RESEARCH

Towards a Public Service Agreement on Safeguarding

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National Society for the Prevention of Cruelty to Children

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Structure of this document

The main section of this document has two main components:

- part one, an overview of recommendations
- part two, detailed process and findings.

There is also an executive summary which is a very brief outline of the suggested measures and summarises the key points of part one.

Part one gives an account of the model of safeguarding that was developed and why particular measures have been selected. It draws upon and refers to, evidence presented in more detail in various sections of part two.

Part two gives an account of how the study progressed and discusses the evidence on which we draw to support the measures proposed. Part two describes in detail the process of developing and testing the safeguarding model and the measures to underpin the proposed PSAs from:

- a review of literature
- the building of the initial model and possible measures
- the results of the interview phase and revisions of the model
- the results of the e-consultation exercise
- the content of both adult and young people's discussion groups.

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Executive Summary

Towards a public service agreement on safeguarding

Executive summary

This paper sets out a collection of measures that could be used as the basis for the development of a public service agreement (PSA) on safeguarding.

The brief for this study was to focus on safeguarding as keeping children and young people safe from maltreatment, neglect, violence and sexual exploitation. While this is a useful and appropriate focus, evidence from this study has suggested that this cannot be completely isolated from the other elements of the staying safe outcome areas of *Every Child Matters* and the recommended measures reflect this.

Evidence from published sources (eg Tilbury 2003), supports the contention that safeguarding must be considered at a whole society level and not just as the preserve of specialist agencies. It further suggests that a wide range of preventative elements need to be in place to complement and avoid undermining formal safeguarding processes.

With this in mind, work was undertaken to develop an initial structure to describe what was understood as being key elements of a safeguarded society. An early starting point was to use the tiered model that is familiar in social care from Hardiker et al (1996), which described children's social care in terms of:

Primary prevention - taking universal action to promote conditions so that problems do not arise;

Secondary prevention - focusing on individuals or families who are vulnerable, but may not yet have problems;

Tertiary prevention - targeting individuals or families who have problems to minimise their adverse effects; and

Quaternary prevention - optimising the prospects for children where family problems have resulted in their placement in substitute care.

Arguably, the first three elements are also implied by the *prevent, promote, provide* language of the National Service Framework for Children and Maternity Services, standard five that requires all agencies to work:

"to prevent children suffering harm;
to promote their welfare; and
to provide them with the services they require to address their identified needs."

The quaternary level is not logically separate or unique, but covers children and young people where the state has a distinct set of responsibilities.

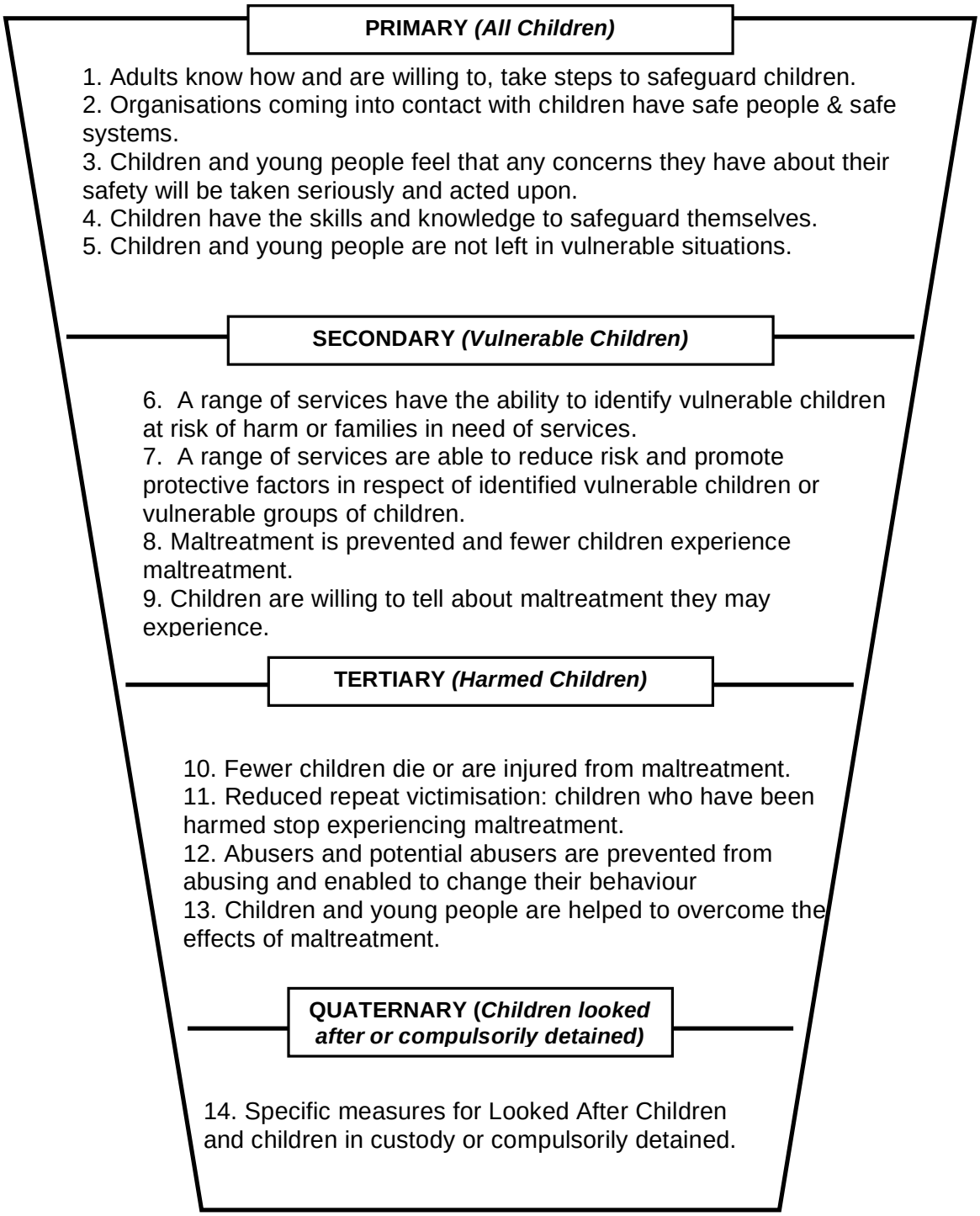
This tiered model has been applied in a variety of ways and it has been largely endorsed by our consultees.

The model presented incorporates safeguarding at different levels of prevention. From safeguarding measures applicable to all children, to those necessary in respect of vulnerable children and those who have already experienced maltreatment or those who have perpetrated it.

At all of the levels of prevention (primary secondary, tertiary and quaternary), there appears to be a range of features or types of action or resources that need to be in place to safeguard children. A set of fourteen features are identified below. It should be noted that each higher level encompasses those below. That is, the features relevant for groups at the higher levels include the needs identified at lower levels, for example looked after children, as mentioned in feature 13, may also require help to overcome the effects of maltreatment

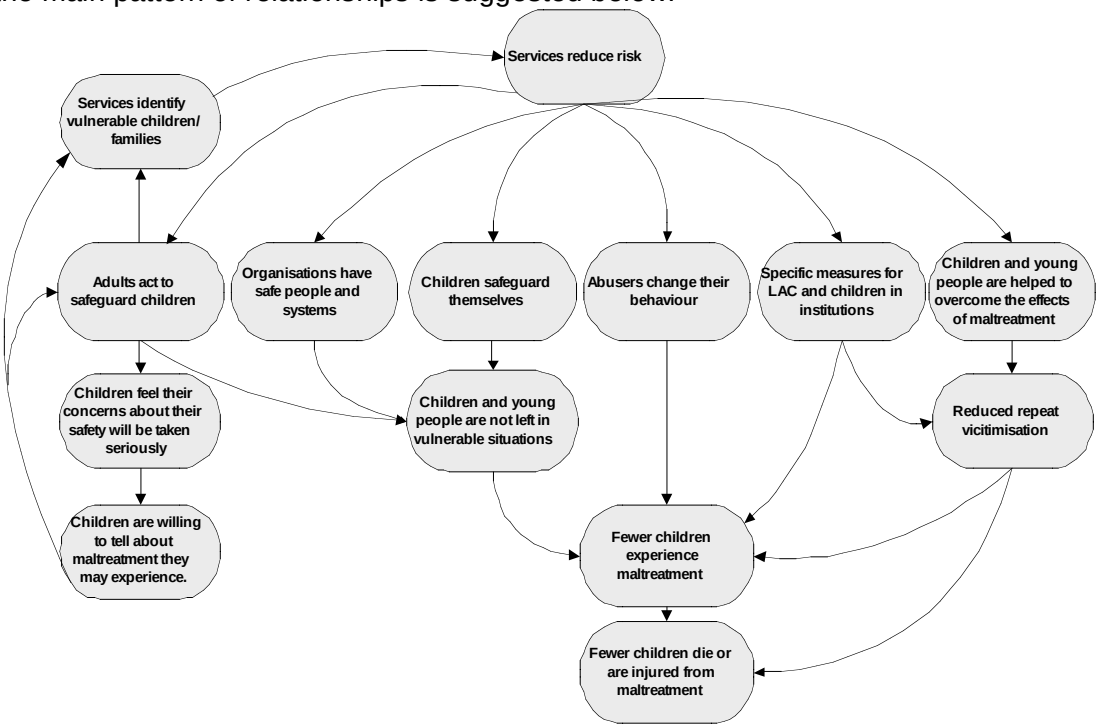
(item 12) and the organisations coming into contact with them will need safe people and safe systems (item 2).

Fig 1. A model of safeguarding elements at different levels



Possible network of outcome relationships

The 14 elements of the model are very interconnected and mapping every relationship would result in a very complex and not very informative structure. However, a structure for the main pattern of relationships is suggested below.



Measures

At the same time as developing these elements of a safeguarded society, an attempt was also made to construct a set of measures or indicators that could be used to represent the extent to which these elements were in place, and so perhaps form the basis of a PSA.

It is suggested, that a collection of measures based upon different levels of prevention has the potential to support the key judgements about the safety of children. They may also inform the Joint Area Review's key questions, providing a more comprehensive evidence basis than the seven measures for local services currently within the review process.

Through a series of consultation exercises, the proposed framework of elements has been endorsed by a range of experts in the UK concerned with different aspects of safeguarding, especially in terms of the focus it allows on primary and secondary prevention. Their scrutiny posed a number of challenges to the model as originally conceived and some of the early ideas about possible indicators have been jettisoned.

There has been little consensus on which measures are appropriate and on the detail of those measures. However, there was evidence of a desire to have a small set of measures that have some basis in existing or developing data sources and could be deployed relatively quickly. This is not to suggest that other measures are not important, just that they generally require substantial new resources or longer term development.

Thus, we have highlighted from our larger 'basket of measures' a small selection of five measures. These consist of an overarching lead outcome measure and a lead measure for each of the four levels of prevention.

All of the measures presented below can be further specified in terms of community or population, eg, in terms of age range, disability and ethnicity. This would require further consultations with groups expert in those areas. However, this is intended as a general overview which can underpin that process and provides the model for it.

Lead outcome measure	Child homicides.
Lead primary level measure	Percentage of agencies and organisations not compliant with vetting and barring requirements.
Lead secondary level measure	Percentage of schools judged to be satisfactory or better by Ofsted on the 'Care, Guidance and Support' measure.
Lead tertiary level measure	Children's hospital and A and E episodes classified as assault (ICD X85-Y09).
Lead quaternary level measure	Suicide and self harm reports for looked after children and young people in the secure estate.

We have consulted a range of stakeholders in safeguarding and reviewed multiple data sources. The approach to safeguarding outlined in this paper is that children's safety and wellbeing is intrinsically linked to the quality of preventative mechanisms at different levels and that these result in their being effectively safeguarded. This has led to the recommendation that any basket of measures should cover all four levels of prevention and address a range of elements (specified later in this report).

This range is not intended to be exhaustive and individual elements may be modified or changed over time. Its purpose is to demonstrate the breadth of responsibility for improving children's safety.

Other measures could be used to support a more detailed performance framework and these are discussed in more detail in the main report. These are suggested as a potential basis for a wider set of measures to indicate how well children are safeguarded in our society and are listed below.

The suggested indicators in this report vary by type. Some are clearly about impact on the entire child population. Others concern the quality of the environments in which children live, in terms of increasing safety and/or resilience, while others are about the activities of specific services that contribute to safety.

Primary level

Measures	**Source**
Percentage of adults willing to take action to protect children **[to rise].** Percentage of adults saying they would know what to do if they were worried about the safety of a child **[to rise].** Percentage of adults (base = those who have ever been in a	*Attitude and action survey.*

situation where they were worried that a child was experiencing cruelty) who did nothing **[to fall].**	
Percentage of agencies and organisations not compliant with vetting and barring requirements **[to fall].**	*Barring and vetting scheme.*
Number of cancellations of provisions that are related to category one complaints (Ofsted's category suggesting child protection concerns), **[direction to be clarified].** Number of conditions imposed by Ofsted **[direction to be clarified].**	*Ofsted.*
Percentage of young people who can identify opportunities they do not take up because of fears about personal safety **[to fall].**	Development of Home Office's *Offending, Crime and Justice Survey.*
Percentage of unauthorised absences from school for primary schools and secondary schools **[to fall].**	*Pupil Absence in England* - DfES.

Secondary level

Measures	**Source**
The number of Common Assessment Frameworks (CAFs) completed, by agency and the proportion of referrals to specialist services that are evidenced by CAFs **[to rise].**	*New system via local agencies.*
Percentage of schools judged to be satisfactory or better by Ofsted on the 'Care, Guidance and Support' measure. **[to rise]** (or percentage of Schools attaining level 3 of the National Healthy School Standard) **[to rise].**	*Ofsted, National Healthy Schools Programme.*
Percentage of Local Safeguarding Children Boards (LSCB) plans that address: incorporating priorities from Multi Agency Public Protection Arrangements (MAPPA) business plan engagement with voluntary sector engagement with sports and leisure services tracking and assessing outcomes for children served by child protection system presence of dedicated resources **[to rise].**	*Audit of LSCB plans.*
Survey to identify absence of bullying, presence of safe environments and awareness of adult supervision **[to rise].**	*Development of the Health-Related. Behaviour Questionnaire.*
A reduction in the key baselines of prevalence of abuse **[to fall].**	*New prevalence study.*

Tertiary level

Measures	Source
Child homicides **[to fall].**	*Homicide and gun crime statistics.*
Hospital episodes classified as assault **[to fall].**	*Hospital episode data.*
Number of children placed on Child Protection Register (CPR) who are ever re-registered **[to fall in the long term].** Repeat substantiations of harm by age of 18 (possibly use repeat initial conferencing as a proxy) **[to fall].**	Longitudinal Development of *Referrals, Assessments and Children and Young People on Child Protection Registers*
Percentage of LSCB plans that contain an explicit reference to the MAPPA business plan **[to rise].**	*Audit of LSCB plans*
Agreed recommendations child protection plans that have been actioned within six months **[to rise].**	*New recording required possibly within the Integrated Children's System (ICS).*
Identify and narrow the gap in educational achievement between children entering the child protection system and that of their peers, eg percentage of children in the child protection system at a point in their lives who achieve at least five GCSEs from Grade A* to C or equivalent **[to rise].**	*New longitudinal tracking of education attainment under Information Sharing and Assessment (ISA).*

Quaternary level

Measures	Source
Percentage of looked after children achieving at least five GCSEs Grade A* to C or equivalent **[to rise].** Percentage of looked after children in education with a personal education plan **[to rise].** Percentage of care leavers in education, training or employment a year after leaving care **[to rise].**	*PSA Target No. 3. and Performance* Assessment Framework CF/A2 *no current source PAF CF/A4.*
Suicide and self-harm reports for looked after children and young people in custody per year **[to fall].**	*New local authority and prison service data collection system needed.*
Percentage of looked after children placed out of borough **[to fall].**	*no current source*

The brief for this exercise was: “To provide policy makers and practitioners with a rudimentary evidence-based conceptual framework to facilitate the development of a PSA target on safeguarding children.”

As the work has developed and the model of elements has been strengthened, the authors were encouraged by the DfES to go beyond a conceptual framework and to think about the likely content of a PSA in terms of the actual measures. This was a daunting prospect, particularly since opinions about appropriate measures varied so widely and thinking about some areas, such as safeguarding at the primary level of prevention was still in its infancy. While we recommend further groundwork and research, we have decided to go further and we describe a set of indicators which we believe have potential. This will no doubt not be the last word, but by making concrete proposals it is hoped that this gives something to which commentators can respond and that can be either challenged or developed in a consistent direction.

Part one: Overview report
Towards a PSA on safeguarding

Part one: Overview report

Introduction

This paper sets out a collection of measures that could be used as the basis for the development of a public service agreement (PSA) on safeguarding.

The brief for this study was to focus on safeguarding as keeping children and young people safe from maltreatment, neglect, violence and sexual exploitation. While this is a useful and appropriate focus, evidence from this study has suggested that this cannot be completely isolated from the other elements of the staying safe outcome areas of *Every Child Matters*, and the recommended measures reflect this.

The scope of the project includes the detection and treatment of offenders as well as victims. Hereafter we shall use 'maltreatment' as short for "maltreatment, neglect, violence and sexual exploitation".

Scope of Safeguarding

The brief for this project is concerned with keeping children and young people safe from maltreatment. It therefore began with a specific understanding of safeguarding as related to specific types of harm.

The scope has a focus on 'staying safe' as distinct from 'staying healthy', 'learning and achieving' 'making a positive contribution' and 'overcoming economic disadvantage'. Thus it would not, for example, look at issues such as childhood obesity, smoking, drug and alcohol use and legal sexual activity. There may be exceptions to this where young people are looked after or in an institution where health and education issues are the direct responsibility of the state. It would however cover these issues as they impact on the maltreatment of children.

Within the area of staying safe this study is primarily concerned with children being safe from maltreatment. It is less concerned with accidental death and injury, bullying and discrimination, antisocial behaviour and security and stability in the care of children as issues in their own right. These are considered only in relation to the challenges they present children to being safe from maltreatment.

Definition of 'Children'

The definition used here follows that in the Children Act 2004, 'child' means a person under the age of 18 - and also any person aged 18, 19 or 20 who has been in care (since the age of 16) or who has a learning disability.

This study consisted of five distinct phases:

- a review of literature
- the building of the initial model and possible measures
- the results of the interview phase and revisions of the model
- the results of the e-consultation exercise
- the content of both adult and young people's discussion groups.

Evidence from published sources (eg Tilbury 2003), supports the contention that safeguarding must be considered at a whole society level and not just as the preserve of

specialist agencies. It further suggests that a wide range of preventative elements need to be in place to complement and avoid undermining formal safeguarding processes.

With this in mind, work was undertaken to develop an initial structure to describe what was understood as being key elements of a safeguarded society. An early starting point was to use the tiered model that is familiar in social care from Hardiker et al (1991, 1996), which described children's social care in terms of:

> Primary prevention - taking universal action to promote conditions so that problems do not arise and families are strengthened;
> Secondary prevention - focussing on individuals or families who are vulnerable, but may not yet have problems or with early difficulties where the risks of breakdown are low;
> Tertiary prevention - targeting individuals or families who have more entrenched problems to minimise their adverse effects; and
> Quaternary prevention - optimising the prospects for children where family problems have resulted in their placement in substitute care.

Arguably, the first three elements are also implied by the *prevent, promote, provide* language of the National Service Framework for Children and Maternity Services, standard 5 that require all agencies to work

> "to prevent children suffering harm;
> to promote their welfare; and
> provide them with the services they require to address their identified needs."

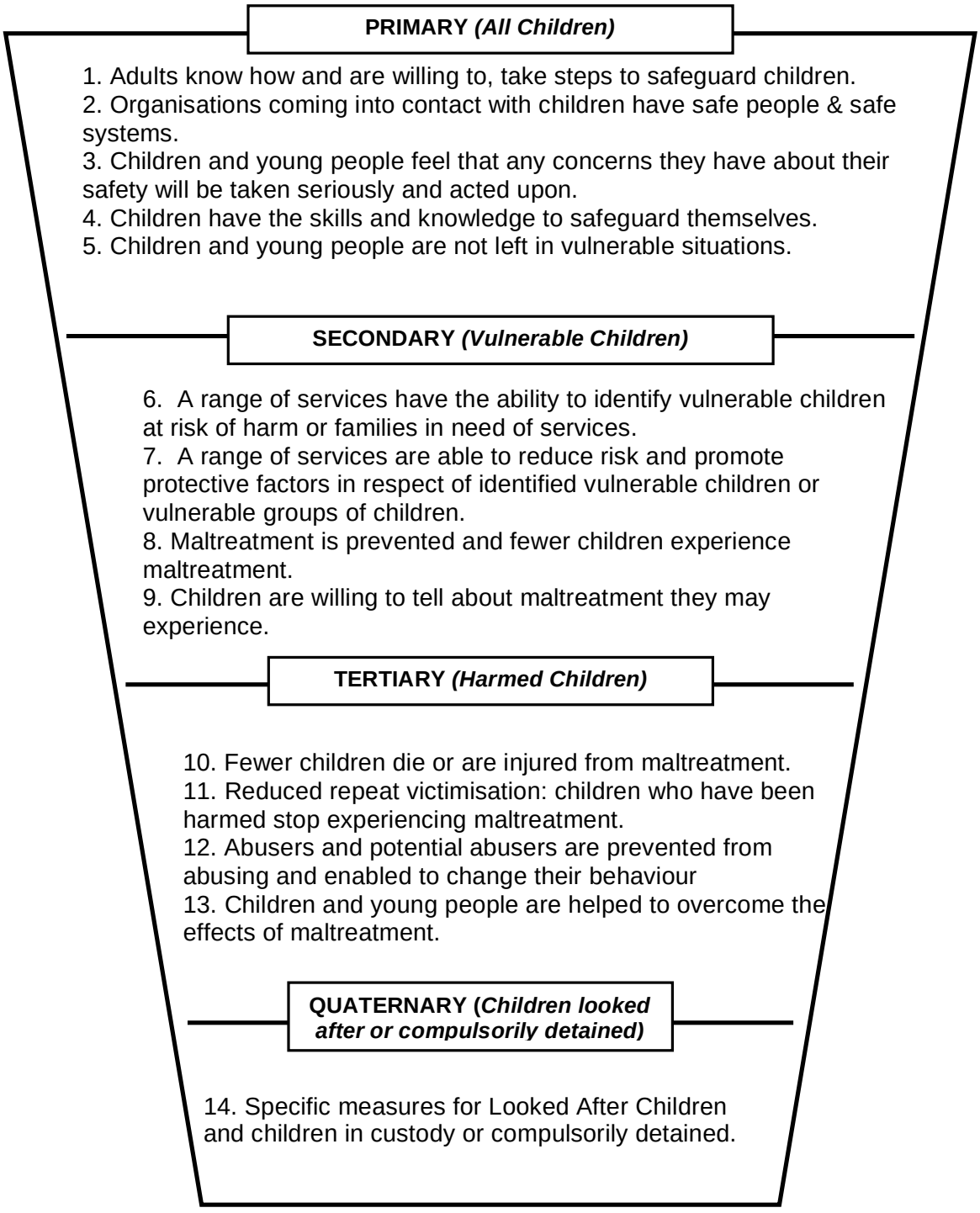
The quaternary level is not logically separate or unique but covers children and young people where the state has a distinct set of responsibilities, eg looked after children.

The model presented incorporates safeguarding at different levels of prevention. From safeguarding measures applicable to all children, to those necessary in respect of vulnerable children and those who have already experienced maltreatment or those who have perpetrated it.

At the levels of prevention (primary secondary, tertiary and quaternary) there appears to be a range of features or resources that need to be in place in a society that safeguards children. A set of fourteen features are identified below as elements in a safeguarding model. It should be noted that each higher level encompasses those below. That is, the elements relevant for groups at the higher levels include the needs identified at lower levels, for example, looked after children, as mentioned in element 13 may also require help to overcome the effects of maltreatment (element 12) and the organisations coming into contact with them will need safe people and safe systems (element 2).

