qualified Social Workers progressing through programme and being placed permanently within the service. An Academy Board has been established with five faculty leads appointed. A full workforce development programme is in place and additional workshops are delivered by the Principal Social Worker and Advanced Practitioners.
- 8.8 We have recruited 13 Social Workers from overseas. As well as providing 61 student placements in the last 2 years. With 14 of these student being offered newly qualified posts
- 8.9 Social worker caseloads are monitored and have been reducing, although not yet at the target level, as a result of the continued high volume of cases in pre-proceedings and proceedings being worked through the system.

9 Performance Management

- 9.1 Performance information is now routinely used by managers across the service and targeted weekly data reports are available to which they are held accountable on an individual and team level basis.
- 9.2 In addition, regular weekly 'case review' performance meetings take place across each service area which uses live data to monitor performance, and supports a more analytical use and ownership of data.
- 9.3 A tracking system to monitor progress of cases in legal processes is in place and Legal Gateway Panel meets weekly. The Access to Resources Panel also meets weekly to ensure children coming into care can access appropriate placements and other support services.
- 9.4 The Quality Assurance Framework has been reviewed and revised to incorporate findings from the first year of operation and builds in mechanisms to ensure more rigorous follow-up of actions and learning. The first cycle of case file learning audits under the revised framework has been completed.

- 9.5 Supervision continues to be a priority and is supported by training for managers. Staff report that supervision takes place regularly, but audit processes show that management oversight is still not routinely recorded.
- 9.6 The IRO service has increasingly exercised its scrutiny and challenge function and routinely escalates cases of concern to the appropriate level to achieve resolution as required.
- 9.7 There are strong links between the Quality Assurance and Workforce Development Teams to make sure that learning themes as well as areas of concern are highlighted and appropriate training and support is put in place. An example of this is the regular workshops convened by the Principal Social Worker where in recent months these have covered direct work with children, care planning and Connected Carers processes.

10 Early Help and Partnership Working

- 10.1 The Integrated Family Support Service (IFSS) is co-located with the other Children's Social Care services, which supports joint working and appropriate responses to families who do not meet the criteria for social care.
- 10.2 The Medway's Troubled Families programme, Medway Action for Families (MAfF), element of IFSS have been successful in achieving Phase 2 PbR DCLG funding, building on their successes and national recognition at Phase 1, and meaning working with and reaching a significantly larger number of Medway families going forward from 15/16.
- 10.3 The Early Help offer has been further developed, based on a refreshed needs analysis and involving a range of partner agencies, co-ordinated by Medway CAN. This will build on the excellent track record of MAfF, and access resources from across partner agencies to meet the needs of families at an early stage of identification.
- 10.4 Partners have been engaged in workshops to promote the model. Early Help Assessments (previously CAFs) will be co-ordinated by an expanded team, and where a family's needs require a more co-ordinated response, plans will be developed through area based panels.
- 10.5 Children's Social Care have also developed a costed-offer to schools with the intention that this will be operational, dependent on uptake by schools from Autumn 2015. This will see social work managers and supervisors offering a level of professional supervision and support to Family Liaison Officers/Home School Support Workers in schools, there by building capacity in universal settings and promoting stronger working relationships/understanding.

11 Leadership and Governance

- 11.1 Recent 'deep dive' and progress review visits have commented positively about the culture of the service and the strong commitment to learning and practice development as a keystone to sustainable long term improvement.
- 11.2 The Councils strong leadership and political commitment to the improvement agenda across children's services has been praised . New elected members have been offered awareness raising and training on their responsibilities to safeguarding, corporate parenting and promoting children's welfare, as well as their 'challenge' role.
- 11.3 The protocol which outlines the responsibilities of the key strategic boards has recently been updated to include Community Safety Partnership and make more explicit the links with the radicalisation and Prevent agenda.
- 11.4 The Chair of MSCB, John Drew, has been actively engaging partners in the work of the Board. An LGA Peer Review of the MSCB took place in February 2015, which resulted in a clear set of recommendations. These have been incorporated into the refresh of the Business Plan.

12 Communication

- 12.1 Staff report that they understand the priorities of the service and feel well informed.
- 12.2 Weekly AD bulletins, regular 'roadshows', the Let's Talk newsletter and opportunities to meet the Director, Chief Executive and Lead Member continue to support this.
- 12.3 There is a monthly Let's Talk newsletter published for staff and a partners version of this newsletters distributed quarterly.
- 12.4 The Medway Council website has been reviewed and updated to capture relevant service information and links for staff and service users alike.
- 12.5 The Communication Team work with the service to identify and promote positive developments across the service, including articles for trade journal and opportunities for national awards.