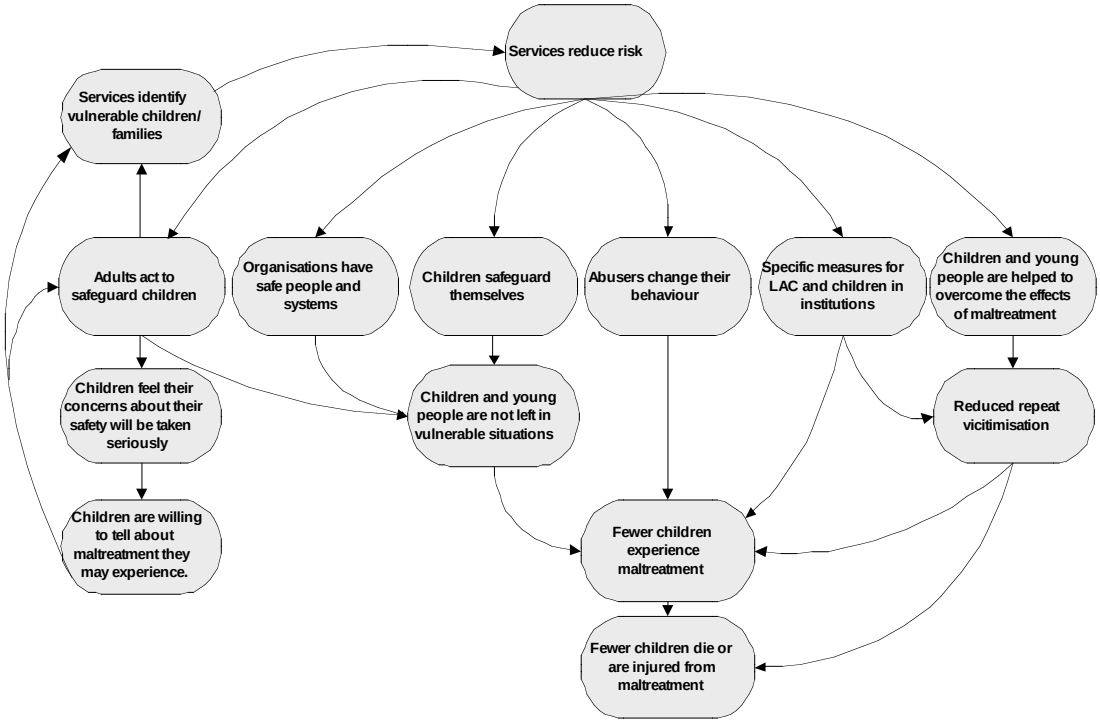
A Safeguarding Model

Fig 1. A model of safeguarding elements at different levels



Possible network of outcome relationships

The 14 elements are very interconnected and mapping every relationship would result in a very complex and not very informative structure. However, a structure for the main pattern of relationships is suggested below.



Measures

At the same time as developing these elements of safeguarding, an attempt was also made to construct a set of measures or indicators that could be used to represent the extent to which these elements were in place and so perhaps for the basis of a PSA.

It is suggested that a collection of measures based upon different levels of prevention has the potential to support the key judgements about the safety of children. They may also inform the Joint Area Review's key questions, providing a more comprehensive evidence basis than the seven measures for local services currently within the review process.

Through a series of consultation exercises, the proposed framework of elements has been endorsed by a range of experts in the UK concerned with different aspects of safeguarding. It has been endorsed especially in terms of the focus it allows on primary and secondary prevention. Expert scrutiny posed a number of challenges to the model as originally conceived and some of the early ideas about possible indicators have been jettisoned.

There has been less consensus on which measures are appropriate and on the detail of those measures. However, there was evidence of a desire to have a small set of measures

that have some basis in existing or developing data sources and could be deployed relatively quickly. This is not to suggest that other measures are not important, just that they generally require substantial new resources or longer term development.

Thus, we have highlighted five 'headline' measures. These consist of an overarching lead outcome measure and a lead measure for each of the four levels of prevention. The full 'basket of measures' is discussed later in the report

All of the measures presented below can be further specified in terms of community or population, eg, in terms of age range, disability and ethnicity. This would require further consultations with groups expert in those areas. However, this is intended as a general overview which can underpin that process and provides the model for it.

Lead outcome measure	Child homicides.
Lead primary level measure	Percentage of agencies and organisations not compliant with vetting and barring requirements.
Lead secondary level measure	Percentage of schools judged to be satisfactory or better by Ofsted on the 'Care, Guidance and Support' measure.
Lead tertiary level measure	Children's hospital and A and E episodes classified as assault (ICD X85-Y09).
Lead quaternary level measure	Suicide and self harm reports for looked after children and young people in the secure estate.

We have consulted a range of stakeholders in safeguarding and reviewed multiple data sources. The approach to safeguarding outlined in this paper is that children's safety and wellbeing is intrinsically linked to the quality of preventative mechanisms at different levels and that these result in their being effectively safeguarded. This has led to the recommendation that any basket of measures should cover all four levels of prevention and address a range of elements (specified later in this report).

This range is not exhaustive and individual elements may be modified or changed over time. Its purpose is to demonstrate how the model encompasses the breadth of responsibility for improving children's safety.

Other measures could be used to support a more detailed performance framework and these are discussed in more detail in the main report. These are suggested as a potential basis for a wider set of measures to indicate how well children are safeguarded in our society and are listed below.

The suggested indicators in this report vary by type. Some are clearly about impact on the entire child population. Others concern the quality of the environments in which children live, in terms of increasing safety and/or resilience, while others are about the activities of services that contribute to safety.

Direct measures of harm affecting children and young people

Under this heading we would place:

A reduction in the key baselines of prevalence of abuse **[to fall]**

(Survey to identify) Absence of bullying, presence of safe environments and awareness of adult supervision **[to rise]**

Child homicides **[to fall]**
Hospital episodes classified as assault (ICD X85-Y09) **[to fall]**
Suicide and self-harm reports for looked after children and young people in the secure estate **[to fall].**

Arguably, adults' competence and willingness to protect could also be identified as a direct impact, since safeguarding is not just about what happens to children but about adult actions to safeguard them. However, in this schedule, such issues have been located below, under the heading "promoting a safe environment".

Indicators of safe environments, resilience and positive outcomes

Under this heading we would place:

percentage of adults willing to take action to protect children **[to rise]**
percentage of adults saying they would know what to do if they were worried about the safety of a child **[to rise]**
percentage of adults (base = those that ever been in a situation where they were worried that a child was experiencing cruelty) who did nothing **[to fall]**
percentage of unauthorised absence from school for primary schools and secondary schools **[to fall]**
proportion of non-compliance by agencies and organisations required to undertake barring and vetting checks **[to rise]**
percentage of young people who can identify opportunities they did not take up because of fears about personal safety **[to fall]**
identify and narrow the gap in educational achievement between children and young people who have been maltreated and that of their peers eg percentage of such children who achieve at least five GCSEs Grade A* to C or equivalent **[to rise]**
percentage of schools judged to be satisfactory or better by Ofsted on the 'Care, Guidance and Support' measure percentage of schools attaining level 3 of the National Healthy School Standard **[to rise].**

Indicators of effective service activity

Under this heading we would place:

proportion of provisions where cancellations relate to category one complaints (Ofsted's category suggesting safeguarding concerns) **[direction to be clarified]**
number of cancellations of provisions that are related to category one complaints (Ofsted's category suggesting safeguarding concerns) **[direction to be clarified]**
number of conditions imposed by Ofsted **[direction to be clarified]**
the number of CAFs completed, by agency and the proportion of referrals to specialist services that are evidenced by CAFs **[to rise].**

Percentage of LSCB plans that address:

- incorporating priorities from MAPPA business plan
- engagement with voluntary sector
- engagement with sports and leisure services
- tracking and assessing outcomes for children entering the child protection system
- presence of dedicated resources **[to rise].**

Number of children placed on CPR who are ever re-registered (for life of register system) **[to fall].**

Repeat substantiations of harm by age of 18 (possibly use repeat initial conferencing as a proxy) **[to fall].**

Agreed recommendations for additional services in safeguarding plans that have been actioned within six months **[to rise].**

Percentage of looked after children placed out of borough **[to fall].**

Number of suicides and self-harm incidents involving looked after children and young people in the secure estate **[direction to be clarified, probably to rise initially as recording improves].**

If success in safeguarding is conceptualised as a reduced degree and amount of harm experienced by children and young people, then the direct measures offer a way of assessing this. They offer a set of key targets as the basis for a PSA.

A public service commitment to reduce child homicide rates would be the most appropriate lead measure as it currently exists and is relatively reliable. This would impact on more than the small number of children who are potential victims of homicide. The pursuit of this goal would itself positively impact on the safety and wellbeing of a wider number of children.

The subsequent development of a series of prevalence studies would provide a longer term estimate way of a wider range of types of harm.

Primary level measures

P1 Percentage of adults willing to take action to protect children **[to rise].**
Percentage of adults saying they would know what to do if worried about the safety of a child **[to rise].**
Percentage of adults (base = those that ever been in a situation where they were worried that a child was experiencing cruelty) who did nothing **[to fall].**

Why this is important

Safeguarding must be considered at a whole society level and not as the preserve of specialist agencies. A wide range of preventative elements needs to be in place to complement child protection processes. This is consistent with a principle of subsidiarity.

What is the evidence for it?

Tilbury (2003), describes the development of early, broad based services in proactively safeguarding children rather than waiting for harm to occur: "Improving access to family support, particularly in the early stages of contact with families, is seen as essential to move policy and practice beyond child rescue and towards a more integrated paradigm that recognises the impact of personal, family and structural factors affecting child abuse and neglect."

A key issue with this broader based, quicker and hopefully lighter response is that: "All stakeholders in an integrated system must be aware of child protection and of when child rescue may be a need…as with all high risk situations, it is rare but requires presence of mind, confidence and basic knowledge to act appropriately if and when it arises."

NSPCC unpublished tracking research has examined public attitudes to safeguarding on a small sample basis (n=300 four times a year) and the findings support the contention that adults wish to take positive action.

In the e-consultations, informants identified surveys of public attitudes as a possible future indicator that: "could be useful in gauging public awareness about safeguarding issues and clarity about referral pathways."

Measurement issues

There is a concern that informants may learn to give a socially acceptable answer rather than describing their own likelihood or history of acting. However, participants in the expert focus group agreed that this itself said something about how attitudes were shifting in society towards safeguarding being everyone's responsibility.

The existence of such a target may itself raise the level and quality of debate and awareness in this area and thus improve the likelihood of refining the measure further.

Adults saying they would know what to do if they were worried about the safety of a child is only directly relevant to safeguarding if the action they would take is appropriate to achieve the best child outcomes and avoid any harmful effects. However it is a measure that suggests heightened awareness.

Why choose and why exclude?

An indicator of this nature would provide a clear lead embodying the principle outlined. It also provides a positive focus for public concern in these areas and emphasises the partnership between Government and active communities. Cost may be an issue.

Recommendations

That Government prioritise determining the public's willingness to playing a part in safeguarding children and examine the potential role of different media to promote this. This would involve identifying the lessons from previous awareness campaigns.

P2 Percentage of agencies and organisations not compliant with vetting and barring requirements **[to fall].**

Why this is important

The purpose is to improve agencies' understanding of risk and vigilance in minimising it. Even though such measures would never be entirely failsafe, improvements would leader to greater public confidence in safeguarding.

This concept of safeguarding is easy to communicate. Most of the public expect that the people who work with their children would have had their backgrounds checked.

What is the evidence for it?

The interview, the e-consultation, the expert focus groups and the young people's focus group, all thought that this was an area where exemplary practice was both expected and necessary. They further validated the model by linking this issue to one of public awareness of risk and willingness to act.

There was also enthusiasm for safeguarding accreditation schemes but a sense that local agencies do not currently have the resources to reach out to the vast number of local organisations in contact with children and young people.

Measurement issues

Some of the key preconditions for safety are difficult to capture, although the concept is often felt to be well understood in this context.

The form this indicator took developed over time and it became clear that the simple volume of checks was not an appropriate measure. A key issue is how to determine the level of non-compliance when the exact size of the total possible pool may not be known with certainty. One approach would be to develop this sector by sector, with an initial focus on regulated organisations such as schools and care homes. This could then be followed by further work targeted at youth organisations, faith organisations, with associated scoping exercises to determine the degree of reach achieved.

Why choose and why exclude?

A relatively small proportion of abuse occurs in these contexts, compared to in the home, for example. Because of their rarity and the breach of trust involved, this is a sensitive issue for the public. It also works alongside some of the proposed measures about individual awareness and willingness to act to make communities safer.

Recommendations

A scoping exercise be undertaken to determine the nature of safe environments for children, how recruitment practices contribute to such environments, the range of agencies that need to comply and the kind of safeguarding accreditation that would be most effective, identifying best practice with and through LSCBs.

P3 Percentage of young people who do not take up opportunities because of fears about personal safety **[to fall].**

Why this is important

Children can only take up opportunities in education, sport and leisure activities as well as make friends and participate in their communities, when free from fears about personal safety. Hence, the other *Every Child Matters* outcomes depend on this sense of security that safeguarding can promote.

What is the evidence for it?

There is more evidence of children's offending behaviour than of their victimisation and fears of violence. The *Offending Crime and Justice Survey 2003 to 2006 (OCJS)* interviewed people aged 10 to 65 about experiences of crime. A report published in 2004 looked at experiences of crime for 10 to 15-year-olds based on the OCJS for 2003: 21 percent of 10 to 15-year-olds reported experiencing assaults in the last 12 months (compared with 19 percent of 16 to 25-year-olds and 7 percent of 26 to 65-year-olds).

Fifteen percent of 10 to 15-year-olds experienced assaults with no injury and 11 percent with assaults resulting in injury in the past 12 months (compared with 12 percent of 16 to 25-year-olds and 4 percent of 26 to 65-year-olds reporting assaults and no injury; 12 percent of 16 to 25-year-olds and 3 percent of 26 to 65-year-olds reporting assaults with injury). Young people show high rates of repeat victimisation for violent offences: 19 percent of 10 to 15-year-olds experienced five or more violent offences in the previous 12 months. Offending behaviour and being male were the most closely related risk factors for victimisation (those reporting offending behaviour were 2.5 times more likely to be victimised themselves). Repeat victimisation was highest for assaults and for younger victims, 43 percent of 10 to 15-year-olds were victimised more than once.

The young people's focus group suggested that concerns about being attacked or threatened by other young people dissuades young people from using youth clubs, common recreation areas, or even entering other people's neighbourhoods. This also extended to areas around school. Fears about personal safety also seemed to lead to defensive gang formation and a readiness for violent behaviour.

Measurement issues

The Home Office's *Offending, Crime and Justice Survey* appears to contain the kernel of an approach to this measure. Another possibility may be the extension of the British Crime Survey to young people.

Why choose and why exclude?

It is important that a PSA includes some reference to children's own views and concerns on 'staying safe'. This appears to be a more concrete measure compared to 'feeling safe' since it deals with actual consequences relevant to all of the *Every Child Matters* outcomes. There will be some cost to this, but the sums involved are not disproportionate.

Recommendations

Pursue the above measurement sources for advice on how to progress.

P4 Percentage of unauthorised absence from school for primary schools and secondary schools **[to fall].**

Why this is important

Absence from school can indicate children and young people who are experiencing maltreatment but who have not been identified/told anyone about the abuse as well as those who are vulnerable due to lack of adult supervision. It is also highly likely to produce adverse educational and economic outcomes and may impact on health surveillance.

What is the evidence for it?

A high degree of school absence has been a feature in many of the most serious cases of child abuse eg Climbié. Living with parental domestic violence can adversely affect children's school attendance (Mullender et al, 2003). Young people who have been excluded from school are more likely to be threatened (33 percent) and physically attacked (23 percent) (MORI 2004 Youth Survey 2004 Youth Justice Board). Supportive peer relationships and success in education are factors that have been identified as contributing to children's resilience in the context of maltreatment and adversity (Daniels, 2002; Newman, 2004).

Young people attending a focus group in a young offenders' institution were very clear that children, not at school, were not safe in terms of both victimisation and offending and that schools should vigorously pursue this issue with parents and carers. They thought current measures were often inadequate and cited instances of young people being absent from school for extended periods.

Measurement issues

DFES already records this data in the *Pupil Absence in England* series. However, the risks associated with unauthorised absence from school as part of an extended family holiday are not the focus here. Rather, we are talking about episodes when children are absent from school without adult supervision, often without the knowledge of their parents. Specific data on this would be more useful, but if not available, overall rates may work as temporary proxy.

Why choose and why exclude?

School attendance is a universal measure and is already well applied. In addition, we have identified the pastoral role of schools as a key mechanism in keeping children safe. Young people saw school as one of the few areas where they would have contact with adults concerned for their welfare. This indicator also links up different *Every Child Matters* outcomes, eg achieving, making a positive contribution and economic success. There appear to be limited cost implications.

This could be seen as giving too much responsibility to schools for children's safety and may need LSCBs to develop ways of sharing responsibility for those children who may be at risk and to disseminate good practice models eg in peer counselling and home-school liaison.

Recommendations

Maximise use of current data, possibly in the form of a focussed analysis of unauthorised absences in different subgroups, eg locality, age, gender, ethnicity and best practice in minimising unauthorised absence.

Secondary level measures

S1 The number of CAFs completed by agency and the proportion of referrals to specialist services that are evidenced by CAFs **[to rise].**

Why this is important

The number of Common Assessment Framework (CAF) assessments or pre-assessments that lead to a referral to specialist services would be an indicator of the ability of services to identify vulnerable children.

The CAF has been developed for practitioners in all agencies so that they can communicate and work together more effectively to assess children's needs for services. The flowchart of the CAF process suggests that the question of whether or not a child is at risk of harm is likely to arise at three points:

1. at initial concern stage (possibly in the context of a previous common assessment)
2. when parents refuse a common assessment
3. as 'additional needs' following an assessment.

The practitioners' guide to the CAF notes that "If you are worried that a child may have been harmed or may be at risk of harm, you should follow established LSCB procedures without delay. You should not stop to do a common assessment." (para 3.9). Thus more serious concerns, although perhaps identified in a CAF, may not result in a CAF being completed.

What is the evidence for it?

CAFs have already been used as a measure in Shropshire Children's Trust. The number of CAFs completed plus the agency of the practitioner, are taken as measures of effective early identification of need activity.

Measurements of progress towards implementing the assessment model in Shropshire include:

· increasing the proportion of SCT agencies completing CAFs

· increasing the proportion of professionals in the target group trained in ISA (Information Sharing and Assessment)/CAF/TAC (Team Around the Child) processes

· increase the proportion of referrals to specialist services that are evidenced by Common Assessments (which will increasingly use the CAF model).

Measurement issues

A system for measuring the CAF is not yet established, but should be capable of being incorporated into the Integrated Children's System, since it is a cross-agency tool.

Why choose and why exclude?

This is probably the most contentious measure of all. Most interviewees thought this had a great deal of potential if the data could be collected, revealing something of the quality and scale of interagency working, but a minority thought that such a move could distort the use of the CAF as a professional tool.

The CAF measure was seen as one of the few measures well-placed to identify younger children, such as those less than two years old.

Research in one area of Wales by Pithouse et al 2005, found that use of a common assessment approach was accompanied by a fall of 7% in non-police child protection referrals. Social workers felt that a common assessment framework brought streamlining and a reduction in repetition within the child referral process.

Utilisation of the CAF in some sectors may be patchy and so data collection could result in an incomplete picture. However this appears mainly as an argument for measuring its use rather than for not doing so. The purpose of the CAF is:

> *"To support earlier intervention, encouraging practitioners to look outside their normal work area and recognise where the provision of extra support (by themselves or another practitioner or agency) is necessary"* (DfES consultation paper August 2004**).**

It is true that if the CAF was seen as a method of identifying children at risk of maltreatment, it could thereby make it potentially stigmatising for the child and result in practitioners being reluctant to complete a CAF. However, this is a hypothetical response and not one based on any evidence.

A possible alternative approach would be to count the number of safeguarding referrals that were initiated as part of a CAF process (but as noted above, possibly may not have resulted in a CAF being completed). There is less certainly about the desired direction of such measure, but it would provide LSCBs with useful information about the amount and type of complex referrals that include safeguarding issues.

Recommendations

That the number of CAFs completed by agency is collected to determine the consistency of agency assessment. That the proportion of referrals to specialist services that are evidenced by CAFs is measured. This would demonstrate the extent to which the CAF is consistently applied to identify the need for additional support.

S2 Percentage of schools judged to be satisfactory or better by Ofsted on the 'Care, Guidance and Support' measure **[to rise]** and/or percentage of schools attaining level 3 of the National Healthy School Standard **[to rise].**

Why this is important

Teachers have been identified in surveys of children as the most likely adults, other than their parents, that they would talk to about problems. For example, in the NSPCC/Childwise survey of 2006, 34 percent of children identified teachers as being amongst those mainly responsible for protecting children from cruelty, second only to parents.

For many children it is the most significant relationship with a non-familial adult that they have.

For the 'Care, Guidance and Support' measure, schools can be rated as:

Outstanding (1): The care, guidance and support for learners are at least good in all or nearly all respects and are exemplary in significant elements.

Good (2): Good quality care for learners is seen in the high level of commitment of staff and their competence in promoting their health and safety. Arrangements for the safeguarding of pupils are robust and regularly reviewed and risk assessments are carefully attended to. In this safe and supportive environment, learners reach challenging targets. They are well informed about their future options. Any learners at risk are identified early and effective arrangements put in place to keep them engaged. The school works well with parents and other agencies to ensure that learners make good progress. All learners, including those most at risk, are well supported.

Satisfactory (3): The care, guidance and support for learners are inadequate in no major respect, and may be good in some respects.

Inadequate (4): The school does not provide adequate care for its learners. Its systems are too weak, or staff are inadequately trained or vigilant, to safeguard or promote learners' safety and health. Arrangements for the safeguarding of pupils are inadequate. Many learners do not have a clear understanding of their targets, or the targets are not challenging enough. Learners' progress is inadequately monitored and many do not make good enough progress. The quality of advice and guidance does not support many learners adequately when they come to make choices. Too many learners have poor attendance, are excluded or drop out and the school makes inadequate attempts to re-engage them.

The maintenance of satisfactory or better pastoral care in schools is therefore an important way for the safeguarding needs of children to be addressed. Indeed, the acknowledgment of this has been demonstrated by the Government in accepting amendments to the Education and Inspections Bill that introduce a new duty on governing bodies of maintained schools to promote the well-being of pupils as defined in section 10 of the Children Act 2004 (Hansard 2 Nov 2006). The centrality of school standards to *Every Child Matters* was also outlined by Tom Jeffrey, director general for children young people and families at DfES who *stated "There's no Every Child Matters without school standards and no school standards without Every Child Matters"* (Community Care 26 October 2006p12).

Consideration has also been given to the percentage of schools attaining level 3 of the National Healthy School Standard (NHSS) The Emotional Health and Wellbeing component of the NHSS.

The National Healthy Schools Programme (NHSP) defines a healthy school as one that:

1. identifies vulnerable individuals and groups and establishes appropriate strategies to support them and their families
2. provides clear leadership to create and manage a positive environment which enhances emotional health and wellbeing in school - including the management of the behaviour and rewards policies
3. has clear, planned curriculum opportunities for pupils to understand and explore feelings using appropriate learning and teaching styles
4. has a confidential pastoral support system in place for pupils and staff to access advice - especially at times of bereavement and other major life changes - and this system actively works to combat stigma and discrimination
5. has explicit values underpinning positive emotional health which are reflected in practice and work to combat stigma and discrimination
6. has a clear policy on bullying, which is owned, understood and implemented by the whole school community
7. provides appropriate professional training for those in pastoral role
8. provides opportunities for pupils to participate in school activities and responsibilities to build their confidence and self-esteem
9. has a clear confidentiality policy.

The initiative promotes positive emotional health and wellbeing to help pupils understand and express their feelings and build their confidence and emotional resilience and therefore their capacity to learn.

Promoting knowledge and resilience in this way may reduce the degree of harm experienced by children attending these schools.

What is the evidence for it?

In the focus group we held in a youth offending institution, young people raised positive messages about mentoring and peer support, both within school and the secure estate. Peer support was valued for avoiding isolation for young people who were seen as vulnerable.

There were also positive messages about formal structures, such as school councils. In particular young people had become very disaffected in situations where some young people were viewed completely positively and others completely negatively. They valued experiences when they were seen not only as the sort of person to get into trouble but also as someone who has something to contribute. For example, in one school, pupils who would take part in the school council would only be the most conformist. However, in another school there was an attempt to include and give the responsibilities to the young people who were more likely to be in trouble. They felt this valued their competence and acknowledged them as complex individuals with positives as well as negatives. They also appeared more positive about reintegration into learning. The implication was that, when schools had positive pastoral care and kept communication channels open, young people had more contact with adults who could potentially be trusted and were safer as a result.

Surveys using Health-Related Behaviour Questionnaires (Warwick et al 2004), showed that pupils in schools at Level 3 of the NHSS were less likely to be afraid of bullying. They also refer to the fact that Ofsted reports consistently indicated a positive impact of Level 3 schools on the absence of oppressive behaviour and on monitoring and eliminating oppressive behaviour. Thus, attainment of the standard appears a relevant indicator.

The same study suggested the development of safety measures around safe environments (such as no areas in which bullying takes place, playgrounds with soft surfaces) and knowing that adults (and other pupils) are keeping an eye on pupils.

Certainly such initiatives have been show to promote more effective partnership working "Local programmes have been able to develop a number of important partnerships … Most commonly, partners include school nurses, teenage pregnancy teams and DATs [Drug Action Teams]". The evidence presented here clearly suggests that the advent of the NHSS has led to increased quantity and quality of partnership working" (Rivers et al 2001).

Thus, while less directly focussed on safeguarding, the NHSS does appear to be an indicator of effective multi-agency working that underpins effective safeguarding.

Measurement issues

The Ofsted programme of inspection is to inspect each school to which section 5 applies by 1 August 2009. It will then inspect each school within three school years from the end of the school year in which the last inspection of the school took place (School Inspection, England, Regulations 2005).

The measure could be a rolling measure from 2009. However, this would entail some delay. Instead, the percentage of schools inspected so far that were satisfactory or better in terms of 'Care, Guidance and Support' measure could be a cumulative measure up until then. Data is available from a single agency.

As it is standard-based, an initiative like the NHSS is easier to record, but it may be more difficult to capture any reductions in standards consistently.

Why choose and why exclude?

School standards have a major role in the *Every Child Matters* agenda. Inspection against this standard is one of the best means of evidencing that we have services able to reduce risk and promote protective factors in respect of identified vulnerable children or vulnerable groups of children.

The measure is specifically about schools, rather than a wider range of services and this may reduce its usefulness. However, the school experience is a central and universal one and recognition of this is part of the rationale behind the extended schools programme.

The healthy school standard, with its emphasis on physical health, is perhaps too broad for a safeguarding measure.

Recommendations

That the percentage of schools inspected so far that are satisfactory or better in terms of the 'Care, Guidance and Support' measure be used as a measure of safeguarding until August 2009. At that time, consideration can be given to making the indicator a rolling one to fit with the inspection schedule and to making the raising the standard to the percentage of schools rated as good or better for 'Care, Guidance and Support'.

S3 Percentage of LSCB plans that satisfactorily address:
incorporating priorities from MAPPA business plan
engagement with voluntary sector
engagement with sports and leisure services
development of primary prevention
tracking and assessing outcomes for children entering the safeguarding system
presence of dedicated resources **[to rise].**

Why this is important

Local Safeguarding Children Boards are the main mechanism by which safeguarding initiatives are developed and co-ordinated at the local level.

LSCB plans did not appear to be subject to any kind of examination or quality assurance process other than via the widely spaced Joint Review inspections.

What is the evidence for it?

Informants consulted in this study, suggested that the plans needed to be pulled together and assessed in terms of quality in order to promote good practice and get an overview of how well agencies were addressing their duties under section 11 of the Children Act 2004.

It was also suggested that inspection needed to be backed up by some kind of overview of the performance framework adopted by LSCBs. Indeed there was quite an appetite for this from the LSCBs themselves. In the words of one LSCB manager: “My key plea would be that if we are going to drive this forward, the way to actually do it is that we need to have LSCBs having to produce proforma’d annual reports to DfES indicating activity and then monitoring our activity.”

The suggestion here was that if you wanted to drive forward a performance target then the way to ensure compliance would be by insisting that there is an annual prescribed report in which you have to hit minimum targets and standards, with performance managed through the Children and Young People’s Plan and the DfES.

Measurement issues

This would require a new process to collate and examine around 150 LSCB plans in England. This would seem to be a worthwhile activity even in the absence of such a measure.

Measurement would not just be concerned with whether or not topics were mentioned in plans, but also with the quality of this coverage via the presence of named individuals or groups with specific responsibilities, identified indicators and targets, dedicated resources and the strength of the evidence supplied.

Why choose and why exclude?

Reporting on the plans is really a proxy for establishing a performance management framework for LSCBs, one that could be explicitly linked to outcomes for children and young people. In the absence of such a framework, an audit of plans may serve as a useful interim step that monitors the areas that LSCBs are trying to address.

Recommendations

A biennial audit of LSCB plans is made to determine the quality of coverage in key areas.

S4 A repeat prevalence study of 18 to 25-year-olds shows a reduction in key baselines.

Why this is important

A prevalence study in the UK (Cawson et al 2000), found a number of disturbing facts:

A quarter (25 percent) of young adults experienced one or more forms of physical violence during childhood, including being hit with an implement, being hit with a fist or kicked, shaken, thrown or knocked down, beaten up, choked, burned or scalded on purpose, or threatened with a knife or gun.

16 percent of children aged under 16 experienced sexual abuse during childhood.

6 percent experienced serious absence of care at home during childhood.

6 percent of children experienced frequent and severe emotional maltreatment during childhood.

Prevalence studies are probably the best way in which the level of maltreatment can be determined.

The rates of incidence and prevalence are a measure of the success of preventative initiatives, in that if maltreatment has been prevented, they will fall. It is for this reason they are located in the secondary level of the model.

What is the evidence for this?

In the consultation phase of the exercise, support for a repeat prevalence study was almost universal. Indeed, not much time was spent discussing this as it was taken almost for granted. One of the expert informants, a leading academic, commented that: “My own very strong preference is that by far the best way of doing this is in terms of the sorts of measures and research carried out in relation to the NSPCC Prevalence Study, published in 2000. I would be inclined to use this as my primary benchmark and then see what other existing measures are available which might act as something of a proxy for this.”

Measurement issues

This could only be undertaken at discrete intervals and would require a degree of consistency in methodology in terms of asking young adults about their childhood experiences. It is recognised that such an approach tends to underestimate early years maltreatment as this would be more difficult to recall, but is generally more reliable and avoids some ethical pitfalls. It also tends not to cover minority groups very well unless the sample size is considerable.

An advantage is that by focussing on experiences and labelling them afterwards, it avoids questions of interpretation and allows for changes of definitions over time.

Why choose and why exclude?

While it was generally agreed that a new prevalence study was an urgent priority to get a true picture of rates of abuse, thoughts on incidence were more cautious.

An early suggestion in the study had been to measure the number of substantiated allegations. This had been anticipated as contentious, but was not seen to be so by informants. An Australian-style approach of counting substantiated allegations, as a measure of reported incidence, was not seen as problematic in principle, although it was

suggested that moves to conference amounted to effectively the same thing. However, it was noted that systems were moving further away from substantiation with the closure of registers.

More telling concerns were voiced about the validity of incidence data since experience suggested that any agency that is subject to targets will be looking at ways for them to maximise their performance. One therefore has to be very careful when setting a target that is heavily influenced by recording practice. A comparison was made with violence and rape figures, when the figures increased a lot, particularly in the 80s and 90s and that was seen as being a success because agencies were encouraging people to come forward. The same issues apply here and a target for increasing the numbers could be a success measure if this was down to increased reporting. Although at some point we would presumably want to see these figures decline, there would be a question of how it could be determined that we had arrived at this point.

Recommendations

A new prevalence study, or series of studies, be commissioned as a key step in determining the levels and trends in maltreatment.

Tertiary level measures

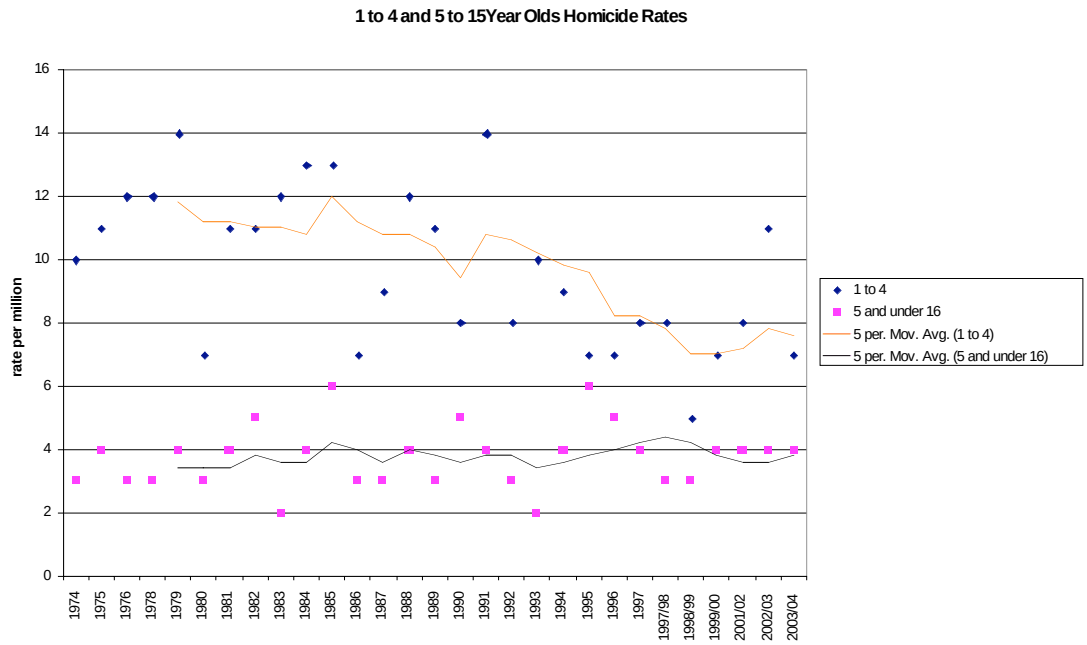
T1 Child homicides **[to fall].**

Why this is important

Death by homicide is arguably the ultimate form or consequence of maltreatment. Death is a clear physical manifestation that children are not safe. In a well-safeguarded society, the extent to which children die or are injured from assault would be expected to fall. Also, steps to reduce child homicide are likely to reduce the amount and severity of what would otherwise have been non-fatal maltreatment.

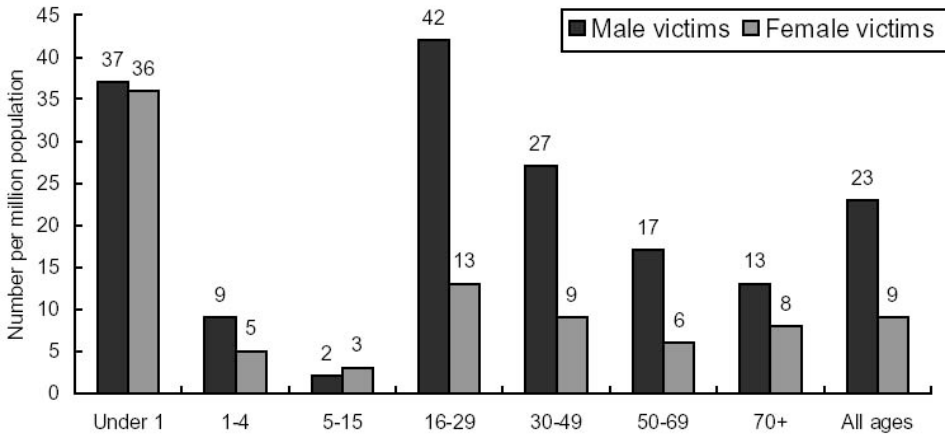
What is the evidence for this?

Child homicide data is very volatile year by year. However there do appear to be longer-term trends in the data which five-year averages reveal.



Home Office data has consistently reported that children under one are most at risk of homicide.

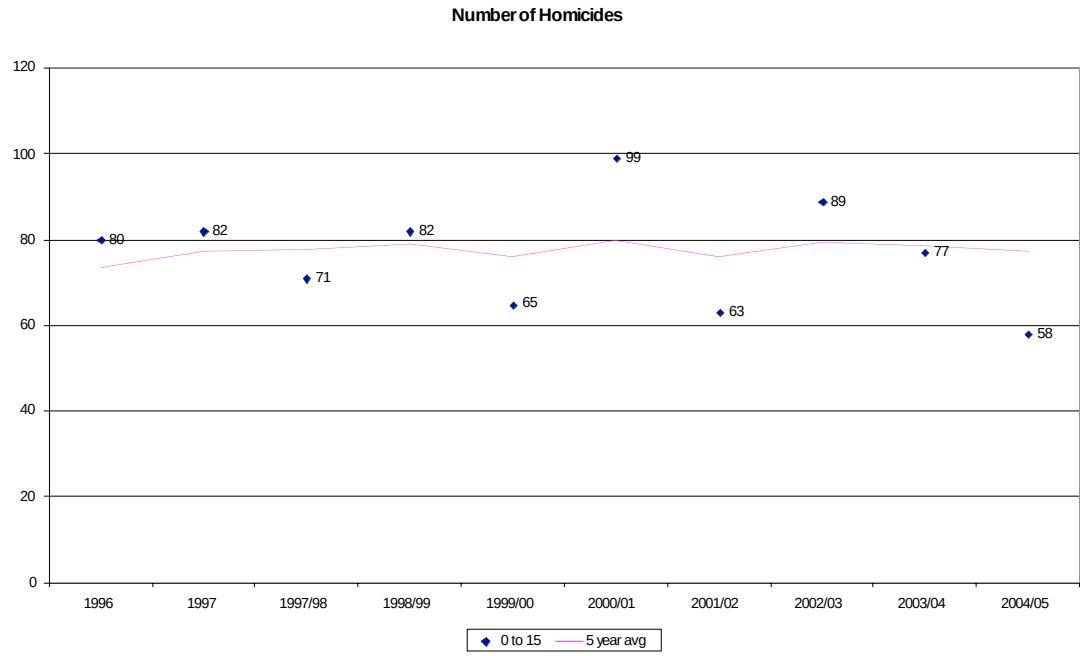
Figure 2.5 Offences currently recorded as homicide by age of victim, 2004/05



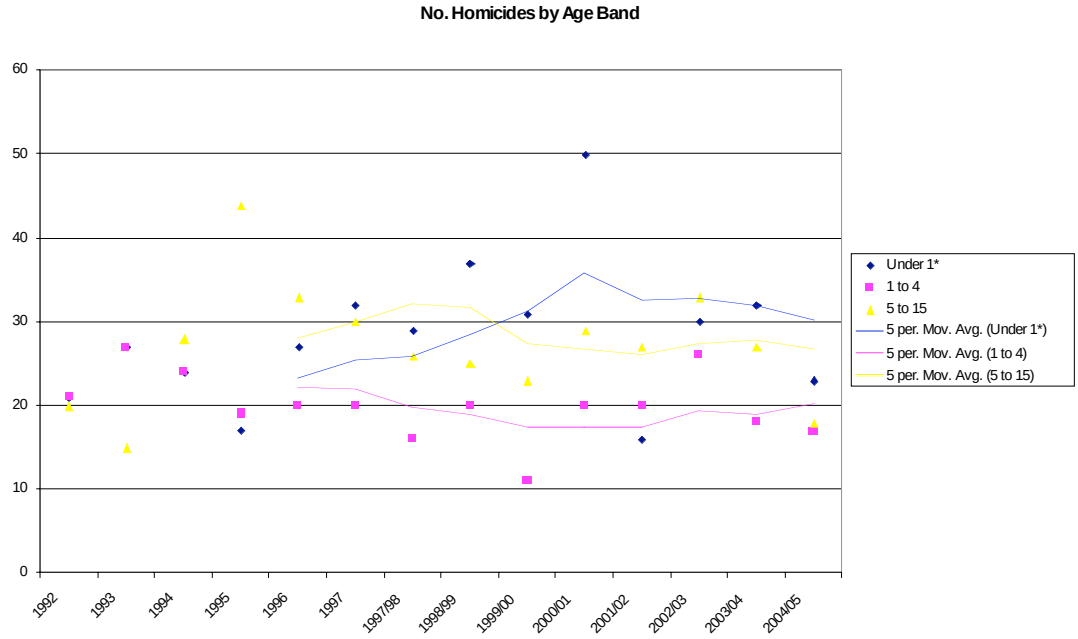
(Reproduced from Coleman, Hird and Povey 2006).

Trends in Child Homicides

The main data tables give age bands to 15 years rather than aged 17. Despite annual volatility the five year average is around 77 to 80 child homicides a year in England and Wales, or three every fortnight. Most of the figures below relate to number not to rates, but rates would show a similar pattern.



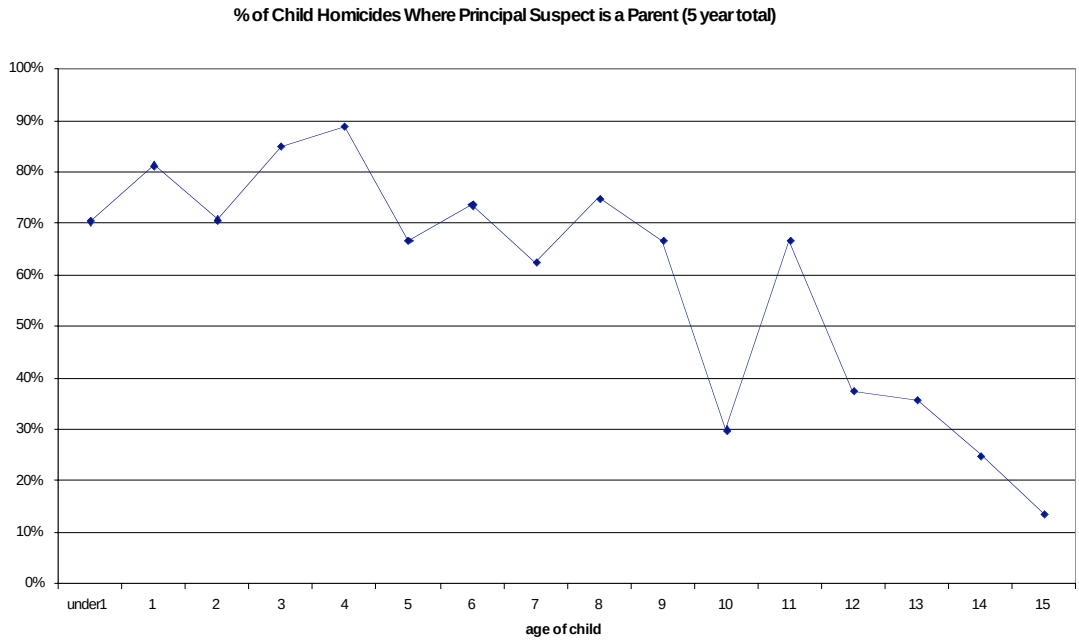
However, numbers by age band are less uniform.



Relationship of Victim to Principal Suspect

On average, around 65% of victims were sons or daughters of the suspect, 11% were friends or relatives and 25% were strangers or the identity of the assailant was not known.

In terms of age profile, parents are more likely to be the principal suspect in the homicide of younger children and falls for older children, as data 2004 shows.



(based on a special tabulation for 1997 to 2004).

Measurement issues

The term ‘homicide’ covers the offences of murder, manslaughter and infanticide. Murder and manslaughter are common law offences, which have never been defined by statute, although they have been modified by statute. Manslaughter is the unlawful killing of another without any malice either expressed or implied. A particular category is ‘Section 2’ manslaughter which refers to the provisions of section 2 of the Homicide Act 1957, which allowed for the defence of diminished responsibility. The Infanticide Act of 1922 (amended 1938) created the offence of infanticide in the case of a woman who caused the death of a child under 12 months while ‘the balance of her mind was disturbed by reason of her not having fully recovered from the effects of giving birth to the child or by reason of the effect of lactation consequent upon the birth of the child’.

Homicide offences are shown in the tables according to the year in which the police initially recorded the offence as homicide. This is not necessarily the year in which the incident took place, or the year in which any court decision was made. Annual data relates to the position in October. Where the police initially record an offence as homicide, it remains so classified unless the police or the courts decide later that no homicide took place. This results in a reduction and previous years are recast to reflect this.

Datasets that require a lot of classification were seen as problematic. Homicide data was seen as more reliable than other crime data as there was relatively little that could be done in terms of creative classification. It is also readily available in the Home Office’s *Homicide and Gun Crime Statistics.*

Targets could be established for child homicide rates per million in England, such as:

The five-year average homicide rate for under ones to stay below 55 per million.

The five-year average homicide rate for one to four-year-olds to stabilise below eight per million.

The five-year average homicide rate for five to fifteen-year-olds to stabilise below four per million.

An overall reduction in the number of child homicides from a five year average of around 80 a year in England and Wales to a five year average below a target figure such as 65 a year.

Also, crime prevention specialists seemed confident that a homicide reduction strategy could be developed and could work.

Why choose and why exclude?

An alternative approach considered was to measure Child Mortality Data using the new international classification (ICD-10) available from 2001 onwards.

The mortality data is very complex and alternative calculations are possible. The core data for death by assault (including neglect) covers codes X85-Y09, within ICD-10. A variation is to add in those coded to Y33.9, a temporary code often used for possible homicides or where a verdict is pending.

Rates vary from year to year but recent figures suggest male death from assault (X85-Y09, plus Y33.9 with verdict 'pending') at around four to five per million for males aged 0 to 14 and three to four per million for females, with a concentration in the younger age groups.

Mortality rates may not be readily reducible. Indeed improvements in identifying cause of death via the Child Death Review Process raises the possibility that deaths assigned to assault actually increase. More relevant may be the figures for deaths of children by ‘undetermined intent’ (Y10-Y34). In 2003 death by event undetermined intent accounted for the deaths of 11 children under one, 13 children aged one to four and 20 children aged five

to 14 years. Open verdicts in deaths from injury or poisoning are generally regarded as probable suicides. However, this is unlikely to be the case in young children for whom it is more likely that there remained a question over whether a third party was culpable. A reduction in this figure may be an indicator of an effective safeguarding system, as it would demonstrate evidence of a strong focus to determine and tackle the cause of child deaths.

International comparisons have been attempted by adding the assault and 'undetermined intent' codes (eg UNICEF 2003). However, they may be unreliable due to international differences in investigative practice following a suspicious death (Lundstrom & Sharpe, 1991), as well as the under-detection of deaths resulting from child abuse and racial bias in the mortality figures (Kotch et al 1993). There may also be cultural or religious reasons in some countries that impact on the likelihood of a death being identified as a consequence of suicide or self harm. Thus, although mortality data has a standardised international classification and homicide does not (being dependent on national penal codes), the value of such comparisons may be less than could be hoped.

A reduction of child deaths by undetermined intent would need to be supported by a process to take new information into account on the cause of death. National or regional analysis of child death remains an important process, to complement local child death reviews and could lead to thematic targets being set such as a "reduction of death by fire." However, in the meantime, child homicide has the advantage of being a relatively simple measure that could be the focus of a policy initiative to reduce it.

An additional concern is that a focus on child homicide could potentially tend to shift attention away from forms of maltreatment less likely to result in fatalities. In part, this depends upon the nature of the measures used to reduce homicide rates. It may be that steps such as the development of protective networks, sources of advice, the promotion of resilience and intervention in domestic violence, could be expected to have a positive impact on all forms of maltreatment including, for example, sexual abuse.

However, while something similar to these may serve as targets, the measures needed to support and achieve them is not obvious. Postnatal care and targeted adult mental health services may serve to prevent infanticide and familiacide. This should not prevent a target of this type being adopted, but delivery to achieve or sustain such a target would require further development work.

A focus on lethality indicators for child deaths would fit into the lethality risk assessments currently undertaken within domestic violence Multi-Agency Risk Assessment Conferences (MARACs) and would join up the Home Office approach to children living with domestic violence with the DfES focus on safe outcomes for children. These would require safeguarding services to identify high risk cases and to provide an appropriate level of protective services. However, an over-reliance on lethality indicators could skew the focus of services such as the police, children's services and health services towards cases assessed as being 'high risk'. Lethality indicators in risk assessments can yield false negatives (where the risk is in reality high and a child dies) and false positives (where the risk is low). Lethality indicators for child maltreatment would be less relevant to children who are sexually abused because it appears that few children are killed by sexual abusers. Although the lethal consequences are more likely to be seen in subsequent mental illness and suicides by adult victims.

Recommendations

Although far fewer children die than are maltreated, child homicide data is a fundamental measure of a safeguarding outcome that can form the basis of a PSA.

T2 Hospital episodes classified as assault (ICD X85-Y09) **[to fall].**

Why this is important

When children are injured to the extent that they need hospitalisation or emergency treatment, this is evidently a cause for concern. Also, some minority communities are more likely to approach hospital services than use GP or social care services.

What is the evidence for this?