13 Next steps and priorities going forward

- 13.1 External scrutiny has confirmed that there is no evidence of an unsafe or risk-averse service, and that the learning culture is strong.

- 13.2 Progress continues against all the actions outlined in the current Improvement Plan, and the plan continues to support good practice development.
- 13.3 The service is now focusing on 'getting to good', in keeping with its overall vision to be a 'good to outstanding service' by 2017.
- 13.4 This means sustaining progress on compliance, improving quality and monitoring impact on children and families.
- 13.5 Further work is required on further promoting challenge, management oversight and a focus on compliance to avoid drift and delay in all cases open to the service with the overall aim to improve outcomes for children and families.
- 13.6 Specifically ensuring Social Workers and managers record what they do, including the views and direct work with children; plans and reports are SMART and drive forward timely and positive outcomes for children; managers support their Social Workers through regular good quality supervision and discussions to manage their caseloads.
- 13.7 Recent feedback from the Improvement Board has been extremely positive around improvements made and becoming embedded, whilst recognising progress still to be made. As a result, discussions are underway to consider the frequency and regularity of the Board and possible transition/handover arrangements for the monitoring of continued improvements and service transformation to the MSCB.
- 13.8 Over the next quarter, it is proposed that more robust plans are developed to manage the transition of responsibility for improvement and service transformation from the Improvement Board to the MSCB.

14 Advice and Analysis

- 14.1 The purpose of this report is to ask the Overview and Scrutiny Committee members to read, note and discuss the progress update in relation to Children's Social Care.
- 14.2 This annual update is brought to members of Overview and Scrutiny to support the committee in its role in reviewing and scrutinising performance of the Councils Children's Social Care Services
- 14.3 There are no policy or structure implications.

15 Risk Management

- 15.1 Failure to make continued and required progress in relation to the Improvement Plan presents a risk to the Council in relation to future Ofsted inspection grading.

16 Financial and legal implications

- 16.1 There are no financial or legal implications in relation to this paper other than ongoing support of the improvement journey.
- 16.2 However, with continued pressure on local government funding streams expected to continue into the medium term, the Council's capacity for new investment may be limited to addressing statutory needs. It is therefore more important than ever to seek value for money and efficient use of resources.

17 Recommendations

- 17.1 The Overview and Scrutiny Committee is asked to note the progress made and the continued implementation of the Improvement Plan.

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Background papers

None

Appendices

- Appendix 1 Improvement Plan Summary (Plan on a Page)
- Appendix 2 Structure chart with new arrangements
- Appendix 3 Key performance indicators
- Appendix 4 An updated guide for Scrutiny Committee – The key questions to ask

Phase 3 Improvement Plan on a page May 2015

A plan facilitating improvements in help, care and protection for the children of Medway

Our priorities and ambitions:

- Safe, high quality services that meet the needs of children, young people and families
- Social workers who are confident and capable professionals
- An organisational culture of learning, development and evidence based practice
- Leadership that is visible, accountable and committed to joined up service delivery, which meets needs

Moving on Medway
 getting it right for every child

Theme	What we want to achieve	Our priorities for 2015-6
1 Quality and Effectiveness of practice	Children are safe, protected, risks are identified and they are provided with appropriate services	<ul style="list-style-type: none"> • Continue to develop our single front door (CADS) into a multi agency service, to include a Multi Agency Response Service for children who are on 'the edge of care' • Develop a community hub model of service delivery, with family support and social work teams closely aligned with partners working in communities • Implement and train staff on evidence based practice models • Establish a Family Drug and Alcohol Court • Fully implement our LAC Strategy and improve choice of placements • Develop a clear process for disabled children and young people to follow an enablement pathway, and receive appropriate support
2 Workforce and Capability	Staff and managers are competent, trained, supported, and the quality of their practice improves the lives of children and families	<ul style="list-style-type: none"> • Establish and embed practice standards • Provide training on evidence based models of practice • Continue an active programme of recruitment; focus on first line managers level • Promote staff retention through supervision, career development and training • Continue to develop and expand the Social Work Academy • Monitor social work caseloads to ensure they are appropriate to role and manageable
3 Performance Management	The service knows its strengths and weaknesses and can demonstrate that services for children and families have changed as a result	<ul style="list-style-type: none"> • Consolidate and expand use of performance data at strategic and operational levels • Review the QA Framework and continue programme of audit and other QA activity • Extend recording and reporting capability to those service areas which are still not part of Framework i • Ensure every service has a plan and every staff member has a PDR
4 Partnership and Early Help	Children and families are able to access a range of interventions which respond appropriately to needs and prevent the need for more intensive interventions. Partners are signed up to supporting the Early Help strategy	<ul style="list-style-type: none"> • Launch and implement the refreshed Early Help Strategy • Work with partners to develop the Early Help offer • Enhance capacity of CAF team and extend support for use of CAF • Procure services to address identified risk factors, including domestic abuse • Re-commission health visiting and school nursing services • Further develop a multi agency response to CSE
5 Leadership and Governance	Managers and elected members have a clear, shared vision and are able to lead and inspire their staff to deliver effective services. The MSCB hold all partners to account for their safeguarding practice.	<ul style="list-style-type: none"> • Re-confirm shared vision with newly elected administration • Monitor and support compliance with social work standards • Strengthen challenge function of MSCB and work with the Board to take on responsibilities of Improvement Board
6 Communications	Partners and children's social care staff understand their role and specific responsibilities in delivery of the Improvement Plan	<ul style="list-style-type: none"> • Continue regular programme of roadshows, newsletters and events • Update websites and ensure relevant information is available to staff and partners • Raise Medway's profile through 'good news' stories • Continue to promote engagement with children, young people and families