Some of the public health observatories are looking at trauma and injury, and trying to explore whether information derived from attendances in casualty departments can be used to identify particular populations or families at risk. Initiatives such as those being developed by the Cheshire and Merseyside Trauma and Injury Intelligence Group (TIIG 2005), may offer a model of how regional or national directors of public health could assess the degree to which children are injured. Relevant findings were that:

The injuries experienced most often by children attending A and E are: falls, road traffic accidents, sports injuries and assaults.

Ambulance call outs were mainly for falls/back injuries, overdoses/ingestions/ poisonings, assaults/rapes or traffic accidents.

The residential patterns of children attending A and E departments and trauma-related ambulance call-outs, reflected deprivation levels in the area.

One in 20 children attending an A and E department due to an injury, had been drinking alcohol prior to getting their injury.

Measurement issues

The Hospital Episode Statistics database, records hospital episodes by diagnostic category. The assault codes (ICD X85-Y09) cover sexual abuse and neglect as well as more typical assault. The system does not yet cover data for non-admissions such as accident and emergency treatment, but is due to be extended to cover this and other outpatient services as well.

Any child that is brought into A and E with an injury, possibly inflicted by a carer or a parent should be flagged up as a potential safeguarding case but it was suggested that this is not happening consistency at the moment. While a possible basis for an indicator, there was a concern about definition and consistency across organisations. To collate information centrally you need to be sure that what one Trust is recording as a safeguarding concern would be recorded in the same way if that child had turned up in a different hospital.

Practice on the reporting of non-accidental injury needs to be standardised and in the short-term would be expected to rise. Use of existing hospital episode data relating to ICD assault codes seems a useful way forward until the hospital episode statistics database has expanded. Once this is achieved, those who come into A and E but who are not admitted into hospital, can be recorded in the same way.

It may be that the data is not currently ideal but this appears to be a potentially rich source of data that could be improved. A complication is that the provision of health care is sometimes provided by services such as minor injury units, currently outside of the episode data, so it will not be a complete picture.

Why choose and why exclude?

This should be chosen because assault, sexual abuse and neglect resulting in hospital attention is a clear indicator that children are not safe. It is a direct outcome measure that can use available data that will become more comprehensive over time.

Recommendations

Hospital episode data on child injury from assault be used as a key tertiary level indicator and work is undertaken to achieve greater consistency and comprehensiveness of data.

T3 Repeat substantiations of harm by age of 18 (possibly use repeat initial conferencing as a proxy).
Number of children placed on CPR who are ever re-registered. **[to fall].**

Why this is important

The Child Protection Register now has a limited lifespan. However, registration is an indicator that serious problems have been identified, that require a multi-agency protection plan and this process is still current. The number of times this occurs in the course of a child's life is an indicator of the need for protection and whether previous plans have safeguarded the child over time.

What is the evidence for this?

Tilbury (2003), comments on Australian performance data on children and examined three indicators:

re-notification of safeguarding concerns

substantiation of safeguarding concerns

re-substantiation of safeguarding concerns.

The author sees a high re-notification rate as indicating "poor targeting and that the screening system is not addressing cumulative harm." Tilbury notes that substantiation of safeguarding concern may tell us more about the threshold for investigation than the accuracy of assessment. Re-substantiation is the proportion of all children for whom harm has been substantiated, who, within a time period, are subject to further substantiation (confirmation of further harm). If consistently recorded, this measure should tell us whether the child protection system (as opposed to the wider safeguarding system) has been effective and was recommended by Tilbury for this reason.

Similarly, when Fluke and colleagues (Fluke et al, 1999)**,** researched data on recurrence of maltreatment (as reported by a professional) over a 24-month period from 10 states in the USA, they found: "Highly consistent patterns of recurrence." They also found that: "Children who experience two or three recurrences may belong to a group of children that comprises a chronically maltreated group...This finding suggests that a focus on measuring outcomes of intervention to make a child safe after an initial (substantiated) report would potentially be helpful."

Measurement issues

This is already a Performance Assessment Framework (PAF) indicator (CF/A3 - The percentage of children registered during the year on the Child Protection Register who had been previously registered). However, the register is due to discontinue so another mechanism is needed.

Views of informants were divided about the importance of re-registrations within 12 months. In our interview stage, it was one of the most warmly regarded of the current performance indicators, with one interviewee describing it as: *"An indicator where a family has not resolved issues and the initial action hasn't been sufficient so I suppose it is still a key indicator."* Although another voiced concern that the potential perverse incentive meant that: *"The obvious thing to do is not to re-register them even if they are at risk; that is a terrible incentive to give people."*

It was suggested that a more meaningful measure would be the average length of time children spend in the safeguarding system in each authority, how long they are worked with

and how many of them come back. Each local authority should have a way of tracking those children identified as being vulnerable where they have intervened; and also have a mechanism which says how many children they have had to re-intervene with; and how often they have to do this with families.

Interestingly, the suggestion of measuring investigations that substantiate allegations, which has been anticipated as contentious, was not seen to be so by interviewees. An Australian-style approach of counting substantiated allegations as a measure of reported incidence was not seen as problematic, although it was suggested that moves to conference amounted to effectively the same thing. However, it was noted that systems were moving further away from substantiation with the closure of registers.

Information Sharing and Assessment via the Integrated Children's System may be the most appropriate vehicle for tracking such substantiations.

Why choose and why exclude?

Substantiation and repeat victimisation are potentially amongst the most important indicators of the quality of safeguarding. In the UK, we are not used to using the language of substantiation and are more used to talking about risk but nevertheless the system currently has some elements of substantiation within it and this is not an impossible cultural shift.

Recommendations

Repeat registration be used as a measure for the lifetime of CPR. After that, a count of the proportion and number of children who have had repeat substantiations of harm over their childhood be developed. It may be that repeat initial conferences may be used as a proxy for this.

T4 Percentage of LSCB plans that contain an explicit reference to the MAPPA business plan **[to be high].**

Why this is important

This is intended as a way of determining an element of interagency performance in managing a specific form of risk.

What is the evidence for this?

A key focus for this was said by expert informants to be the interface between Multi-Agency Public Protection Arrangements (MAPPAs) and LSCBs.

Working Together to Safeguard Children 2006, stresses the importance of local inter-agency risk management in relation to offenders. "Offender managers should also ensure there is clarity and communication between MAPPA and other risk management processes, eg, in the case of safeguarding children…" (section 2.107) and for young people who themselves pose a risk to other young people. It goes on to say: "MAPPA will work closely with LSCBs to ensure the best, local joint arrangements can be made for any individual child being considered by either setting" (Section 12.19).

Measurement issues

This would require a new process to collate and examine around 150 LSCB plans in England, or at the very least to regularly audit samples of LSCB plans.

Why choose and why exclude?

Early thoughts were that enumerating missing sex offenders was seen as a worthwhile measure. Currently three percent of people are not compliant with the sex offenders' register. However, it was suggested that it would be better to identify those people who have been identified as high risk, whose whereabouts are unknown. This would include those on the sex offenders' register and those whose offences predated the register arrangements. It was suggested that most of the 42 MAPPA strategic areas would be aware of who these were.

Ultimately, the aim was to reduce re-offending in relation to sexual offences against children, so this in itself was seen to be appropriate as a longer-term measure. However, lack of conviction may be either due to reduced recidivism or could be affected by changes in detection and conviction, so this is not a straightforward indicator.

A potential concern is that in relation to offender management, there are indicators of failure where people either evade the system or those who are within the system go on to commit serious offences, but few indicators that demonstrate success. This was despite many examples where the arrangements appear to have worked well. The key suggestion was that good strategic links should lead to stronger operational practice around individual cases. For example behaviour management programme courses for sex offenders are accredited, so it was suggested that the scale and impact of the programmes could be measured.

Recommendations

It is recommended that in the short-term, an indicator be devised to gauge the quality of the strategic interface between MAPPAs and LSCBs and that this is best done as part of a biennial examination of LSCB plans. However, in the longer-term this should be replaced with a measure of re-offending against children by people subject to MAPPA arrangements.

T5 Percentage of agreed recommendations for additional services for child or families in safeguarding plans that have been actioned within six months **[to rise].**

Why this is important

The effects of maltreatment vary from individual to individual depending on a range of personal, environmental factors and the nature of the abuse itself. Commonly reported sequelae include:

depression and anxiety
post-traumatic stress
general behavioural problems
sexualised behaviour
impaired social competence
cognitive impairment and self-blame.

What is the evidence for this?

A longitudinal study of young people (Silverman, Reinherz and Giaconia1996), found that as many as 80 percent of abused young people were diagnosed with at least one psychiatric disorder by the age of 21. Compared to their non-abused counterparts, abused subjects demonstrated significant impairments in functioning, both at ages 15 and at 21, including more depression, anxiety, psychiatric disorders, emotional-behavioural problems, suicidal ideation and suicide attempts. Abused individuals were functioning significantly more poorly overall at ages 15 and 21 than their non-abused peers.

Sappington (2000), found that physical, sexual, emotional abuse and the witnessing of domestic violence between parents were all associated with an increased tendency for subsequent violence and psychopathology. Impacts have also been noted on attachment Rimma (2004) and educational attainment (Veltman and Browne 2001). Sexual and other forms of abuse are also seen to increase the likelihood of victims themselves developing sexual offending behaviour (Salter, McMillan, Bentovim and Skuse 2003).

Some of these subsequent problems may be capable of being helped by some form of therapeutic intervention. For example, a review of effective interventions (Haugaard and Feerick 2002), showed that a number of studies pointed to the effectiveness of Cognitive Behavioural Therapy. Other studies appear to have identified large treatment effects for non-behavioural approaches (Skowron and Reinemann 2005).

A Department of Health study (Sharland et al, 1996), found that three months after referral, therapeutic work had happened or was planned in less than a quarter of cases of children who had been sexually abused. After a year, only 29 percent of children who had been sexually abused had received any kind of therapeutic intervention.

The availability of remedial and therapeutic services therefore appears to be an appropriate element within a network of measures to safeguard children, to help children recover and lead a life free from harmful effects. It may also help them avoid repeat victimisation and potentially make them less likely to develop harmful behaviours themselves.

Measurement issues

Multi-agency plans are already created in respect of many children who have been abused. It should be possible to record the actioning of conference recommendations within the integrated children's system.

Clearly, while services may be offered, they may not always be accepted by young people at the time for a range of legitimate reasons. Therefore, the indicator could be divided into:

the percentage of young people where additional services have been recommended, who are made an offer of service within six months and

the percentage of those who have accepted and who have commenced additional services within six months of the recommendation being agreed by conference.

Why choose and why exclude?

This indicator must be treated with some caution since the aim is not to maximise the number of children or young people in receipt of specialist services. However, it does appear legitimate that many young people are offered additional services and have the opportunity to receive them if they or their carers think it would be beneficial to them.

More important is the extent to which plans deliver on the actions and services identified in the plan.

Also, it may be that a specialist agency receiving a referral could determine that the recommended intervention was not appropriate. Or, as circumstances change recommendations may no longer be relevant. So recommendations may not be actioned for good reasons rather than because of system failure. Nevertheless, the proportion of recommendations in multi-agency safeguarding plans that are still considered to be relevant and have been actioned after six months is a sign of the ability of the system to respond to need to ensure that children and young people are helped to overcome the effects of maltreatment.

Recommendations

That a baseline be established and consideration be given to establishing a target for the proportion of agreed recommendations for additional services for children or families in safeguarding plans that have been actioned after six months.

T6 Identify and narrow the gap in educational achievement between children young people who have been maltreated and that of their peers **[to be determined].**

Why this is important

Young people who have been maltreated tend not to do as well educationally as their peers. It is important to know how far the effects of maltreatment are impacting negatively upon maltreated children's capacity to 'enjoy and achieve'.

What is the evidence for this?

The link between maltreatment and academic performance was identified in Kurtz, Guadin, Wodarski and Howing (1993), who found that, even when background factors were taken into account, maltreated children scored significantly lower than non-maltreated children on a composite index of academic performance. Eckenrode, Laird, Doris (1993), matched 420 maltreated children with 420 non-maltreated peers and found that the maltreated children performed significantly worse on standardised tests and grades. Veltman and Browne (2001), found 92 studies conducted between 1960 and 2000 which looked at this issue. Of these, 68 had employed appropriate control groups and of these 57 (83 percent) showed that the relationship was statistically significant. These studies and others are reviewed in Mills (2004).

Research increasingly indicates that physical neglect has adverse outcomes on emotional adjustment and learning (Shipman et al 2005). It also suggests that educational achievement and social skills promote resilience which prevents potential harm and deals with actual harm, effectively minimising the long term effects (Haggerty et al 1996).

Measurement issues

The first step needed is to determine the nature of the scale of the gap between young people who have been maltreated and those who have not. This could form part of a retrospective prevalence study. An alternative approach would be to record the attainment of children conferenced via the longitudinal tracking of educational attainment under the Information Sharing and Assessment initiative.

Analysis could be undertaken in a similar way to work already done on the educational attainment of Children in Public Care. For example, it would be of interest to identify the average attainment decile for maltreated children with safeguarding plans and the extent to which this is changing.

Why choose and why exclude?

It could be argued that this measure lies outside of the stay safe outcome. However, one of the reasons why we seek to keep children safe is because being safe enables them to attain the other outcomes of *Every Child Matters.*

An interesting suggestion from a couple of informants was that there may be a form of hierarchy of ECM outcomes, with some being more fundamental than others, eg, "This one, the 'staying safe' and 'being healthy' and if you haven't got those for children, the others aren't going to happen." This hierarchy was said to be illustrated by the behaviour of parents who, before everything else, try to keep their child safe.

Clearly educational attainment is only one of the outcome areas, but it is the one probably most amenable to measurement and a good place to start.

Recommendations

Identifying the gap in educational achievement between children entering the safeguarding system and that of their peers is identified as a priority. Once this has been determined, targets to narrow this gap can subsequently be constructed.

Quaternary level measures

Q1 Percentage of looked after children achieving at least five GCSEs Grade A* to C or equivalent.
Percentage of looked after children in education with a personal education plan.
Percentage of care leavers in education, training or employment a year after leaving care **[to rise].**

Why this is important

This measure groups together two outcome indicators and a process indicator for the education of looked after children. This recognised the specific nature of the responsibility that the state has for looked after children. In the same way that many parents have aspirations that their children make the most of their educational opportunities and are supported to achieve this, the state has articulated similar aspirations for those children for whom it undertakes corporate parenting.

What is the evidence for this?

The first component of this is already a component of PSA Target No. 3/DfES target 5 to: "Narrow the gap in educational achievement between looked after children and that of their peers." The Children Act Report 2003 commented that real progress had been made over the last few years, as nearly half of care leavers aged 16 or over now attaining one or more GCSE qualification.

The Personal Education Plan is designed to signal special or additional needs, ensure access to support services, set clear goals and contribute towards stability in the education of looked after children. As a relatively new measure intended to promote good practice, the extent to which they are completed and reviewed (DfES guidance stipulates that plans should be reviewed every six months) appears to merit examination.

In April 2004 to March 2005, 59 percent of former care leavers in England were in education, employment or training on their 19th birthday. This compares to 55 percent in 2003/04.

Measurement issues

Educational attainment of looked after children is already collated for the current PSA and the series *Children Looked After In England (Including Adoptions and Care Leavers)* already reports the education, employment and training data for 19-year-old care leavers. The completion and currency of the personal education plan is not recorded and would require a new process.

Why choose and why exclude?

Education training and employment are crucial indicators of how well looked after children are doing. There is a lack of balance by focussing on the 'learning and achieving' rather than some of the other outcomes and there may be scope for complementing this with measures on making a positive contribution for example, at a later date.

Recommendations

The education training and employment outcomes for looked after children be retained as part of any PSA for safeguarding children.

Q2 Percentage of looked after children placed out of authority **[to fall].**

Why this is important

Children benefit from the continuity and consistency of existing support networks in their own community and should, as far as possible, reside where they can take advantage of them.

What is the evidence for this?

Use of out of borough placements was identified by informants as a negative indication of local authorities' ability to meet need and maintain supportive networks within a locality. Distance can also make communication between the agency and a child more difficult, making it harder for these vulnerable children to raise matters of concern to them.

Message 7 and 21 from Children's Views on Standards (Morgan 2006) reports that: "Many children have told us that if they are placed a long way from where the council is, then their social worker might not be able to visit them so often and it is more difficult to get to have a discussion with the social worker if they want to talk to them." The child may be isolated from those responsible for their welfare and more vulnerable to harm..

Measurement issues

Authorities know how many children they have place out of authority, but a system for annual collection would need to be established as part of the annual looked after children statistics

Why choose and why exclude?

Authorities generally do not pursue out-of-borough placements as a first choice, but only do so when this appears the best or only way for a young person to have their needs met. Also, some young people may have close family ties or personal history in another area, so an out-of-authority placement can in some circumstances do more to maintain supportive networks.

Recommendations

A target be established to encourage authorities to find ways to maximise local provision.

Q3 Suicide and self-harm reports for looked after children and young people and those compulsorily detained **[level to be determined initially].**

Why this is important

Young people who commit suicide and self-harm are, by definition, not safe. The state has specific responsibilities for the health of looked after children and children in custody. Self harm has often been linked to earlier abuse, especially sexual abuse.

Standard 9 of the National Service Framework for Children, Young People and Maternity Services covers the mental health and psychological wellbeing of children and young people and includes reference to depression and self-harm.

What is the evidence for this?

As at October 2005, 27 children have taken their own lives in penal custody since 1990. This includes one 14-year-old, three 15-year-olds, eight 16-year-olds and fifteen 17-year-olds (Howard League 2005). In 2004, a total of 95 people in prison, of all ages, took their own lives. In addition to those who succeeded in taking their own lives, 228 attempted suicide to the extent that they required resuscitation and there were 17,658 incidents of self-harm.

A child protection review undertaken by the Scottish Executive found that from 50 deaths of looked after children in Scotland between 1997 and 2001, 11 were completed suicides (Scott and Hill 2006). This report also cited a survey of 96 young people in Glasgow looked after away from home which reported that 45 percent of respondents had harmed or self-harmed at some point in their lives (Scottish Health Feedback 2003).

Measurement issues

Suicide and self-harm is increasingly well-recorded in the prison system. The DfES has undertaken early work on suicide amongst looked after children. There is not a system for recording self-harm amongst looked after children other than in their individual files.

The selection of looked after children and those in custody is based upon the nature of the state's responsibilities for them. Other groups similarly affected would include children compulsorily detained under the Mental Health Act. The number involved in this latter group are small but attempts would need to be made to include them.

In some areas work has already begun on these issues. For example, in the National Suicide Prevention Strategy for England annual progress report 2004, the South East Development Centre reports on work with the Safer Custody Group. It is training staff to deliver a model of suicide prevention training for prison officers and working on the development of procedures/protocols for the safe management of women. It hopes to transfer this work to other settings where people may self harm such as looked after children (National Institute for Mental Health in England, 2005).

Collecting data on looked after children would require new systems to be put in place, mechanisms already exist for the prison population, although reporting may not always be consistent at the moment and early steps could result in a rise in reports as this improves.

Why choose and why exclude?

It could be argued that this is more of a health than a safeguarding outcome. However, these are potentially very vulnerable children and their capacity for self-harm is arguably an important measure of their safety.

Recommendations

Suicide and self-harm levels be established and targets set.

Summary

The brief for this exercise was: “To provide policy makers and practitioners with a rudimentary evidence-based conceptual framework to facilitate the development of a PSA target on safeguarding children.”

As the work has developed and the model of elements has been strengthened, the authors were encouraged by the DfES to go beyond a conceptual framework and to think about the likely content of a PSA in terms of the actual measures. This was a daunting prospect, particularly since opinions about appropriate measures varied so widely and thinking about some areas, such as safeguarding at the primary level of prevention, was still in its infancy. While we recommend further specific groundwork and research, we have decided to go further and also describe a set of indicators which we believe has potential. It is hoped that these concrete proposals provide a framework to which commentators can respond and that can be either challenged or developed in a consistent direction.

Part Two:
Details of the Process and Findings

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1. Introduction

Methodology

This study consists of five distinct phases.

The first phase undertaken was to review literature about approaches to measuring safeguarding and to use this to suggest an approach as to how measurement of safeguarding in England could be developed. This resulted in the authors producing a model containing an illustrative list of areas that they thought may cover the range of elements needed for an adequate safeguarding measure. They also gave examples of the sorts of measures that could be relevant for these areas.

The next stage was to consult a range of experts about the approach being suggested and the viability of measuring these areas. Twenty interviews were arranged with expert informants and a total of 21 people discussed the measures in 19 interview sessions. These sessions sought to both get their views on the structure of the model that was being proposed and to get their views on measures relating to their specific area of expertise. Elements of the model were revised and measures developed on the basis of these interviews.

An e-consultation process was then conducted to access a wider range of informants and while similar questions were posed, they were amended to reflect the learning and issues suggested by the interview stage.

A young people's discussion was held with a group of young men in a Young Offenders Institution in Feltham. This was held in order to obtain perspective on the nature of dangers facing children and young people and how these dangers can be identified.

An expert focus group was arranged to discuss and explore in more detail some of the dilemmas and issues presented by the interview and e-consultation stage.

2. Literature Review

2.1 Introduction

The literature review considers bodies of English language literature on definition of key terms, relevant local data sources; national and international literature on specific measures of safeguarding and principles and models for such measures.

Because of time constraints the review is not exhaustive and gaps in current information are indicated.

This literature review is part of a focussed study for the DfES whose scope is:

> to provide policy makers and practitioners with a rudimentary, evidence-based conceptual framework to facilitate the development of a PSA target on safeguarding children.

The measurable PSA target is intended to "capture how well all children are being safeguarded from harm" (DfES, 2006).

"Safeguarding from harm" relates to "stay safe", one of the five outcomes for children identified by government in *Every Child Matters* (DfES, 2004). The other four outcomes are that children:

> be healthy
> enjoy and achieve
> make a positive contribution and
> achieve economic well-being.

The outcome "children stay safe" has five subsidiary aims and the commission for this study focussed on the first of them. They are that children stay:

> safe from maltreatment, neglect, violence and sexual exploitation
> safe from accidental injury and death
> safe from bullying and discrimination
> safe from crime and antisocial behaviour in and out of school; and
> have security and stability and are cared for (DfES, 2004).

Measurement Issues

Measurement can be undermined by even slight variance in definitions of the same term and definition and usage of measures in this area are rarely precise and non-contentious (see Oliver et al, 2001 below).

2.2 Prevention and early intervention

The effectiveness of preventative actions in relation to safeguarding children from harm is hard to measure. It may be easier with regard to targeted interventions with particular risks (eg post natal depression, domestic violence) where we have evidence of children's increased vulnerability to harm.

As universal and preventive services become more aware of the need to safeguard children actively, one would expect more frequent identification of potential and actual harm requiring a specific response intervention, such as assessment. Awareness-raising may lead to higher levels of identification with subsequent demands for more early intervention.

Baseline and follow-up measures of adults' awareness of safeguarding and well-being (for instance following information campaigns) would therefore be relevant. There is evidence that some specific issue campaigns eg on the dangers of shaking babies, do have beneficial effects in the short to medium term (Brownlow J, 2002).

Arguably, both prevention and actual harm are currently inadequately measured, and it is recognised that a "better measure of preventive services is needed" (letter from the Commission for Social Care Inspection (CSCI) to Directors and Chief Executives, November 2004).

Recent research on child development and parenting identifies groups of interacting factors that may (but not necessarily do) result in adverse outcomes for children. The causal relationships between these are slowly being unravelled. Generally the research supports a policy strategy to provide broad - based universal family support, plus speedy identification and referral of parenting, health and other difficulties for targeted help (Sroufe et al, 2005; Desforges and Abouchaar, 2003).

Sroufe and colleagues conducted detailed, repeated assessments on over 200 children from birth to school entry then yearly to age 14 with two-yearly follow-up until age 28 years. They have found that adults in their early 20's who had early-onset conduct problems, experienced more problems with externalising, drugs, depression, work and education than did those with conduct problems starting in adolescence. The latter group had more problems than controls but only with externalising and drugs ie they were an intermediate group.

Remarkably though, successful work and partner relationships in early adulthood were shown to be "turning points" for the early onset group, showing after three years a "level of externalising problems no different than that shown by those without a history of childhood or adolescent problems". The researchers are now investigating how these positive outcomes were attained and whether they are linked to specific early experiences.

They have also found that disorganised attachment and child maltreatment, particularly sexual abuse, contribute to clinically significant SIB (self injurious behaviour) in adults, with physical abuse leading to milder forms of SIB. Only large scale, longitudinal research has the potential to disentangle key causal links in this way.

But while these links are being established, smaller detailed studies have a part to play, Sroufe et al, recommend not only larger studies with more control variables, but also studies with fewer participants and much more detailed information on process and on daily parent - child transactions.

This comprehensive longitudinal study provides a strong evidential basis for the *Every Child Matters* focus on early child and family support to achieve positive outcomes and a non-stigmatising alliance with parents wherever possible. They conclude:

> *"we have established ... that nothing is more important in children's development than how they are treated by their parents, beginning in the early years of life. Our comprehensive study, in which both care and other influences were well-measured, makes this clear. At the same time as we conclude that psycho-social factors including family experiences are incredibly powerful influences on children, we also conclude that parents ought not to be blamed. Yes, patterns of care, stimulation and parental involvement are strong predictors of behaviour problems and school success and failure even in competition with intelligence. Some children have little chance at school even before they have begun. Others, early on, begin pathways to problems with peers and/or psycho pathology. Still, patterns of care that children*

experience are conditioned by the stresses and supports available to parents. For there to be "no child left behind", we will have to do a better job in leaving no family behind" (Sroufe et al, 2005 p288).

Consistent with these conclusions, in the UK a literature review for the DfES (Desforges and Abouchaar, 2003), found that "at-home good parenting" has a greater differential impact on children's achievement and adjustment in the primary age range than does the differential impact of school quality. "Good parenting" in this context includes the provision of a secure and stable environment, intellectual stimulation, parent-child discussion, good models of constructive social and educational values and high aspirations relating to personal fulfilment and good citizenship.

Factors influencing this and other forms of parental involvement include maternal psycho-social health and level of education, social class, deprivation, single parent status, the child's attainment and role as a mediator between school and home, and to a lesser degree, ethnicity. However, "good parenting" as described above has an impact across all social classes and ethnic groups.

To maximise this potential the authors conclude that *"a whole community, strategic approach is needed"* rather than a "scatter-gun" approach of unrelated single issue projects. Levels of unemployment, crime, domestic violence, play facilities, adult education, family support and parenting advice are just a few of the variables that have a bearing on the extent to which parents are able to support their children's learning.

Thus, local initiatives in these and other areas have to reach families much more effectively than at present if we are to improve safeguarding. Research into preventive services (eg Gibbons, 1991) has long found that, unsurprisingly, families with personal resources make better use of community facilities than do those families in greatest difficulty.

Summary: Prevention and early intervention

Research, particularly in the US, is establishing strong causal links between children's early experience, including harm or abuse and specific outcomes. It will be very important to take account of these emerging findings when developing measures of how children are kept safe. Establishing what is known of the causal links could allow more refined measurement of how far the causes (rather than the effects) of harm to children are being addressed.

As well as large controlled studies, there is room for smaller pieces of work that focus on child-adult transactions and the factors that influence these in a constructive way or otherwise. One example might be to examine sub-groups of children in need for instance: children with disabilities; and how they can best be safeguarded. Another might be to look at variance between Trusts in types of intervention to safeguarding children and at possible links to outcomes that can be established.

2.3 Safeguarding children

2.3.1 Current guidance on safeguarding:

> "Current guidance is relevant to those working in the statutory or the independent sector as well as to members of the wider community and applies to all children and young people *irrespective of whether they are living at home with their families and carers or away from home*" …(DfES, 2003 emphasis in original).

Safeguarding thus relates to the responsibility and capacity of agencies, groups and individuals to prevent or respond to potential or actual harm to children. It refers to a generic, widespread activity, not confined to particular professional groupings, as well as specific duties in specific circumstances. It includes formal and informal activity by individuals, groups, communities and organisations.

As a concept, "safeguarding" broadens the remit of all organisations in touch with children and families by requiring them to be child-safe and child-friendly in terms of their own practice as well as alert to the safeguarding needs of children.

2.3.2 Child protection

Within broader safeguarding activity, child protection tends to refer more narrowly, to measures and processes to safeguard children that are sanctioned by law, regulation and formal guidance.

Harm or anticipated harm is a threshold for urgent preventive intervention if possible in partnership with the family:

> "ill-treatment or the impairment of health and development" (HMSO, 1991). Health and development are broadly defined in the Children Act 1989.

Short of this there is a duty to promote the welfare of a child in need, the definition of a child in need having much in common with that of harm:

> "a child whose health or development is likely to be significantly impaired or further impaired without the provision of services" (s 17).

Neglect is officially defined as:

> "the persistent failure to meet a child's basic and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failure to protect a child from physical abuse or danger, or failure to ensure access to appropriate medical care or treatment. It may also include neglect of or unresponsiveness to a child's basic emotional needs" (DH, 1995).

Neglect typifies the problems of identification and differing thresholds for action and measurement in the area of keeping children safe. A definition using an advanced stage of neglect sets a clear threshold, but it may discourage early identification. A more holistic approach to risk assessment in this area could, for instance, use concerns arising in a number of domains of the Integrated Assessment Framework.

2.3.3 Examples of relevant local data sources

Potential sources are data and reports from Local Safeguarding Children Boards (LSCBs); Joint Area Reviews (JARs) of safeguarding in local children's services and data on children in need (CiN data). JARs are covered later in this report. The latter source is detailed below with the policy framework in which they are delivered.

Objectives for children's services (Performance Assessment Framework) include a preventive goal to support children in need and their families in order wherever possible to prevent family breakdown and promote better life chances for the most vulnerable children as well as:

> to ensure that children are protected from emotional, physical and sexual abuse and neglect (significant harm).

Children in need are defined to include all children receiving a service from Social Services departments in the week of the "census" week, including looked after children and children on child protection registers.

Other than separately collected data on the latter two groups, CiN data is the only information collected nationally and consistently on children in need. Excluding children already subject to child protection plans and/or looked after, children in need are a group where there are child welfare concerns to a threshold applied in practice to an often high threshold i.e. whose:

> health or development is likely to be significantly impaired or further impaired without the provision of services (s17).

There is evidence that families and children in receipt of social services have already crossed thresholds for very high levels of stress, children's difficulties and disadvantage (Gibbons et al (1995); Thoburn et al (2000), Brandon et al (1999)).

This combination of factors does not predict harm to a child, but in the presence of other concerns eg violent crime including domestic violence, is often associated with harm.

Categories of "need" used in the biennial census of CiN are:

> abuse or neglect*
> disability
> parental illness or disability
> family in acute stress*
> family dysfunction*
> socially unacceptable behaviour*
> low income
> absent parenting*
> cases other than CiN
> category not stated.

The sub-groups of need marked * above (abuse or neglect*, family in acute stress*, family dysfunction*, socially unacceptable behaviour* and absent parenting *) are clearly linked to concerns about child safety.

Concerns may be about direct harm, indirect harm as in cases of domestic violence, or possible unintended consequences of family stress, such as emotional harm, neglect and developmental delay. This data could provide very valuable information about the hinterland to abuse and neglect and it is of particular interest to identify the pathways by which some children give rise to safeguarding concerns down the line.

Since 2000, CiN data have been collected during one "census" week every other year by most of the 150 local authorities in England and collated by the Department of Health (DfES since February 2005). They profile the population of children in need at a given point in time and expenditure on different sub-groups (see below).

The data is set out by region and within the eight regions, by type of authority (eg unitary, shire), offering broadly comparable groupings. The data is used to compare "audit families" of local authorities with broadly similar demographics as part of the Inspection and Joint Review process and Best Value reviews of service. Local plans contain detailed information about children in need, including by postcode and about the service response to need. This is potentially a rich source of data at the local community level.

Comparisons using this or similar data could include:

- sub-groups of children in need (with follow-up)
- wards within authorities
- individual authorities
- sub-groups of authorities eg regions, authority types or audit families.

The data for 2005 show that over a third of a million children (385,900) were in need during the census week, of whom 81% (313,300) were in the community, the majority in their own family. During that week, active work was undertaken with over half of the children identified as in need (61% or 234,700) of whom 168,700 were in the community.

Children in need should receive a specified level of assessment of need within a clear time-scale. This is a potential source of micro-level information on the nature of need and risk and what combination of services is used to address that need and risk.

It may be worthwhile to look more closely at CiN or similar data sources for what they can tell us about current safeguarding strategies. For example: Sub-groups of CiN, disposal and cost.

The largest sub-group of children in need in the census week were those that had experienced abuse or neglect (37%). In 2005 this sub-group accounted for over half (55%) of children looked after and almost a third (30%) of children in the community, or 37% of the whole CIN group. In cost terms, this sub-group absorbed 44% of the week's expenditure on children in need in England (£30 million from a total of £69 million).

If we add in the other "risk" sub-groups of children (marked * above) the disproportion in expenditure is higher. Taken together, these groups accounted for 70% of children in need and over three-quarters (76%) of expenditure.

The main reason for the uneven expenditure seems to be that a high proportion of children in the "abuse or neglect" sub-group were looked after. In 2005, a "looked after" child cost on average over four times as much per week as a child in the community (£680 as against £140). The majority of the extra cost was "ongoing" ie not staffing but accommodation.

In contrast to cases of abuse and neglect, the other "risk" sub-groups (marked * above) made up a greater percentage (36%) of children worked with in the community than of children looked after (25%).

This could indicate more successful preventive work with these groups, or that children who cross the threshold in to "abuse or neglect" groups then move into the looked after system. We need more research on what proportion of children and which children, move across the thresholds. Relatively small, focussed studies describing these processes could assist here.

2.4 Specific measures for safeguarding

UK research

Bebbington and Beecham (2003), found very wide variation between local authorities in both:

the speed with which children in need referrals were processed and information was recorded, and
the length of time for which cases remained open.

Both of these issues are relevant for safeguarding children. For instance, while children on the CPR tended to remain open cases for *longer* than average, those in other "risk" groups, eg acute stress or socially unacceptable behaviour, tended to have been open cases for *shorter* than average periods. Bebbington and Beecham were unable, without a longitudinal study, to do more than shed light on some of the issues but they suggested that possible reasons were:

a) the shorter-term nature of these problems and perhaps the greater likelihood of these children being referred to other agencies, or that short-term intervention is all that resources allow or another hypothesis is that;

b) the child protection register is used as a *disposal* rather than an *intervention*, so that, as with children who become "looked after", there is a degree of possible "drift" once the disposal is made.

Oliver et al (2001), considered the possible causes of wide apparent variance on performance of English authorities on indicators for child protection and children looked after.

The local authority with the lowest number of children on the CPR had ten children registered per 10,000, compared to 71 children per 10,000 in the LA with the highest.

They observe that data needs to both accurate and valid so that the indicators chosen are a good proxy measure for the desired outcome and conclude that much of the variance resulted from four main sources, as follows:

technical factors - eg systems that are either insensitive or unusually sensitive to the relevant data;
situational factors - eg local numbers of substance abuse cases affecting safeguarding data;
interpretative factors - ie how certain categories are understood - eg re-registration may be seen as good practice in certain circumstances;
operational factors - the scope of preventive and support services.

The study draws some interesting conclusions about authorities with lower than average levels of registration where other performance indictors are positive. The conclusions relate to effective delivery of services to safeguard children.

The authors conclude that in authorities where the only children on the CPR are those who need to be there, a combination of key developments exist, including:

- use of indicators as part of active learning about planning and service development, not only to achieve a set target. This meant developing a shared "information culture" between staff with statistical and research skills and operational staff
- a good and well-advertised set of preventive and family support services offering safe alternatives to CP registration.
- all agencies need to be aware of these resources as otherwise, they will tend to press for registration

- strong partnership work with families, including their involvement in assessment, planning and child protection conferences; the development of Family Group Conferences.

Most relevant, there is a culture of inter-agency ownership of risk, including for example:

broadly shared thresholds for intervention and continuing vigilance that thresholds are at the appropriate level
transparent, clear decision-making processes
systems for sharing and debating problems or complaints
joint audit processes
strong ethos of professional social work in safeguarding ie support for retaining experienced practitioners.

This "small-scale, exploratory study" provides a useful methodology. It uses the national Quality Protects data to identify key indicators that accounted for most variance between authorities, then examines in depth eight authorities with either very high or very low results on the indicators in question. Senior managers and other key staff were interviewed.

The authors say that a more detailed investigation could be worthwhile, to see if the reasons for variance suggested by this study are replicated on a larger scale.

Performance indicators - an international review

Gain L and Young L (1998), were commissioned by the Australian authorities to review English language literature then available on outcome measures for both child protection and children in placements; they also conducted phone interviews internationally with 15 childcare experts of whom six were in England.

They identify a range of theoretical and implementation hurdles to accurate measurement and conclude that:

> "a range of indicators and a range of data collection strategies are needed.. Indicators should include short-term output indicators that measure compliance with quality standards as well as long-term indicators that measure changes in a child's circumstances and behaviour. Measurement strategies should include the collection of routine management information system data as well as the use of follow-up sample surveys to investigate the relevance of possible measures of client status in more detail and to assess the link between short-term quality measures and longer-term outcomes."

A strategy to join up data sources and interrogate them for implications re safeguarding children would require a commitment of resources for data integration and analysis.

The authors use a model set out in the Australian government's *Report on Government Service Provision 1998*, a performance indicators framework that distinguishes effectiveness measures relating to outcomes, targeting and service quality.

The authors focus on outcome indicators, which they define as "observations of actual events or aspects of life situations directly experienced by children who receive child protection or supported placement services, rather than indicators of service quality".
The authors identify three preferred areas of outcome measurement for both child protection and placement services, relating to safety, permanency and stability and child well-being.

They conclude with regard to child well-being that there are insufficient well-developed and tested measures to make a recommendation.

They note that no measure should provide a perverse incentive for another (eg achieving stability in terms of placement should not jeopardise child safety) and set out their eight criteria for measures.

Using these criteria, they focus their preferred measures for the safety goal on keeping children free from subsequent reported abuse. Pre-abuse interventions and organisational safety are not proposed for outcome measurement.

They discuss measures in four categories:

immediate safety outcome
general and longer term safety measures
permanency and stability
child well-being.

Thirty two measures are considered and rejected across these four areas with the reasons for rejection. The reason for rejection is not always fully explained or discussed eg:

"confirmed abuse cases; this measure is not sufficiently specific to be relevant or meaningful"
"deaths; this measure is insufficiently specified to be relevant or valid".

The recommended measures are as follows:

1. Child protection safety goal; immediate safety outcome.

1.1 Proportion of child protection notifications/reports where abuse is assessed as unsubstantiated/or screened out prior to investigation/or child is assessed after investigation as able to remain at home with or without support services; and no further allegations of abuse are received within a specific time period (before case closure; three/six months after case closure).

1.2 Proportion of child protection notifications/reports where abuse is confirmed and child is assessed as able to remain at home with support services; and no further confirmed allegations of abuse are received within specified time period (before case closure, three/six months after case closure).

1.3 Proportion of confirmed child protection notifications/reports where child is assessed as requiring supported placement (including kinship care) and so is placed; and no further allegations of abuse are received within specified time period (before case closure, three/six months after case closure).

The above measures can be varied by distinguishing between types of harm, reported/substantiated; age/race/culture/ethnicity etc.

2. Child safety goal; general or longer-term safety.

2.1, 2.2, 2.3 These three measures are worded exactly as for immediate safety (see 1.1, 1.2, 1.3 above) but with longer-term follow-up i.e. 6m/1y/2y; or/and before/after case closure.

Possible further long-term measure:

2.4 Proportions of confirmed notifications/reports where cases were opened in part due to poor living conditions; and where living conditions are assessed as improved on case closure.

It is unclear whether this last fits their criterion of specificity.

3. Child protection permanency/stability goals.

3.1 Percent of notified children who are placed in a supported placement as a result of a child protection assessment;

a) who remain in the same placement after 6m/1y/2y/5y
b) who remain in care but have had multiple placements within 6m/1y/2y/5y
c) who return to parents from original placement within 6m/1y/2y/5y
d) who return to parents after multiple placement within 6m/1y/2y/5y.

3.2 Percent of children with confirmed abuse who remain with their parents;

a) who are not placed in care within 6m/1y/2y/5y of case closure
b) who enter a supported placement within 6m/1y/2y/5y of case closure.

These indicators can be disaggregated by type of placement, type of abuse and age etc of child at notification.

It appears that despite a broad remit for possible measurement, a fairly narrow interpretation of keeping children safe, has resulted in the interests of clear targeting and quantification. Safeguarding measures only in regard to children likely to be or actually having been harmed are recommended in this approach, although other data sources are encouraged.

The literature on prevention of harm and on areas or risk known to be associated with harm where the effectiveness of preventive measures might be measured, is not covered in the Australian review (eg premature birth, post natal depression, domestic violence).

Other approaches to performance measures

Giller (1995), concludes from a number of quality audits of English local authority child protection systems that:

> data-capture tools need to be as simple and easy to use as possible, so that the process does not overwhelm the systems it is supposed to be helping to improve; and secondly, that if possible, the tools themselves should drive improvement by providing direction as to the required steps to be taken.

This suggests that steps to measure the effectiveness of wider safeguarding activity must be accompanied by a clear and comprehensive map of who undertakes it, where and how.

Tilbury (2003) comments on Australian performance data on child protection ie children at risk or actually maltreated. These data are reported annually by the Steering Committee for the review of commonwealth/state service provision.

The policy context she describes is similar to that in England and draws on English literature.

Tilbury describes the development of early, broad based services in proactively protecting children rather than waiting for harm to occur:

> improving access to family support, particularly in the early stages of contact with families, is seen as essential to move policy and practice beyond child rescue and toward a more integrated paradigm that recognises the impact of personal, family and structural factors affecting child abuse and neglect.

With this broader based, quicker and hopefully lighter response the hope is that "all stakeholders in an integrated system must be aware of child protection and of when child rescue may be a need…as with all high risk situations it is rare but requires presence of mind, confidence and basic knowledge to act appropriately if and when it arises."

Logistical difficulties arise in measuring the effectiveness of relatively uncommon pre-emptive interventions across a wide range of stakeholders.

As with the Australian literature review (Gain and Young, 1998) discussed above, Tilbury does not pursue the quest for measures of effectiveness for the desired broader safeguarding model but considers measures of the effectiveness of child protection response post - notification (post - referral).

She examines three indicators: re-notification of child protection concerns, substantiation of child protection concerns and re-substantiation of child protection concerns.

1. Re-notification is equivalent to re-referral and denotes "the proportion of all notified cases subject to a previous notification". The author sees a high re-notification rate as indicating "poor targeting and that the screening system is not addressing cumulative harm".

For this to be true, the previous notification (the denominator) would have to be a child protection one, but one State saw this issue as one of "families presenting with complex and chronic problems *not* assessed as resulting in significant harm to children". High levels of "re-referral" might also result from poor communication about agency thresholds and responsibilities.

2. Substantiation is the proportion of finalised child protection investigations resulting in a substantiated outcome. The equivalent term in our system would be confirmation. The intention is to measure how well investigations are targeted on children most at risk.

Tilbury notes that this measure may tell us more about the *threshold for investigation* than the accuracy of assessment. If the threshold for investigation and the substantiation figure are high, this may mean that numbers of false negatives (genuine child protection concerns that have been missed at an earlier stage) are also high. On the other hand, if the threshold for investigation is lowered, the proportion of substantiations may be lowered with more investigation (cases found not to be a matter of child protection) diverting resources from actions taken in respect of substantiated cases.

Many indicators necessarily sit on boundaries between one status and another (ie how many of x become y). Hence they tell us about the way those boundaries operate - and the problems of differential interpretation of them - but perhaps less about what is happening within the boundaries.

Re-substantiation is the proportion of all children for who harm has been substantiated who within a time period are subject to further substantiation (confirmation of further harm). If consistently recorded, this figure should tell us whether the child protection system (as opposed to the wider safeguarding system) has been effective.

The measure outlined in the commentary above, following-up referred child protection concerns not assessed as child protection, would also be of interest in this context. Both of these are recommended in the Australian literature review.

Tilbury notes that neglect, a notoriously slippery area of maltreatment to address is the most likely form of harm to recur. By inference this is also where the preventive system most often fails (see Fluke et al 1999 below). This may well be an issue of thresholds and

definitions; where a referrer sees possible harm, the receiving agency for a variety of reasons may apply a different description.

Despite the intended specificity of the above measures, there is clearly room for variance in the interpretation of a "previous notification (referral)".

The term can describe the original notifier's/referrer's concerns or the accepting agency's initial appraisal of those concerns. The problem of maintaining consistent definitions across agencies and recording systems can undermine measurement.

Greater specification of the accepting agency's child protection response and wider assessment might include:

number of referrals of concern re: possible/actual harm within given period;
proportion of above (a) initially confirmed as possible/actual harm within given period;
categorisation and disposal of (a) not confirmed as possible/actual harm within given period;
proportion of (c) where further child protection concerns are referred/confirmed within specified period.

Fluke and colleagues researched data on reported recurrence of maltreatment over a 24-month period, from 10 of the United States (Fluke et al, 1999**)**, in order to "provide a broad-based, multi-state comparison of child maltreatment recurrence".

Their definition of recurrence was "the presence of one or more subsequent maltreatment reports associated with the same child between given dates".

The size of the data-set meant that differences in policy and procedure across the administrations could be allowed for and "highly consistent patterns of recurrence were observed". With caveats (which they consider crucial to correctly interpreting this data) they conclude that "as an outcome measure against which to assess the success of interventions and as criteria for validating risk assessment instrumentation and implementation, recurrence has a significant role".

The caveats include the following:

the knowledge base concerning recurrence is rather small, presenting some difficulties interpreting recurrence findings. For example, in all but one of the States involved, children who receive post-investigative services appear to be at a higher risk of recurrence, compared with those who do not and the reasons for this are not clear.

Administrative records are subject to a range of error and variation and so may not be reliable. Rates may be influenced by variation in definitions and practices and by the length of the follow-up period.

The receipt of post-investigation services was one variable, but not all states included this data so those children missing the service data were excluded, as were children placed out of home.

Despite these caveats, the key findings include that:

children in older age groups are less likely to experience recurrence;
fewer Asians and Pacific islanders experience recurrence compared to other races;
neglect is most often associated with recurrence, supporting the idea that neglect is a more chronic condition;
sexual maltreatment is least likely to recur;
the likelihood of maltreatment is greater after an initial event.

With regard to the latter finding, they add that “the results provide evidence that this phenomenon is common to many states regardless of differences in the protective services... and is the most consistent finding of the analysis. Furthermore, children who experience two or three recurrences may belong to a group of children that comprises a chronically maltreated group”. This finding suggests that a focus on measuring outcomes of intervention to make a child safe after an initial (substantiated) report would potentially be helpful.

Summary

Nationally and internationally, measures of “staying safe” have tended to quantify numbers of children passing through administrative thresholds.

In this area, *recurrence* (of substantiated report/s of maltreatment) is seen as an important measure of objectively high risk to a child and thus of the need for focussed intervention.

The outcome of intervention in these circumstances (eg second or third recurrences) would provide one measure of inter-agency effectiveness.

There is a strong ethical and practical case for focussing on children *not* yet known to have been maltreated or significantly harmed but where there are concerns about health development and welfare.

We need to know for instance; what proportion of these children live in situations that deteriorate to the point where they have to be safeguarded and if so; whether previous assessment or other intervention improves outcomes as compared to children not previously known to services.

2.5 Principles and models for the development of government targets

This section looks at models, frameworks and sets of principles in which measures of safeguarding have been developed.

Australia

Gain and Young's literature review (1998), sets out eight criteria or questions with which to interrogate potential outcome measures:

relevance; is it useful, does it accord with community values;
validity; does it measure what it purports to;
specificity; is it sufficiently qualified and targeted to be unambiguous and take into account all affecting factors;
feasibility and cost; ease of data collection;
acceptability; usefulness and acceptance by case workers;
meaningfulness; lack of obscurity;
type of measure; direct outcome/proxy outcome/process or quality measure;
ethics; ethical problems in use.

Data on child protection across Australia are collated annually. Currently these include the following:

number of notifications, investigations and substantiations;
characteristics of children;
rates of children in substantiations;
Aboriginal and Torres Strait Islander children;
additional data on notifications and substantiations.

Similar categories of data are presented for Care and Protection Orders and Out of Home Care, all subsumed within a Child Protection report from the Australian Institute of Health and Welfare (eg Child Protection Australia, 2003-04).

It appears that despite (or as a result of) the above review of outcome measures, targets and performance measures for child protection are *not* reported on for the whole country. Broadly relevant national reports covered here relate to efficiency costing and performance management of family court related services.

Costing and comparing protection and support pathways

In 2003, the Australian government undertook a national activity-based costing exercise for protection and support services. The purpose was to develop a model to derive efficiency measures with which to report comparable cost data across the country's different jurisdictions (incidentally providing comparable descriptive service data).