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Key performance indicators:

Title (blue = council plan indicator)	National 13/14	SN Mean Score 13/14	Medway 13/14	Medway 14/15	Latest Q SE benchmarking	Medway target 15/16	RAG	Medway YTD	Good is?
Rates of re-referrals within 12 months of a previous referral	23.4%	22.4%	30.0%	21.0%		23%	G	15.1%	Low
Child & Family Assessments completed within 45 days	82.2%		68.7%	75.4%		80%	R	86.0%	High
Percentage of children whose ICPC was held within 15 working days of the initiating strategy discussion	69.3%	74.9%	54.8%	60.1%		72%	G	90.6%	High
Number of CP plans at period end			358	475				444	
Percentage of CP for whom a visit has taken place within last 2 weeks of each month (YTD to end of June)				90.5%				90%	High
Percentage of child protection cases where children 12+ have participated in their plans or reviews			81.7%	87.0%		85%	G	93.6%	High
CP Plans lasting 2 or more years when closed	4.5%	4.3%	8.7%	5.2%		5%	G	4.5%	Low
CP cases which were reviewed within required timescales	94.6%	94.1%	97.4%	96.3%		95%	G	99.4%	High
Number of LAC at end of period			378	425				422	
Percentage of LAC for whom 6 weekly visits are up to date								88%	High
Looked after children cases which were reviewed within required timescales			82.3%	83.6%		95.0%	G	98.7%	High
Percentage of LAC with an up-to-date Care Plan or Pathway Plan						97.0%	R	78.0%	High
Days between PO and match (3 year rolling average) (A2)	217	202	243	260		190	R	269	Low
In employment education or training on 19th, 20th or 21st birthday (Rolling 12 mths for YTD figures)	45%		44.0%	48.4%		45%	G	46.0%	High
In suitable accommodation on 19th, 20th or 21st birthday (Rolling 12mths for YTD figures)	78%		78.0%	86.2%		78%	G	79.0%	High

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An updated guide for Scrutiny Committee – The key questions to ask

August 2014¹

Introduction

This updated and abbreviated version of the LGA Safeguarding Scrutiny Guide 2009 has been written by the original author specifically for the use of Medway Council. It is designed to support the Medway Overview and Scrutiny Committee to make an informed contribution to the improvement journey that Medway are on. It provides the key questions an Overview and Scrutiny Committee needs to ask to assure itself about the safety of the children and young people of Medway in 2014.

Context and rationale

Safeguarding Children and promoting their welfare is one of the key statutory responsibilities invested in top-tier authorities, and the role that local authorities play is even more important now, in the light of the recent reports into historic abuse cases such as Jimmy Savile, and into organised abuse such as the recent Rotherham report.

Safeguarding in this context is used to mean both child protection services, and other activities designed to improve children's emotional, social, educational, economic, and physical wellbeing in their homes and communities. Indeed all the evidence points to the fact that children who are happy, healthy, well educated, active and well cared for are less likely to be vulnerable to abuse of any kind.

It is not possible to protect every child from harm, or be certain that things will never go wrong. However councils in their leadership role, with partners, can do their utmost to ensure the way they work is designed to achieve the best possible outcomes for the children they serve. It is crucial that councils focus on how best to do this through excellent services, effective frontline practice, well supported, confident and capable staff, investment in early help alongside robust child protection services and, most importantly the involvement and engagement of children and young people in designing and delivering services.