A set of "protection and support pathways" was described that were broadly similar in all Australian state jurisdictions, covering at a high level, consisting of:

child protection activities from referral to disposal;
out-of-home care options;
range of family support services for the "child protection client".

Pathways or services confined to fewer than four jurisdictions, or with low take-up, were omitted - although this might have meant the loss of data on highly specialised services with relatively high associated costs.

The Australian Government also provides an annual Census of Child Care Services from a different agency, the Department of Families, Community Services and Indigenous Affairs (FACS).

These services (the Family Relationships Services Program or FRSP), appear to have previously been focussed on family violence and family dispute resolution (mediation, custody, contact etc). Within this context they are branching into youth services and work with children with severe disabilities.

As a result of a review of the programme in 2003, the FRSP is currently (2005/2006) developing an outcomes-focussed Integrated Performance Management Framework. At least three of the identified "client outcomes" are relevant to this review:

focus on children
parents use positive parenting styles
improve safety for children.

Consultation on the Framework (undertaken by a commissioned consultancy firm) has included the following steps:

circulation of proposed framework and tools to all funded providers for comment;
one-day forum for providers with government officers;
blog on consultancy website for open discussion.

New Zealand

The New Zealand government's information on child protection is set firmly within a family violence context and this in turn within a "population health ecological model" (New Zealand, Department of Health 2002). The rationale presented is strong research evidence of links between partner abuse, past victimisation and emotional and/or physical harm to children in violent families.

The ecological model is represented graphically and then outlined in much the same way as the *Every Child Matters* "onion" diagram (www.ecm.gov.uk) with individual, family, community and society level issues and responses. The difference in the New Zealand material is an emphasis on simultaneously addressing domestic violence and presentations of children with child safety concerns in health settings, possibly because the material originates from their Department of Health.

A "model response to child abuse" and a "model response to family violence" are provided for these settings, containing many similarities to the National Services Framework.

The New Zealand models call for:

clear protocols for responsibilities and actions in relation to child abuse/domestic violence;
multi-disciplinary Child Abuse and Domestic Violence Task Forces linked to Child, Youth and Family Services;
mandatory in-house training;
information (for staff and patients) and case consultancy on child abuse and domestic violence;
evaluation of assessment and recording in these areas.

Sweden

Searches have so far found one report (also translated into English) from the office of the Swedish Children's Ombudsman (2001). This is a summary of demographic data on children and families, including:

injuries
deaths, causes
reported and (estimated) unreported incidence of child abuse
out of home placement
corporal punishment survey and children's reports (before and since ban)
registered and (estimated) unreported sexual exploitation of children
sudden infant death.

Material on family structure and family court issues is included but while the Swedish Ombudsman "places priority on issues dealing with children at risk", issues such as domestic violence are not covered here.

To date, no government literature from Sweden has been found on the background to child abuse, interventions or their effectiveness.

The Swedish Government web-site states that child policy "is not specific" but broadly aimed at realising the UN Convention on the Rights of the Child through co-ordination of initiatives.

Sweden is currently addressing the UN Committee's concerns on its implementation of the UN Convention ie that:

no data are available on the total number of children with disabilities;
no data are available on child victims of abuse aged 15 to 18 years;
the total number of children victims of sexual exploitation is not precise (UN Committee on the Rights of the Child, 2005).

Canada

In Canada as in the US, Australia and the United Kingdom, different jurisdictions have somewhat different priorities.

In the Canadian province of Ontario alone, 53 Children's Aid Societies (CAS) are legislated to:

investigate allegations of abuse and neglect
protect children where necessary
provide guidance counselling and other services to families for protecting children and for the prevention of circumstances requiring the protection of children
provide care or supervision for children assigned to its care
place children for adoption.

Annual data reported by the Ontario Association of Children's Aid Societies include:

net expenditure
numbers of inquiries, referrals, investigations, open child protection cases and other child welfare cases
numbers - per 1000 and status of children in care
and (separately) native children in care.

As elsewhere, Canadian reports under the heading “child protection” are often found on closer inspection to refer exclusively to policy relating to children of an overlapping but not necessarily identical status, for example, looked after by the state. References to “strengthening Ontario’s child protection system” (Child Welfare Transformation 2005 - see website reference) detail a strategy to increase rates of adoption, without any wider discussion of safeguarding issues.

United States of America

The US Department of Health and Human Service supplies data on:

- findings from research
- fatalities
- child maltreatment statistics
- national incidence studies
- male perpetrators
- re-reporting and recurrence
- school-based child maltreatment programs
- total estimated cost of child abuse and neglect.

Chalk et al (2002), make a case for the routine inclusion of child well-being indicators for all children in contact with welfare agencies. They argue that this would achieve key policy goals to:

- develop a focus in data collection on action to improve positive future outcomes for children, rather than seeking evidence for such actions only from retrospective data on harm;
- provide more realistic interim indicators for agencies in achieving national child welfare goals of child safety, permanency and well-being;
- shift from procedural compliance, towards evidence-based performance measures and outcomes;
- help shift public and media attention towards a more informed, representative debate on children’s safety and well-being rather than only on extreme risks.

A multi-disciplinary Consortium was set up (Chalk et al, 2003) to develop potential outcome indictors which are appended, as highly relevant to this exercise.

The conceptual framework developed for this process is also consistent with the multi-level model put forward for the DfES Safeguarding PSA Project, taking in:

- the child; his or her background and history in terms of his/her status and well-being;
- the system; the child welfare system in terms of delivery and performance;
- the family and environment; the family setting and community environment in terms of capacity to support and keep the child safe;
- and all of these strands in terms of child and adult outcomes.

We have seen (Sroufe et al above), that large scale longitudinal research such as the Minnesota Study is beginning to establish evidential links between factors at each of the levels and between these factors and child/adult outcomes.

Chalk et al, also provide a helpful review of current US Federal and State Policies, set out in tabular form, to show how they meet the six priority areas for improved child outcomes. These are broadly comparable to *Every Child Matters*. They concern the child’s:

- safety and well-being
- attachment and engagement
- education and cognitive development
- social and emotional well-being
- health status

violence and victimisation experiences (home and community).

While the first and last are most obviously related to this project, the other areas are increasingly demonstrated to be vital to the provision of a safe developmental environment and resilience ie effective prevention.

In other words, the evidence suggests that without all of these elements, effective child protection services and safe processes are continuously undermined.

In each of these areas, Chalk et al provide a sample of indicators that meets "guiding principles" of: utility; ease/economy of collection (existing sources); and evidential rigour.

All are linked to actual or potential harm and neglect and are thus relevant to safeguarding as described in the model we are piloting.

Examples are as follows:

Measures of healthy beginnings eg birth-weight and prematurity

Measures of mental health eg number and percentage of children taking medication for mental health disorders

Measures of healthy and safe environments eg number and percentage of children with injuries requiring medical assistance; eg who have witnessed domestic violence

Measures of participation in early childhood education programmes eg number and percentage of children with developmental delays and learning disabilities who participate in pre school programmes

Measures of home environment and child development eg proportion of children age less than 13 years in latch key situations

Measures of developmentally appropriate behaviours and attitudes eg number and percentage of children with good conflict resolution and interpersonal problem-solving skills

Measures of youth development eg number and percentage of youth age 15 and older with basic life skills.

Summary: Principles and models for the development of government targets; the international literature

A survey of international websites (US, Canada, Australia, New Zealand, Sweden) indicates a range of definitions for both child protection and keeping children safe.

All agree that safeguarding children is a broader remit than protecting them from abuse, but in some cases "child protection" is equated with security and stability in the context of Family Court proceedings or adoption where protection from harm does not figure as an explicit policy goal.

A rare example of a broader remit for safeguarding *with* measures of its effectiveness is provided in the work of Chalk et al. The model they describe is very similar to that used in this project. They specify measures relating to factors in the child support systems and the family and community environment.

They make the case that firstly, measures of well-being across a broader spectrum will contribute to a bigger picture of child safety than has hitherto been seen. They will allow for more integrated understanding of what factors contribute to improved outcomes and of crucial relationships between those factors.

Secondly, they argue that such a development would broaden both professional and public interest in and commitment to child safety and refine our understanding of the issues.

United Kingdom

The development of frameworks for indictors in children's services

Hardiker et al (1991), present a matrix of levels of preventive intervention that has been widely applied by local authorities to map and develop children's services. It is based on a medical model adapted by Parker (1980) for social welfare;

> primary prevention is thought of as comprising those services which provide general support to families and reduce the levels of poverty, insecurity ill-health or bad housing to which they might otherwise have been exposed. Secondary prevention is more specific. Once problems have arisen, help of various kinds may supply a remedy or at least forestall something worse…tertiary prevention would aim at avoiding the worst consequences [of harm]. At the very least it would ensure that no further harm was done.

The model has strengths in terms of its flexibility and wide applicability. As more is learnt about key variables affecting outcomes for children and as interventions are developed so they can be slotted into this framework.

Following the Laming report, the Department of Health commissioned Shardlow et al (2004), to review standards in relation to education and training for inter-agency work in safeguarding children, as well as the protection of vulnerable adults. Their recommendations apply to doctors, nurses, midwives, police, teachers and social workers.

The authors reviewed current work in this field to find very little in the way of standards for inter-agency safeguarding practice. They propose a model of individual and organisational standards in response to Laming's recommendation for greater organisational accountability. The standards themselves are broad eg standard 15 states "organisations co-operate to monitor programmes of training and education against their ability to meet best practice in inter-agency training in respect of the safeguarding of children and the protection of vulnerable adult".

Each standard is then broken down by areas to be monitored eg:

> roles and responsibilities
> consultation and awareness
> overcoming barriers
> evaluation and evidence
> ethical principles and values
> collaboration
> management of interagency collaboration
> record keeping.

Likierman (1993), set out *tests for performance indicators; twenty early lessons* that have been widely used in business and public services management. They include:

> provide adequate safeguards for soft measures
> devise them with people on the ground who must feel ownership.

He warns that failure to take these lessons into account could mean not only a waste of managerial time and resources, but potentially more serious a distortion for managerial action (eg perverse incentives).

The National Service Framework

The National Service Framework (NSF) was developed as part of the Change for Children agenda and is based on the five ECM outcomes (NSF, 2003).

It sets standards for work with children by health agencies that apply to inter-agency work, of which the relevant standard is NSF standard 5:

> all agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed.

This standard has at least three safeguarding elements reflecting the broad remit set out in the *Every Child Matters* guidance (DfES, 2003).

It applies to prevention and promotion activities in relation to all agencies and all children (universal response level). This is key because good quality activities promoting children's welfare (eg play facilities) are seen as integral to both promoting their healthy development and to preventing harm.

Such activities need to be promotional of children's welfare - child-friendly and child-safe (in terms of their accessibility, developmental content, health and safety, staffing checks etc), as well as preventive and alert to safeguarding ie capable of identifying and responding appropriately to possible harm.

The standard also applies to children with identified needs (targeted service level) and to protecting or making safe children at risk of harm (treatment or intervention level).

Six practice and policy targets are set out in the NSF in relation to Standard 5, which we can assign to these levels. They are:

> *Safeguarding and promoting the welfare of children is prioritised* by all agencies working in partnership to plan and provide co-ordinated and comprehensive services in line with national guidance and legislation (all levels).
>
> The Government through the Children Bill will require each LA to have a *Children and Young People's Plan* which sets out how key agencies will work together to safeguard and promote children's welfare (all levels).
>
> Effective *supervision* is provided to staff who work with children to ensure high quality services and clear accurate comprehensive and contemporaneous *records* are kept (all levels).
>
> An up to date *profile of the local population* is compiled to facilitate the identification and assessment of children and young people who may be vulnerable and require services (level 2).
>
> *Agency roles and responsibilities are clarified* to ensure that young people who have been harmed are identified as quickly as possible and assessed by appropriately trained staff with suitable premises and equipment (level 3).
>
> *A range of high quality and integrated services* is available to meet the assessed needs of the child or young person who has been or is at risk of being harmed abused or neglected (levels 2, 3, 4).

NSF implementation is "to be assured via inspection" (see below).

Chambers and Licence (2005), have already applied the NSF to general medical practitioners' inter-agency practice in both safeguarding and child protection. They comment that it has traditionally been difficult to involve GPs in this area of work and they clearly see the NSF standard as a way of raising the health profile of safeguarding children.

The authors use a similar approach and model to that of Shardlow et al with regard to interagency education and training. They set out both organisational and individual standards, advising GPs to apply the Clinical Governance Framework for both organisational and individual monitoring of performance management, clinical standards, risk assessment and user involvement so that stakeholders "treat child abuse like any other life threatening chronic disease, … a clinical governance matter for yourself, your practice and your Primary Care Trust" (PCT).

They recommend a "system-wide approach" to safeguarding and use the tiered preventive model we test in this study to set standards in GP practice with regard to:

promoting positive parenting (level 1)
identifying vulnerable families (eg post natal depression, learning difficulties, substance abuse) (level 2)
urgency of referral of child protection concerns (levels 2,3)
assessment of concerns (level 2,3)
management of ongoing relationships (all levels)
working with survivors of abuse (levels 3,4).

Joint Inspection Framework

Howard (2004), in a presentation to the Social Services Research Group, describes the process of setting up a Data Planning Group within the Office for Standards in Education (Ofsted) to inform Joint Reviews. One of the objectives of the Group being to "provide a set of performance indicators which will provide information on outcomes for children and young people".

The principles the Group worked to were pragmatic:

the first round of reviews will be informed by those data available currently;
the individual inspectorates and commissions are best placed to undertake the selection and analysis of the data relevant to their area;
only data that are collected on a consistent national level and analysed by local area will be included;
the data will be collated to reflect the structure of the inspection framework; and
the data set will be as small as possible but large enough to robustly inform inspector's judgements.

Their initial audit of available data found that "overall there is a large amount of data, but for some aspects there is little or no coverage; in many areas, data relate to context or processes and; do not satisfactorily inform judgements about outcomes".

The framework subsequently developed for the inspection of Children's Services is intended to ensure that relevant inspections properly evaluate and report on the extent to which children's services improve the well-being of children and relevant young persons.

Inspection criteria are explicitly related to the five outcomes set out in *Every Child Matters* and in turn, the *Every Child Matters* outcomes framework dovetails with the National Services Framework for children, young people and maternity services (Ofsted, 2005).

The eight principles for the joint inspections of Children's Services are as follows:

inspection aims to improve outcomes for children and young people;
inspection evaluates and rates *service contributions* to five key outcomes for children and young people;
inspection is *proportionate to risk* and tailored to needs and circumstances;
inspectors aim to keep disruption to the organisations inspected and their service users to a minimum;
inspectors report openly, clearly and fairly on the basis of *secure evidence;*

inspectors take account of the *views of children and young people and of their parents and carers* and seek to involve them in inspections in other ways;
inspectors evaluate the *process and benefits* of inspection and seek continually to improve its quality.

The framework for joint inspection also sets out "Key Judgements":

to illustrate what a local network of public services can do, in conjunction with families and other agencies, to promote the well-being of children and young people. The statements link the key aims in the government's *Every Child Matters*; change for children programme with the activities that contribute most directly to them.

Not all the contributions to outcomes are relevant to each type of service inspected. However, most services make a contribution to more than one of the outcomes. Judgements will be made in an inspection only where it is appropriate and practical to do so.

The Joint Inspections Framework sets out "outcomes" for ALL local services to achieve, related to 'staying safe'. These are identical with the subsidiary aims for children within the overarching *ECM* outcome Stay Safe, that is:

safe from maltreatment, neglect , violence and sexual exploitation (the main focus of this review)
safe from accidental injury and death
safe from bullying and discrimination, safe from crime and anti-social behaviour in and out of school
have security and stability and are cared for.

Seven measures for the local services outcome "keeping children safe from maltreatment, neglect, violence and sexual exploitation" are set out in the Framework (2005, p 11) as Table 1 - How safe are children and young people in this area? They are currently:

proportion of children and young people subject to S 47 enquiries
proportion of children and young people on child protection register
proportion of children and young people in each category on child protection register
proportion of children and young people on child protection register previously registered
proportion of children and young people registered two years or more
number of serious case reviews in last 12 months
children and young people's perceptions of their safety from maltreatment, neglect and sexual exploitation.

With the Safeguarding PSA Model that uses levels of intervention, it is possible to locate all but the last of these measures at Level 3, targeted or treatment populations where harm has already been identified. The limitations of these outcome measures are discussed elsewhere and would apply whatever equivalent for registration were used.

However, the Joint Inspections Framework also sets broader "Key Judgements" applying to all of the subsidiary 'staying safe' aims. These are relevant, as they have much in common with performance standards. They are not tied to any one of the aims and are:

children and young people and their carers are informed about key risks to their safety and how to deal with them;
children and young people are provided with a safe environment;
the incidence of child abuse and neglect is minimised;
agencies collaborate to safeguard children according to the requirements of the current government guidance;
services are effective in establishing the identity and whereabouts of all children and young people age 0 to 16;
action is taken to avoid children and young people having to be looked after;

looked after children live in safe environments and are protected from abuse and exploitation;
children and young people with learning difficulties live in safe environments and are protected from abuse and exploitation.

We can locate these judgements using the Levels Model. Judgements 1 to 5 could be seen to apply universally at Levels 1. Judgements 6 and 8 apply to targeted populations where specific needs have been identified (Level 2) and Judgment 7, at Level 3 or 4 (out of home population).

These broader judgements are then set out in Table 2 "How far do local services contribute to children and young people staying safe?" (Framework, p12) with over 50 illustrations of substantiating evidence, of which 13 are cross referenced to the NSF.

'Stay safe' can be seen as different qualitatively from 'stay healthy' or 'enjoy and achieve' in terms of accuracy of measuring *how safe are children in this area?* and *how far do local services contribute?*

The evidence statements in the Joint Inspections Framework can again be located using the Levels model and as the NSF also uses levels this appears appropriate. For example:

Aim: services are effective in establishing the identity and whereabouts of all children and young people age 0 to 16.
Evidence statement: there are secure procedures and monitoring systems for ensuring that all children and young people 0 to 16 are known to health and education services.
Level: universal (1).

Aim: children and young people and their carers are informed about key risks to their safety and how to deal with them.
Evidence statement: children and young people are taught about the dangers posed by some adults and how to minimise them.
Level: universal, age related (1).

Aim: children and young people are provided with a safe environment
Evidence statement; children affected by domestic violence are identified, protected and supported.
Level: targeted population (2).

Aim: incidence of child abuse and neglect is minimised.
Evidence statement; families, children and young people at risk of harm or where there are concerns about their welfare are identified and coordinated support is provided to them in a timely way.
Level: universal and targeted populations (1, 2).

Aim: looked after children live in safe environments and are protected from abuse and exploitation.
Evidence statement; looked after children are able to report concerns about their care and treatment.
Level: targeted population, special requirements (3, 4).

Summary: UK development of frameworks for indicators

The National Service Framework and Joint Area Review (inspection) Framework have drawn on *Every Child Matters* and provide many relevant measures of how well children are kept safe by *all* local agencies working with them.

The frameworks apply to universal as well as targeted populations of children and can accommodate changing priorities.

Regulation 51c) for Local Safeguarding Children Boards places on them a number of responsibilities. These include the responsibility for monitoring and evaluating the effectiveness of what is done by the authority and their Board partners, individually and collectively, to safeguard and promote the welfare of children and advising them on ways to improve. In turn, Working Together (para 3.90) advises that the effectiveness of LSCBs should form part of the judgement of inspectorates, particularly through the Joint Area Review (JAR).

Since LSCBs will need to develop measures of effectiveness locally and the JARs will evaluate them on a national basis, it makes sense for these judgements to provide a major part of the national picture as to how far agencies work together so that children 'stay safe'.

The literature review suggests that internationally there is interest in developing a broader concept of what it means to "keep children safe".

This includes aspects of traditional "child protection" ie identifying and addressing the need of vulnerable children, but also universal community based provision as well as preventive interventions which are shown to strengthen children's resilience.

Every Child Matters has put us ahead of the game in this respect.

We need now to develop measures of child health, safety and well-being that:

- draws on consultation and are easily understood by non professionals;
- are based on the best available evidence and are regularly updated to do so;
- are integrated ie demonstrate how effectiveness across children's services is key to children staying safe;
- apply to the appropriate population eg universal, targeted;
- specify areas where there is insufficient knowledge to develop a measure and where evaluation and research are needed.

Resources will be needed to interrogate and collate the available data. This could take the form of a regular (biennial or similar) review of "Children Stay Safe" across the broadest possible spectrum of child-related services and activities.

Conclusion

A wider picture of who provides safeguarding must be considered.

Substantiation and repeat victimisation are potentially amongst the most important indicators of the quality of safeguarding.

A wide range of preventative elements need to be in place to complement and avoid undermining child protection processes.

The levels model of measures has the potential to support the key judgements informing the Joint Inspection Framework, providing a more comprehensive evidence basis than the seven measures for local services within the Framework.

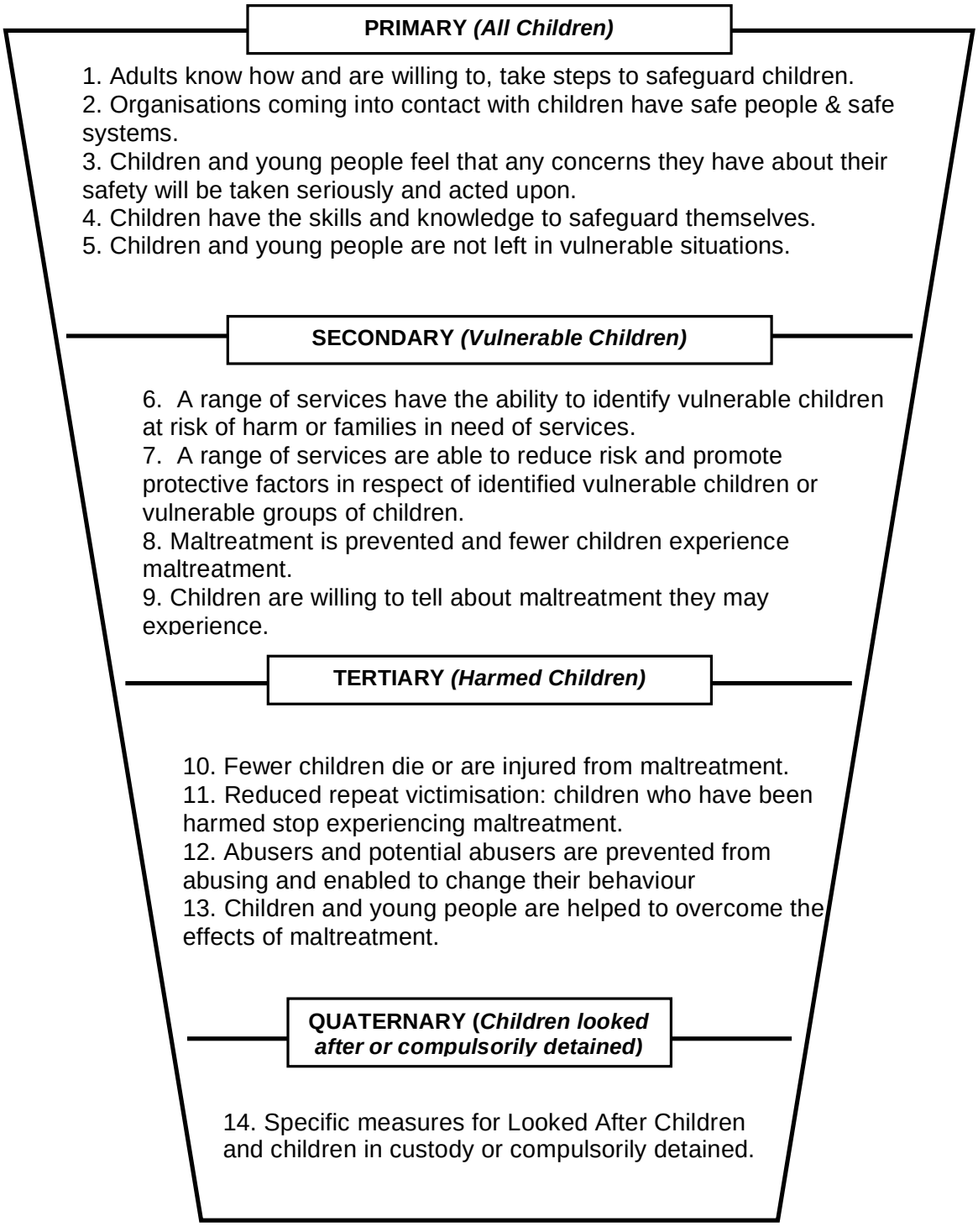
3. Developing A PSA on Safeguarding

3.1 Elements of safeguarding at the different levels of prevention

The model presented incorporates safeguarding at different levels of prevention. From safeguarding measures applicable to all children, to those necessary in respect of vulnerable children and those who have already experienced maltreatment or those who have perpetrated it.