Relentless vigilance, with a strong outcomes focus, and a culture of high support and high challenge are the keys to ensuring that local councils and their partners fulfil their responsibilities properly. This vigilance requires robust performance and quality assurance mechanisms, arrangements to speak to and hear directly from children and young people, clear accountability arrangements and a system of checks and balances, which provide effective challenge. LSCB's are one of the checks and balances in place and are responsible for monitoring the effectiveness of multi-agency safeguarding practice. Local Overview and

¹ Based on the LGA publication of The Safeguarding Scrutiny Guide (Dec 2009) written by Jane Held

Scrutiny Committees are another of the critical checks and balances in the system, and must exercise that function rigorously.

The four principles of good scrutiny support this:

- Providing a “critical friend” challenge to executive policy makers and decision makers
- Enables the voice and concerns of the public and communities (especially in this case of children and young people) to be heard and acted on
- Is carried out by “independent minded governors” who lead and own the scrutiny process
- Drives improvement in public services (especially in children’s services)

Children and young people are central

Research and evidence tells us that central to effective safeguarding practice is listening to, hearing from, respecting and, above all believing, what children and young people say is crucial. Any scrutiny of services for children and young people should include time spent listening to, talking with and acting on what children and young people receiving the service have to say. They are the people best positioned to tell us what is good and what needs to be changed, are creative, and thoughtful and creative in proposing solutions and making recommendations. That includes very young children and children with needs that limit their ability to communicate easily.

The key questions to ask

The views of children and young people

1. What arrangements are there for involving children and young people in the services they are receiving and is what they say acted on?
2. Is the department and the LSCB gathering and using the experience of children, young people and families to inform improvements to safeguarding arrangements?
3. Is there evidence that individual children and young people are seen and listened to by front line practitioners?

Partnerships

4. Is the LSCB effective in holding individual agencies to account, and in ensuring there is effective and appropriate multi-agency practice with strong safeguarding children procedures, clear standards and expectations, well organised and comprehensive training and workforce development provision, strong governance arrangements, challenging performance management and quality assurance processes, and systems for identifying and learning from mistakes and from good practice?

5. Does your LSCB have the resources, both financial and human, to undertake its responsibilities properly and deliver its business plan, and are those resources provided equitably across the partnership?
6. Is the relationship between the LSCB, Health and Wellbeing Board, Adult Safeguarding Board, Community Safety Partnership, and local children's partnership arrangements clear, and are they working together co-operatively in the best interests of children and young people?
7. Are there strong, robust and challenging partnership arrangements in place to respond to organised abuse, child sexual exploitation, missing children, and historic abuse concerns?

Quality and Performance

8. How do the children's service department and the LSCB perform their respective quality assurance roles? Is there evidence quality assurance activity is leading to service improvements at policy, system and frontline level?
9. Is there a robust needs assessment in place, are the trends in demand, unidentified risk and need and in outcomes for children well understood? Is this reflected in the Joint Strategic Needs Assessment and is it used to inform the allocation of resources, the development of key priorities, and the commissioning of services by the council and its' partners?
10. Are there clear outcome measures in place to assist in identifying what difference is being made in terms of safeguarding children and young people appropriately?

Practice

11. Are universal services supporting vulnerable children well and are there adequate, effective, co-ordinated multi-agency early help services in place for children, young people and families, which mean support is provided early in the life of a problem?
12. Do you know how effective the "front door system" is and what safeguards are in place to protect children from inappropriate child protection interventions and are assessments undertaken quickly when a child or young person is at risk?
13. Are services reaching the most vulnerable, eg children with additional needs, (disabilities or mental health problems) looked after children, children living in families where there is substance abuse, domestic violence, or parental mental illness, children at risk of child sexual exploitation, forced marriage, or FGM, or children from migrant, refugee, homeless, or other transient families?
14. Do staff act quickly to protect children and young people and advocate for them when other agencies are not responding appropriately no matter how difficult they may be to help and protect or how complex or sensitive their circumstances?
15. Do all Child Protection Plans contain specific, child focussed outcome intended to safeguard and promote the welfare of the child? Are these plans independently reviewed and scrutinised?

16. What is the quality and frequency of the supervision and training given to frontline staff. Does supervision routinely address safeguarding practice and performance?

Conclusions

This set of questions will not in themselves, ensure that children are safeguarded but can be used as a prompt for OSC members. An appropriately challenging OSC will look critically at evidence, and test it from a number of angles. When this is done supportively as well as critically the impact on children and young people will be most evident.

Jane Held

August 2014