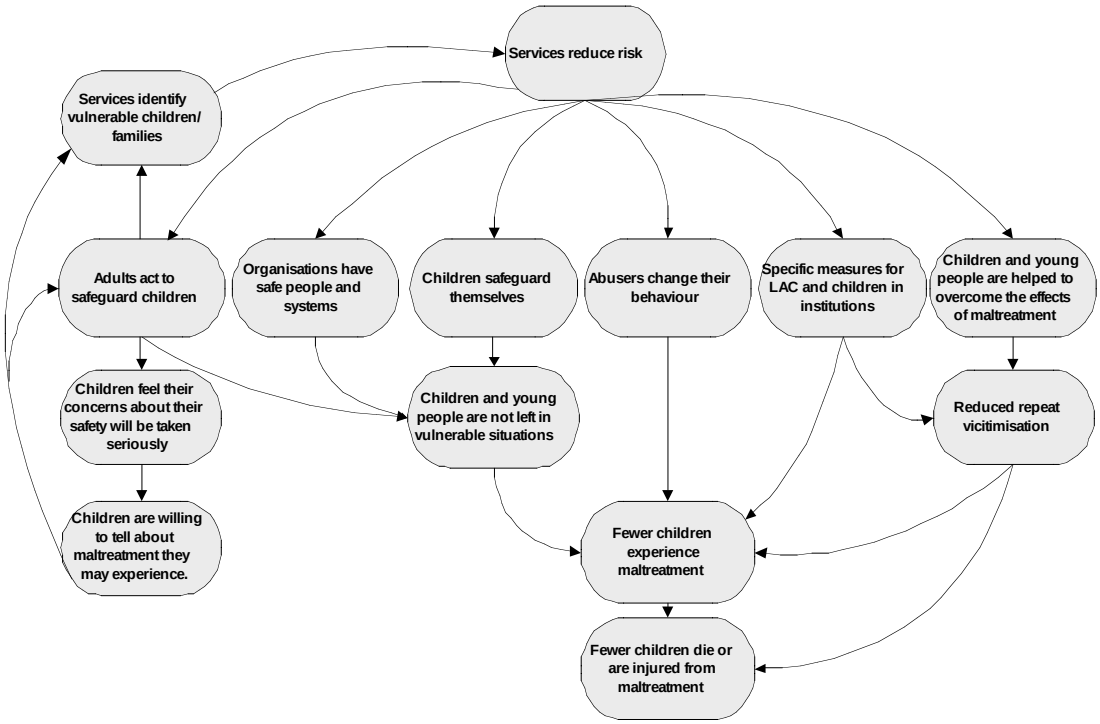
At the levels of prevention (primary secondary, tertiary and possibly quaternary), there appear to be a range of types of action or resources that need to be in place to safeguard children. A set of fourteen elements are identified below. It should be noted that each higher level encompasses those below. That is, the elements relevant for groups at the higher levels include the needs identified at lower levels, for example looked after children, as mentioned in element 13 may also require help to overcome the effects of maltreatment (element 12) and the organisations coming into contact with them will need safe people and safe systems (element 2).

Fig 1. A model of safeguarding elements at different levels



3.2 Possible network of outcome relationships

The 14 elements are very interconnected and mapping every relationship would result in a very complex and not very informative structure. However, a structure for the main pattern of relationships is suggested below.



3.3 Rationale for the Model

The tiered model is familiar in social care from Hardiker et al (1996), which applied this framework to child protection to produce:

Primary prevention - taking universal action to promote conditions so that problems do not arise;

Secondary prevention - focussing on individuals or families who are at high risk, but may not yet have problems;

Tertiary prevention - targeting individuals or families who have problems to minimise the adverse effects; and

Quaternary prevention - optimising the prospects for children where problems have resulted in their placement in substitute care.

The individual elements are explained below.

1. Adults know how, and are willing to, take steps to safeguard children

Adults are well placed to identify and report concerns about children's safety. The capacity of adults acting in communities to protect children has been identified in a number of studies concerned with community safety eg Colton et al 1995 locate child maltreatment in the context of a wider set of community issues.

In November 2005 in an NSPCC survey, while 88% of adults said they were willing to take action to protect children, less than half this proportion felt that they were playing a role in ending cruelty. In addition a third of adults agreed with the statement that "I want to help protect children and young people, but do not feel I really know how or when I can help". This suggests that individuals and communities could do more to safeguard children and that empowering adults to recognise and respond to maltreatment is a legitimate and potentially useful goal of primary prevention.

2. Organisations coming into contact with children have safe people and safe systems

The importance of this in relation to Children's Social Care was enshrined in the Warner Report 'Choosing With Care' and underlined for other adults by the report of the Bichard Inquiry which proposed a new system for registering those working with children and vulnerable adults.

However, the contact with children covers a range of individuals in an employment or voluntary capacity that have children as clients or users. For example, following a number of well-publicised cases of abuse safeguarding polices are increasing in place within sports and leisure organisations. Nearly 120 national bodies and county associations are expected to achieve the intermediate standard for safeguarding and protecting children in sport by the end of 06/07.

3. Children and young people feel that any concerns they have about their safety will be taken seriously and acted upon

Children have been acknowledged as being able to identify genuine risks when identifying when they feel safe and unsafe (eg Wright 2004). However, at the same time it has been identified that children can be reluctant to tell others about their concerns because the feel they will not be listened to, understood, taken seriously or believed (Featherstone and Evans 2004). Confidence in the capacity of system to acknowledge these concerns thus appears as a likely precondition of effective reporting.

4. Children have the skills and knowledge to safeguard themselves

The Children's Commissioners for both Wales and England, have expressed their concern that many children and young people "do not have a sense of what is acceptable and non-acceptable behaviour between each other and from adults" (Al Aynsley Green and Peter Clarke in Harries 2006).

Research studies (eg Cawson et al 2000), have indicated that a substantial number of young people that experience abuse do not recognise it as such.

Children are acknowledged to be endangered in a number of areas, with concern over online grooming and the development of the Child Exploitation and Online Protection Centre.

Thee dangers can be ameliorated if children to have an understanding of their rights and an awareness of how to avoid potentially abusive situations and to know how to access help and support if they have concerns. Therefore, children possessing the skills and knowledge to safeguard themselves is identified here as an element of safeguarding.

Elements three and four and two are further evidenced by the findings of the Ofsted report *Early* years: *Safe and Sound* where inspectors found that in 'outstanding' settings children:

learn how to keep themselves safe
have their concerns taken seriously
are kept safe by adults who
operate clear child safety procedures and share them with parents
are suitable, well qualified and fully understand their role
assess and manage risks effectively.

5. Children and young people are not left in vulnerable situations

While this is a very wide heading that can cover a wide range of specific situations. Gardner (2003) identified isolated children, overburdened children and children at risk of social exclusion as a typology of the most vulnerable groups of children. Children have been identified as vulnerable in situations where there are cut off from supportive networks or sources of help, when adults can have relatively unsupervised access to them, when they are dependent on adults for much of their care and when they have a low sense of personal efficacy.

However, this indicator is about trying to identify particularly vulnerable situations that can be recognised and prevented, such as younger children left unsupervised or older children absent from school. It is accepted that young people are actors who may themselves engage in risk taking behaviour, but that they shall not be left in such a situation by society.

6. A range of services have the ability to identify vulnerable children at risk of harm or families in need of services

The identification of children at risk of harm is a prerequisite for services being able to provide services to counter or alleviate that risk. In the words of the 1999 edition of Working Together to Safeguard Children:

> "everybody who works with children, parents and other adults in contact with children should be able to recognise and know how to act upon, indicators that a child's welfare or safety may be at risk. Professionals, foster carers, staff members and managers should be mindful always of the welfare and safety of children – including unborn children and older children – in their work…".

The 2006 guidance also notes that safeguarding and promoting the welfare of children effectively includes being:

> "able to recognise when a child may require safeguarding and knowing what to do in response to concerns about the welfare of a child (para 4.1).

This points to the need to develop ways of assessing the capacity and competence of services to do this.

7. A range of services are able to reduce risk and promote protective factors in respect of identified vulnerable children

The purpose of safeguarding intervention being to reduce risk was made explicit in the definition of safeguarding used in the second joint Chief Inspectors' Report on Arrangements to Safeguard Children, which defined safeguarding as:

> "all agencies working with children, young people and their families take all reasonable measures to ensure that the risks of harm to children's welfare are minimised; and

where there are concerns about children and young people's welfare, all agencies take all appropriate actions to address those concerns, working to agreed local policies and procedures in full partnership with other local agencies.".

There is also research evidence suggesting that presence of risk factors does appear to indicate increased likelihood of maltreatment. For example, in one study the prevalence of child abuse or neglect increased from 3% when no risk factors were present to 24% when four or more risk factors were present (Brown et al 1998).

8. Fewer children experience maltreatment, neglect, violence and sexual exploitation

This element is taken as not requiring justification. It seems self-explanatory that a consequence of effective safeguarding is that fewer children experience maltreatment.

9. Children are willing to tell about maltreatment they may experience

We know that children and young people often do not disclose harm they have experienced. For example, in a UK prevalence study, three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. 27% told someone later. Around a third (31%) still had not told anyone about their experience(s) by early adulthood (Cawson et al 2000). A more general study found that a third of young people say they would not tell anyone about specific problems (Punch, S., Murray. C., Hallett, C. and Fuller, R. 2000).

If maltreatment is undisclosed then identification and protection of victims and detection of people who pose a risk to children becomes more difficult. Therefore, having children willing to tell about maltreatment, seems a necessary component of effective safeguarding.

10. Fewer children die or are injured from maltreatment, neglect, violence and sexual exploitation

Death and injury are clear physical manifestations that children are not safe. If any of these deaths and injuries are avoidable, then a safeguarded society would expect to have an impact on the extent to which children die or are injured.

11. Reduced repeat victimisation: children who have been harmed stop experiencing maltreatment, neglect, violence and sexual exploitation.

Effective safeguarding would be expected to enable children who have experienced harm to no longer experience it. The importance of this is suggested by evidence provided by Fluke and colleagues whom researched data on reported recurrence of maltreatment over a 24-month period, from 10 of the United States (Fluke et al,1999)**.** They found highly consistent patterns of recurrence and suggested that children who have experienced two or three recurrences may belong to a chronically maltreated group.

In the UK, a follow-up study was made of children who had, in 1993-94, been newly identified as suffering, or likely to suffer, significant harm (Brandon et al 2005). It found that 44 of the 77 children (57 percent) had experienced further abuse or neglect since the previous contact in 1994-95 and nine children were still suffering maltreatment at the latest point of data collection in 2000-01. (In the study it was determined that a child had been re-abused if there was evidence in the files of further child protection enquiries leading to child protection registration, or if court orders had been granted to protect the child).

12. Abusers and potential abusers are prevented from abusing and enabled to change their behaviour

Most attention on this area has been in relation to sexual offences against children, perhaps mainly because it constitutes an identifiable paraphilia. It is less clear if other individuals who habitually and deliberately harm children in other ways can be identified. A Home Office prevalence study conducted in 1993 estimated that 110,000 people have been convicted of sexual offences against children in England and Wales (Marshall 1997). A Home Office study of the Prison Sex Offender Treatment Programme, suggested that on average, each sexual offender had abused three children (Beech, Fisher and Beckett 1998). Other studies of abusers (eg Elliott, Browne and Kilcoyne, 1995) have shown many sex offenders to be very prolific with large numbers of victims.

Evaluation of treatment programmes suggest a degree of efficacy (Hall 1995), particularly with "low deviancy" offenders, to the extent that it is claimed that "Treatment programmes which utilise cognitive-behavioural treatment to address criminogenic need (ie offender characteristics empirically related to offending) can demonstrably improve survival rates [of non-offending]" (Perkins et al 1998).

Certainly the STOP programme had been shown to be successful in increasing the level of child abusers admittance of offending behaviour, reducing pro-offending attitudes, such as thoughts about having sexual contact with children, were reduced and levels of denial of the impact that sexual abuse has had upon victims as well as increasing levels of social competence (Beech et al 1998).

These large numbers of potentially dangerous adults and young people present a risk to children and young people. The safeguarding of children requires that steps be taken so that they either no longer pose a risk or are denied opportunities to maltreat children.

13. Children and young people are helped to overcome the effects of maltreatment

The effects of maltreatment vary from individual to individual depending upon a range of personal, environmental factors and the nature of the abuse itself. Commonly reported sequalae (eg Briere and Runtz 1993) include:

depression and anxiety
post traumatic stress
general behavioural problems
sexualised behaviour
impaired social competence
cognitive impairment and self-blame.

Such of these subsequent problems may be capable of being helped by some form of therapeutic intervention. For example, a review of effective interventions (Haugaard and Feerick 2002), showed that a number of studies pointed to the effectiveness of Cognitive Behavioural Therapy. Other studies appear to have identified large treatment effects for non-behavioural approaches (Skowron and Reinemann 2005).

A Department of Health study (Sharland et al 1996) found that three months after referral, therapeutic work had happened or was planned in less than a quarter of cases of children who had been sexually abused. After a year, only 29% of children who had been sexually abused had received any kind of therapeutic intervention.

The availability of remedial and therapeutic services therefore appears to be an appropriate element within a network of measures to safeguard children.

14. Specific measures for looked after children and children in institutions eg quality of care, education and placement stability

The nature of responsibility for looked after children is well established. This covers children and young people who are either on a Care Order or accommodated under the Children Act 1989.

The local authority has parental responsibility for children and young people on Care Orders. The local authority and birth parents usually have joint parental responsibility for children accommodated under Section 20 of the Children Act 1989.

In the role of corporate parent local authorities have specific responsibilities for the welfare of individual children. The appropriate exercise of these responsibilities can have a major consequence on children's lives. Indeed, the aim of the Quality Protects programme was to transform services and more importantly, the outcomes achieved for the most vulnerable children in our society and their families. Measures to protect and promote the welfare of such vulnerable children therefore appear to be legitimate elements of determining how well the children are being safeguarded.

In a High Court judgment delivered in November 2002, Mr Justice Munby ruled that the Children Act duties of local authorities with Social Services responsibilities continue to apply where children are in Prison Service custody, subject to the necessary requirements of that custody. The judgment also confirmed that the Prison Service has a legal obligation to safeguard the well-being of children in its care by virtue of Section 6(1) of the Human Rights Act and Article 8 of the European Convention on Human Rights. This element therefore covers children in custody as well. Small numbers of children may also be detained under the Mental Health Act and it could be argued that similar responsibilities apply to those children too. It should also be noted that the elements appear congruent with the 'staying safe' judgements suggested for the inspection framework for Joint Area Reviews of children's services, listed below.

Outcomes:

Children and young people are: safe from maltreatment, neglect, violence and sexual exploitation; safe from accidental injury and death; safe from bullying and discrimination; safe from crime and anti-social behaviour in and out of school; have security and stability and are cared for.

Key judgements:

children and young people and their carers are informed about key risks to their safety and how to deal with them
children and young people are provided with a safe environment
the incidence of child abuse and neglect is minimised
agencies collaborate to safeguard children according to the requirements of the current government guidance
services are effective in establishing the identify and whereabouts of all children and young people 0–16
action is taken to avoid children and young people having to be looked after
looked after children live in safe environments and are protected from abuse and exploitation
children and young people with learning difficulties and/or disabilities live in safe environments and are protected from abuse and exploitation.

Ofsted 2005 Framework for the inspection of children's services HMI 2433.

3.4 Commentary on existing PSAs for children

A number of the current Public Service Agreement (PSA) indicators concern health, educational attainment and family poverty. It is suggested that these issues are more properly dealt with under other outcomes such as that 'staying healthy' 'learning and achieving' and 'overcoming economic disadvantage' and are not a primary focus of safeguarding. Some specific PSA targets of more clear potential relevance are considered below and some initial responses made.

PSA Target No. 2. DfES target 2; DWP target 3

> "increase the stock of Ofsted-registered childcare by 10%"
> "increase the take-up of formal childcare by lower income working families by 50%"
> "introduce by April 2005 a successful light-touch childcare approval scheme".

Comment: If the take-up of additional formal childcare substitutes for informal childcare, it could be seen as a means of improving standards and the quality of safeguarding of children and young people. However, overall this appears more relevant to sub outcome 'children and young people have security, stability and are cared for". Recommend not to use this target for a safeguarding PSA.

PSA Target No. 3. DfES target 5

> "narrow the gap in educational achievement between looked after children and that of their peers"
> "by 2008, 80% of children under 16 who have been looked after for 2.5 or more years will have been living in the same placement for at least 2 years, or are placed for adoption".

Comment: Although an educational outcome, the educational achievement of looked after children is a key outcome for the wellbeing of this population, over half of whom are looked after following abuse or neglect (DfES 2004). Placement stability is generally associated with positive outcomes and better attachments for looked after children (Berridge 2000), although there are circumstances when placement change is desirable or necessary. Recommend these targets be used in the safeguarding PSA in relation to looked after children (element 13), and consider the use of educational targets for children in institutions.

PSA Target No. 6. DfES target 8

> "by 2008, school absence is reduced by 8% compared with 2003".

Comment: Children not at school are potentially vulnerable. A target of this nature is a necessary element of safeguarding children and young people, but may need to focus on unauthorised absences.

PSA Target No. 25. DfT target 5

> "reduce the number of children killed or seriously injured [in road accidents] by 50% [by 2010 compared with the average of 1994-98]".

Comment: This indicator would open up safeguarding to cover deaths and serious injury from a range of causes, including death by accident. The rationale for the selection of this particular cause of death and injury over others seems is unclear. If it is believed that many deaths and injuries from road accidents are potentially avoidable, then a general attempt to estimate avoidable death would perhaps be more appropriate.

Recommend that this not be included in a safeguarding PSA but that the concept of avoidable deaths due to assault or neglect be explored as part of element 9.

PSA Target No. 31. ODPM target 5

> to "achieve a better balance between housing availability and the demand for housing, including improved availability, in all English regions" via reducing "statutory homeless households with children in temporary accommodation".

Comment: On the face of it, children in temporary accommodation face a number of difficulties and it can be difficult for services to provide continued support to such families. However, accommodation is not itself a source of vulnerability to maltreatment.

It is recommended that this may not be appropriate as a PSA target but may be an associated sub target (element 6).

PSA Target No. 67. DTI target 9

> "by 2008, working with other departments, bring about measurable improvements in gender equality across a range of indicators" via a range of measures including:
> 8. Better childcare (DfES/DWP joint PSA target) "By 2006, the Government is committed to create 250,000 new childcare places for at least 450,000 children (approximately 280,000 children net of turnover) in addition to the new places for 1.6m children to be created between 1997 and 2004".
> 9. Domestic violence (HO lead) "the percentage of reported domestic violence incidents where there is a power of arrest where an arrest is made. The target will be to increase this percentage".

Comment: The childcare target is mainly about volume. Issues of quality are probably better considered by PSA Target No. 2. Domestic violence is the single most common factor associated with abuse and neglect of children in families. Indeed, living in a violent household is itself likely to be associated with emotional harm (Glaser and Prior 2001). Arrest can also be the first step on a programme of effective violence prevention. Therefore, this PSA does appear potentially relevant to a PSA on safeguarding (element 6).

3.5 Potential measures for the safeguarding model

What follows is an initial discussion of some of the areas and data sources where it may be possible to identify measures relevant to the 14 element safeguarding model.

1. Adults know how, and are willing to, take steps to safeguard children

An assessment of adult's knowledge of how to safeguard children can be determined by survey methods. This could be done at a number of different levels. For example, a confidence question could be asked by asking agreement with the statement "I would know what to do if I was worried about the safety of a child". A history question could ask if people had ever been concerned about a child and the action they took. Hypothetical scenarios and a range of possible actions could be a further elaboration of how people say they would act in specific circumstances.

However, although a range of steps are possible to protect a child, reporting safeguarding concerns to public agencies remains a key action to safeguard a child. Referrals to agencies are already recorded in *Referrals, Assessments, and Children and Young People on Child Protection Registers, England - Year ending 31 March 2004.* This measures referrals in the form of requests for services to be provided by the social services department and initial assessments. Local social services departments usually identify the source of referral and if the referrer believes that there may be a safeguarding issue, as would the police. Collation of this data by source and presence of safeguarding concern would give a relevant figure. Referral rates to police and social services from the general public about safeguarding concerns would be a measure of adult's willingness to act, with a positive movement of the measure more likely to indicate increased awareness and willingness to act rather then increased numbers of children in need of protection.

2. Organisations coming into contact with children have safe people and safe systems

Bichard

The Bichard Report made a number of recommendations to protect children from coming into contact with people who might pose a risk to them.

Recommendations 1 - 11 were concerned with improving the way in which the police recorded, stored and shared information about people which could be relevant to employers when assessing whether someone was suitable to work with children. These were the responsibility of the Home Office and the police force

Recommendations 12 - 15 were concerned with the handling of sexual offences against children and resulted in the guidance on this area being reaffirmed in Working Together.

Recommendations 16 - 18 were concerned with the improvement of the standards of recruitment and vetting in schools through better training of heads and governors.

An online training package of safer recruitment was produced and launched to heads and governors in the summer of 2005. It was not mandatory and a small percentage of eligible heads and governors have done the training. A face-to-face training package is also being developed for people who cannot access the online training and will be available to any

sector working with children. Currently there is no funding to roll the training out so it is unclear how many people will receive it.

A possible indicator could be the number of heads and governors who have completed the online training and so have made schools safer. This could possibly be supplemented by a measure of the number of organisations who access the face-to-face training on safer recruitment.

Recommendation 19 is a key recommendation. This is the creation of a new vetting and barring scheme which will replace Protection of Children Act (PoCA) list and List 99 and the Protection of and Vulnerable Adults (POVA) lists and make decisions on people's suitability to work with children and vulnerable adults. Possible indicators would be; the increase in awareness in organisations of the new scheme as compared with List 99 and PoCA (could do a survey of awareness now and then in 2008); increases in the rate of referrals overall and by sector; and increases in the number of agencies using the system and the percentage of people barred.

Recommendations 20 - 31 were for the CRB to improve processes and allow more people to be CRB checked at the enhanced level.

Possible indicator - increase in the range of posts able to be CRB checked. Percentage of post CRB checked at the enhanced level

Accreditation Measures

By April 2006, all sports umbrella bodies and county partnerships funded by Sport England to achieve the intermediate standard for safeguarding and protecting children in sport, with advanced standard for safeguarding and protecting children in sport to be achieved by April 2008.

In Northern Ireland, the Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA) commenced on 1 April 2005. It provides for a voluntary system of accreditation, for organisations and groups who work with children, including those who do not fall within the definition of a childcare organisation. These organisations apply to become accredited and must be able to demonstrate compliance with a minimum set of standards before accreditation will be awarded. Adoption of a similar system in England could be used as a measure of the safety of organisations coming into contact with children.

Short of this, a standards based target similar to that used in sport could be established for specific public agencies and bodies to achieve accredited standards eg:

- sports facilities and initiatives provided by local authorities
- Arts Council England funded projects
- public libraries and leisure services.

A more rudimentary approach is the Staying Safe Commitment Scheme, run by the NSPCC which requires that organisation is required to submit the following documents for assessment:

- a child protection policy statement
- child protection referral procedures
- the name and role of a designated person
- a self-assessment and action plan against the Safetycheck standards and endorsed by the head of the organisation
- confirmation of full public liability insurance cover
- endorsement by the head of the organisation, its board or trustees that they have approved the policy statement and the safeguarding action plan.

Assessment of this evidence is undertaken by a pool of trained assessors and verified by NSPCC Consultancy Services.

Organisations who successfully meet the requirements are awarded a certificate that lasts for two years. The certificate will act as a visible demonstration to those that use the organisation of their intent to safeguard children and young people.

3. Children and young people feel that any concerns they have about their safety will be taken seriously and acted upon

The thinking behind this was that rather than feeling safe, it is more important to see if children feel that agencies can keep them safe and therefore worth reporting concerns. One informant advised that we need to know if children feel able to report because we need to know if they are reporting enough.

4. Children and young people have the skills and knowledge to safeguard themselves

Safeguarding and 'stranger danger' initiatives are a common feature in Citizenship & PSHE work with children in schools. Often this is alongside work on internet safety and other forms of protection. Delivery of a common core of messages would be an indicator of this. For example, a target would be 90% of schoolchildren have received a stranger danger or some other safeguarding session in PSHE by the end of year 6.

5. Children and young people are not left in vulnerable situations.

A variety of vulnerable situations exist for children and some children may be vulnerable in situations where others would be less vulnerable. In particular there may be specific vulnerable situations for children with disabilities.

For this area it seems productive to concentrate initially on generic areas first.

Children with unexplained absences from school are a potentially vulnerable group, although it is recognised that some may in fact be in the care of their parents. A target for unauthorised absence such as below .5% for primary schools and below 1% for secondary schools (from .43% and 1.07% in England in 2002/03) would provide a relevant measure.

Other measures of vulnerable situations such as reports of children locked in cars, children unsupervised children at night or left alone at home may be obtainable form official agencies and helplines.

6. A range of services have the ability to identify vulnerable children at risk of harm or families in need of services

The Common Assessment Framework has been developed for practitioners in all agencies so that they can communicate and work together more effectively to assess children's needs for services. The flowchart of the CAF process suggests that the question of whether or not a child is at risk of harm is likely to arise at three points:

at initial concern stage (possibly in the context of a previous common assessment or when) parents refuse a common assessment and
as 'additional needs' following an assessment

At the initial stage "if the child is at risk of harm or it is self-evident that specialist assessment is necessary, an immediate referral should be made" (*Common Assessment Framework For Children And Young People: Guide For Service Managers And Practitioners* p3) and similarly "all children who are or are considered to be at risk of significant harm should be referred directly to social services or the police in accordance with the local ACPC/LSCB procedures. There is no change to this procedure" (p15).

The pre-assessment checklist asks if a child is "safe from harm" and the assessment form itself states that "If at any time in the course of this assessment you consider that a baby, child or young person is a child in need, which includes being at risk of significant harm, you must follow your local ACPC/LSCB procedures in the normal way…" (p24).

The number of CAF assessments or pre-assessments that lead to a referral to services would be an indicator of the ability of services to identify vulnerable children and would be expected to lead to an increase in the number of professional referrals to CP system. This and the number of children with a protection plan would be available from the Integrated Children's System. However in practice, the impact of CAF may be more complicated.

CAFs have already been used as a measure in Shropshire. The number of CAFs completed, plus the agency from which the practitioner comes, are taken as measures of penetration of the CAF into the multi-agency assessment process.

Measurements of progress towards implementing the assessment model in Shropshire include:

- increasing the proportion of SCT agencies completing CAFs
- increasing the proportion of professionals in the target group trained in ISA/CAF/TAC processes
- increase the proportion of referrals to specialist services that are evidenced by Common Assessments (which will increasingly use the CAF model).

7. A range of services are able to reduce risk and promote protective factors in respect of identified vulnerable children

A number of service specific measures would be necessary here, but a core set of requirements would address factors related to the quality of provision. Suggested examples include:

- the number of unallocated cases in social service departments
- the continuity, ie the number of changes of allocated worker for children in receipt of social care
- vacancy levels in children's social care posts.

The statement of business requirements for the integrated children's system (LAC 2005, 3, p4) states that:

> "front-line staff and managers will be able to see on a computer screen a list of children for whom they currently have case responsibility. Managers will be able to determine which cases are unallocated", so there is a clear intention to collect the data on allocation locally.

The National Healthy Schools Standard has as one if its early potential aspirations:

> "schools should be encouraged and supported in developing policies and curricula which address issues relating to mental health and self esteem, accident prevention, abuse, personal safety of staff and pupils, environmental issues and parenting skills" (Rivers et al 2000).

Surveys using Health-Related Behaviour Questionnaire (Warwick et al 2004), showed that pupils in schools at Level 3 of the NHSS were less likely to be afraid of bullying and refer to the fact that Ofsted reports consistently indicated a positive impact of Level 3 schools on 'the absence of oppressive behaviour' and on 'monitoring and eliminating oppressive behaviour'. Thus attainment of the standard appears a relevant indicator.

The same study suggested the development of safety measures around safe environments (such as no areas in which bullying takes place, playgrounds with soft surfaces) and knowing that adults (and other pupils) are keeping an eye on pupils.

Certainly, initiatives like healthy schools have been shown to promote more effective partnership working:

> "Local programmes have been able to develop a number of important partnerships … Most commonly, partners include school nurses, teenage pregnancy teams and DATs. The evidence presented here clearly suggests that the advent of the NHSS has led to increased quantity and quality of partnership working" (Rivers et al 2001).

It has been known for some time that a range of factors affect the risk of child maltreatment. The strongest risk factors are of socio-economic deprivation and factors in the parents own background rather than factors in the child or in family structures (Sidebotham and Heron 2006). However, the challenge is to act on this knowledge while acknowledging that presence of risk factors, say in parents background, does not constitute risk, but may be a way of targeting some interventions.

8. Fewer children experience maltreatment, neglect, violence and sexual exploitation

Incidence Measures

The Government Objectives for Social Services for Children, as given in Local Authority Circular 2000 (15) contained sub-objective 2.1 "to reduce the incidence of child abuse (significant harm). However, no reliable estimate of incidence has been produced. We do not even know how much child abuse and maltreatment that professionals in the UK come across.

The details of three approaches are given below, the United States, the Australian and the Canadian incidence studies. In the US, it takes the form of the third National Incidence Study (Sedlak and Broadhurst 1996). Since 1990, the Australian Institute of Health and Welfare (AIHW) has compiled annual national figures of the number of cases of child abuse reported to state child protection departments. In Canada, there was the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) of 1998 and 2003 (Trocme et al 2005).

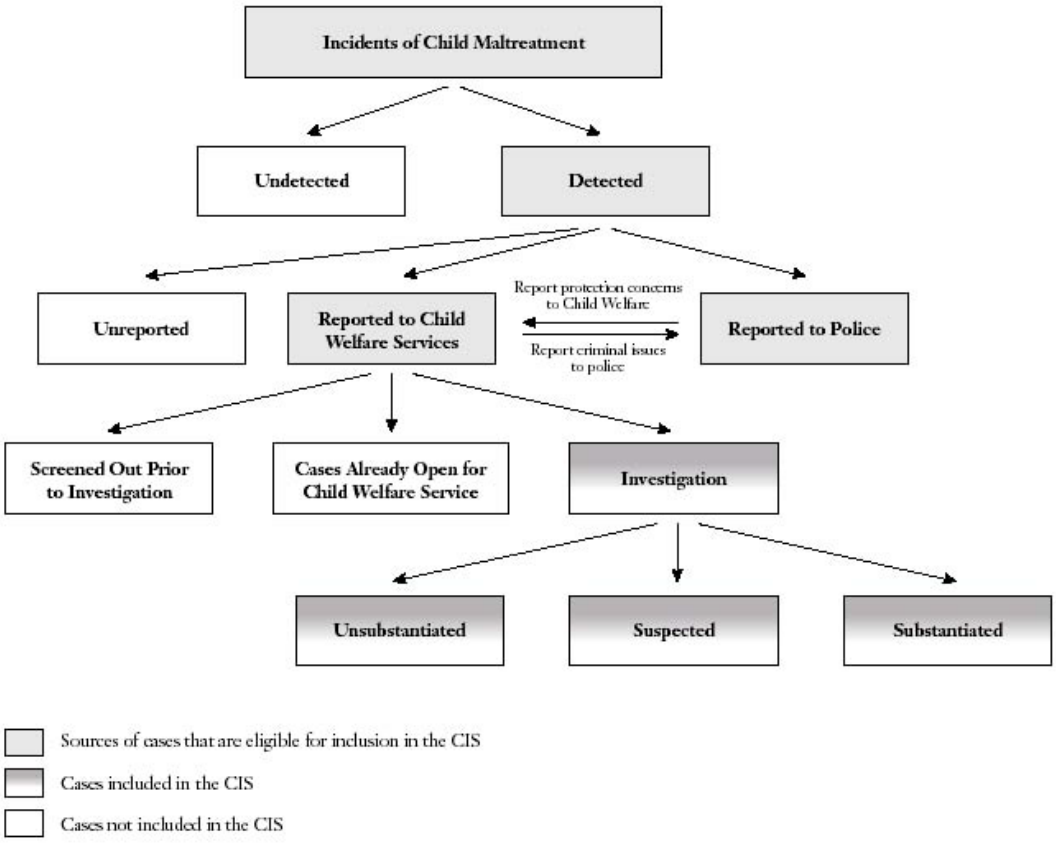
A strength of the US study is that it separates out harm and endangerment, or risk or harm. The fact that the study includes abuse known or suspected by other professionals but not passed on to the child protection services is also positive in that it includes situations where concerns are filtered out, possibly in the belief that the investigating agency would not act. This study uses the child as the unit of measurement rather than the number of investigations.

An alternative model is provided by the Australian study which focuses on the child protection services. The key measure here is notifications (by anyone including members of the public) and substantiations following an investigation.

The Canadian Study is similar in that it looks at investigations for child maltreatment and breaks these up into substantiated, suspected and unsubstantiated.

For both the Australian and Canadian approaches, additional studies would be needed to examine cases that are not reported to child welfare services, but are detected by community professionals. However, a potential with the community professional approach as used in the United States, is that it could be seen as undermining the message that professionals should always report harm or risk of harm.

Schematic of Actual and Reported Incidence (taken from the Canadian Incidence Study)



In choosing a design relevant for England, the key fault line appears to be over which is most important to us; maximising coverage by taking identification by different professionals at face value, as in the US study, or considering only those reports that have been substantiated by an investigation.

With a prevalence study, rates of different types of maltreatment for different ages can be determined and the pattern of maltreatment experiences better identified. For example, the previous prevalence study (Cawson, Wattam, Brooker and Kelley 2000), catalogued a range of experiences that young people experiences, many of which were not identified by the young people themselves as abusive. More detail on this and valuable information on the changing nature, scale, severity and longevity of maltreatment could be obtained from a series of studies.

By comparing incidence data with prevalence it is possible to we would learn about the scale and nature of abuse that is not brought into the formal safeguarding system.

9. Children are willing to tell about maltreatment they may experience

A key area of safeguarding is the willingness of children to identify the harm that has been committed against them. A safeguarded society is one where systems are in place to give children have the confidence to do this knowing that their concerns will be taken seriously.

A simple indicator of this would be the number of self-referrals to services by children to social care agencies of child protection concerns.

Also, as we saw in the literature review and the incident studies, other referral and assessment system have a concept of substantiation at their core. This appears to be a useful element of any children's system.

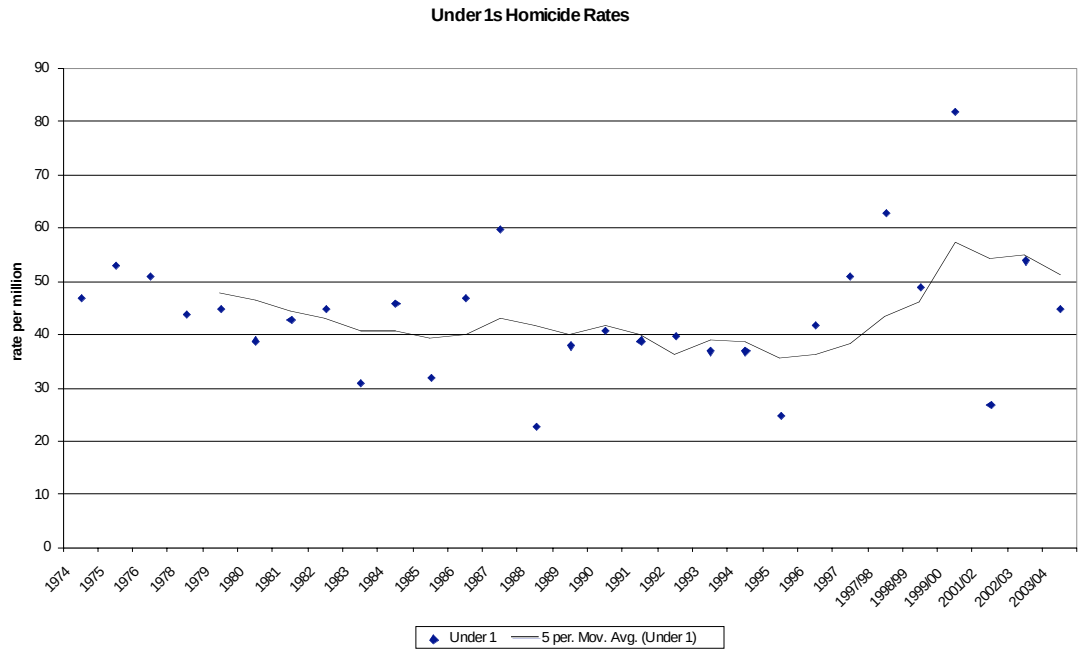
The information provided by children in the course of investigations also appears as evidence of children's willingness to tell in real situations. A measure could be based on the number of substantiated allegations were substantiation has been provided by a young person at some point in the investigation process.

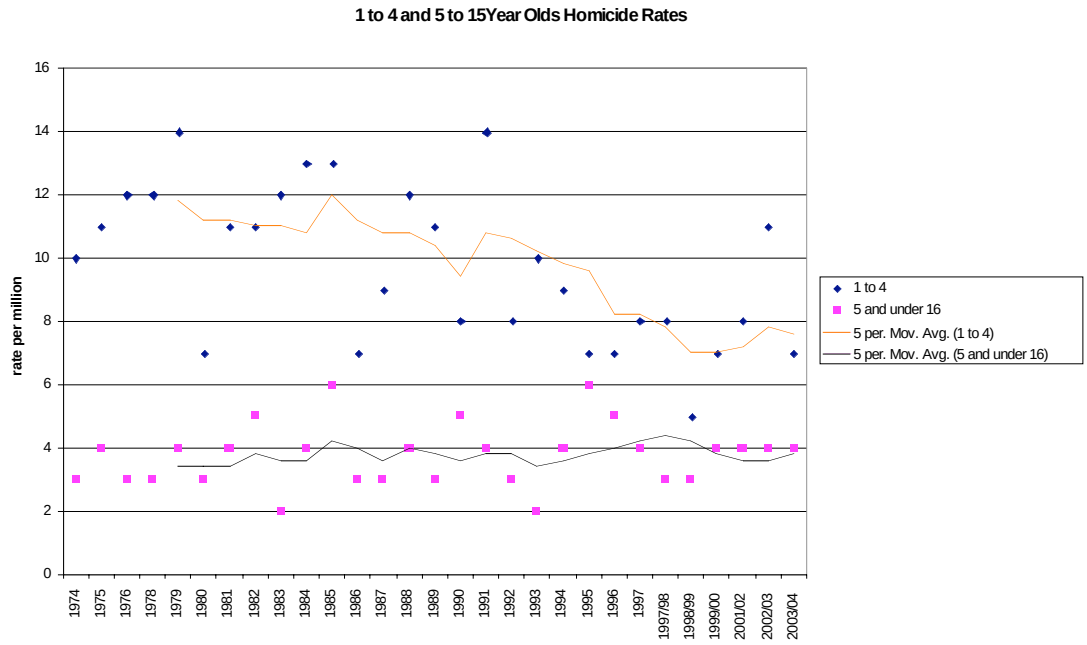
Surveys of children's attitudes provide a more hypothetical alternative, but may be less meaningful.

10. Fewer children die or are injured from maltreatment, neglect, violence and sexual exploitation

Child Homicide Data

Child Homicide data is very volatile year by year. However, there do appear to be longer-term trends in the data.





Targets could be established for child homicide rates per million in England, such as:

> the five-year average homicide rate for under ones to stay below 55 per million
> the five-year average homicide rate for one to four year olds to stabilise below 8 per million
> the five-year average homicide rate for five to fifteen year olds to stay to stabilise below 4 per million
> an overall a reduction in the number of child homicides from a five year average of 78 in England and Wales a year to a five year average of below a figure such as 65 a year.

These would provide a measure of an important aspect of safeguarding. However, while something similar to these may serve as targets the measures needed to support and achieve them is not obvious. Post natal care and targeted adult mental health services may serve to prevent infanticide and familiacide. This should not prevent a target of this type being adopted, but delivery to achieve or sustain such a target would require further development work.

Child Mortality Data

Data using the new international classification (ICD-10) is available only for 2001 onwards. The mortality data is very complex and alternative calculations are possible. The core data for death by assault (including neglect) covers codes X85-Y09, within ICD-10. A variation is to add in those coded to ICD-10 Y33.9, a temporary code often used for possible homicides or where a verdict is pending.

Rates vary from year-to-year but recent figures suggest male death from assault (X85-Y09, plus Y33.9 with verdict 'pending') at around four to five per million for males aged 0 to 14 and three to four per million for females, with a concentration in the younger age groups.

This may not be readily reducible. Indeed improvements in identifying cause of death via the Child Death Review Process raised the possibility that deaths assigned to assault actually increase. More relevant may be the figures for deaths of children by 'undetermined intent' (Y10-Y34). In 2003, death by event undetermined intent accounted for the deaths of 11 children under one, 13 children aged one to four and 20 children aged five to 14 years. Open

verdicts in deaths from injury or poisoning are generally regarded as probable suicides. However, this is unlikely to be the case in young children for whom it is more likely that there remained a question over whether some third party was culpable of something. A reduction in this figure may be an indicator of an effective safeguarding system, as it would demonstrate evidence of a strong focus to determine the cause of child deaths.

11. Reduced repeat victimisation: children who have been harmed stop experiencing maltreatment, neglect, violence and sexual exploitation

The literature review above, points to the possible existence of a chronically maltreated group and the importance of measures of reassurance.

Child maltreatment is rarely a one off event and early identification and intervention to reduce repeat victimisation could reduce the risk of violence, mental health problems and criminality in later life. A survey of 1,235 young men and 1,634 young women found that 25% reported experiencing at least one act of physical violence in childhood. 20% of the young people had experienced repeat victimisation as they had been physically abused more than once (7% regularly over several years, 14% irregularly, Cawson, Wattam, Brooker and Kelly, 2000). Although the majority of children who experience or witness violence as children do not grow into abusers or victims as adults, people who experience physical or sexual abuse or who witness parental domestic violence as children, have an increased risk of experiencing intimate partner violence as adult women and of perpetrating violence towards an intimate partner as adult men (Smith, 2005).

12. Abusers and potential abusers are prevented from abusing and enabled to change their behaviour

Clean up rates for reported crimes against children (see annex 1) could be a general way of measuring how well safeguarded children are. Rates of detection and conviction of suspected offenders would be one approach to this.

The ability of the sex offenders register to accurately track people who may be a danger to children is another potential aspect of this. A safe system is one in which known offenders are not ‘lost’ from the system. A measure arising from this could be, the number of people on the sex offenders register who are known not to have registered a change of address.

While behaviour management programmes do not offer a complete solution to offending behaviour, they have been evaluated to reduce re-offending rates (Beech, Fisher and Beckett 1999). Measuring the proportion of offenders completing such programmes could be a longer-term aspiration.

13. Children and young people are helped to overcome the effects of maltreatment, neglect, violence and sexual exploitation

This area depends upon children being identified as needing recovery services and receiving them. The ICS appears to be going to incorporate the recommendations made for children. A useful way forward would be if a means could be found to identify the number of plans for children in need of protection that contain recommendations for therapy and the percentage that have been actioned within six months. Also, relevant could be waiting lists for CAMHS and other recovery services for children who have been maltreated.

14. Specific measures for looked after children and children in institutions

PSA Target No. 3. DfES target 5 has already been mentioned above in terms of narrowing the gap in educational achievement between looked after children and that of their peers and in relation to placement stability.

Deaths of children and young people in custody is an emotive issue in a context where the state has responsibility for their welfare. International obligations state that:

> "While in custody, juveniles should receive care, protection and all necessary individual assistance - social, educational, vocational, psychological, medical and physical - that they may require in view of their age, sex and personality" [United Nations Standards Minimum Rules for the Administration of Juvenile Justice 1985 (Beijing Rules) Rule 13.5]. Measurement of deaths in custody would demonstrate an important aspect of the quality of that care.

Young people (defined here as those up to 22) are believed to be the most prolific self-harmers in the prison system. It has been estimated that they are 2.2 times more likely to self-harm than their adult counterparts (Howard League 1999b).

4. Overview of Interview Feedback from Expert Informants

4.1 Introduction

This section is a summary of 19 interviews with expert informants on a suggested model for developing a PSA on safeguarding children. 21 Informants were provided with summary of the model in advance and were interviewed for 40 minutes to an hour. A standard set of questions was used and focussed on two areas. The first was their overall response to the model and the extent to which it captured or was consistent with their understanding of safeguarding. The second area was in relation to specific data sources with which they were familiar and the potential for these to contribute to a PSA measure.

4.2 General Responses

Overall, responses to the 14 element safeguarding model were very positive and the general approach was overwhelmingly endorsed. Key features that made the model attractive to interviewees were that it made sense and was clear at the same time as being comprehensive.

The stratification into different levels was felt to be worthwhile and helpful in that it moved away from generalised and unfocussed ideas about children being safe. An additional observation of an apparent strength was that a model like this could be written in such a way that it was entirely explainable to a parent.

However, it was also seen as important that all of the outcomes had to be linked in some way and that this model could form part of the thinking around other *Every Child Matters* outcomes.

4.2.1 Critique

There was one strong critic of the model and it appears to be worth spelling out the issues raised by this informant in a little detail.

This informant felt that the model depended too much on thresholds and worried that that the model was building on foundations that could not hold. In particular, he thought that the model focussed on counting children whose outcomes were likely to be severe. This was contrasted with work in *Every Child Matters* and on information sharing which did more to include children with lower level problems such as problems in terms of behavioural or health problems and parenting. This informant saw safeguarding as primarily about giving people and those who work in universal services in particular, tools that they can use without having to see the differing degrees of need.

This perspective saw safeguarding as primarily concerning the capability of professionals, their confidence in training and having a system that is based on understanding, commitment and similar qualities.

It was accepted that some elements of the model appeared to be useful as indicators of the performance of local safeguarding children's boards.

A further critique of the model by the same informant was that the indicators looked less useful as national targets than as a core set of indicators around which local LSCBs could undertake benchmarking and establish priorities.

The view proposed here was that measures were best kept at a local level because ultimately that is where the accountability for each case lies.

A concluding thought was that it may be that a national measure of safeguarding is too big but what you could do is have some kind of audit of how services are doing and take a whole range of different things that may include small local studies or surveys of children.

There are a number of possible responses to the different elements of this critique and they will be addressed later in this section.

4.2.2 Broad Issues

Hierarchy

An interesting suggestion from a couple of informants related to the relationship between the five outcome areas of *Every Child Matters*. While they are often considered in parallel, a couple of informants suggested that there may be a form of hierarchy with some outcomes being more fundamental than others eg *"this one, the 'staying safe' and 'being healthy' and if you haven't got those for children, the others aren't going to happen".* This hierarchy was said to be illustrated by the behaviour of parents who, before everything else, try to keep their child safe otherwise everything else can go wrong.

Definition of Safeguarding

It was suggested that developing a shared understanding of safeguarding was easily the biggest challenge. This would include making sure that parents and carers know what looking after children and safeguarding means, and children knowing what safeguarding means. Developing that shared understanding was described by one interviewee as *"the most sensible strategic step that you could take".*

Developing this was seen as a key precursor to effective primary prevention so that people know *"not only what safeguarding actually is but people having a shared understanding of abuse, what constitutes abuse and what behaviours we are trying to prevent".*

Primary Prevention

There was a lot of interest in the area of primary prevention *"the biggest challenge I think, is around that universal level actually and the understanding of safeguarding as being everybody's business and extending that beyond the usual suspects of… just being Social Services to including health and schools, in the public perception; but I think that kind of concept of community responsibility and parental responsibility [for safeguarding] is still not something that people recognise or think about".*

It was thought that demonstrating to a parent that the state is actively concerned with protecting their child has got to be a positive step in that it would offer a message to parents that they are being supported in this and that safeguarding is not their sole responsibility.

Media engagement in support of primary prevention was seen as very important, both in terms of how you launch a safeguarding PSA and how you reinforce it. Potential obstacles were seen as cultural issues around privacy and the way in which people may think of safeguarding mainly in relation to services, as opposed to individual and community attitudes towards children.

The area of primary prevention also matched some LSCB experiences of consulting with children, with one chair of an LSCB reporting *"I think some of those elements around the primary level are very important and I would support all of those because it is consistently what the children and young people told me themselves".*

Similarly in the expert focus group, it was suggested that some LSCBs were unsure about how to prioritise different potential forms of primary intervention and how they should be prioritised, since no guidance had been received on this, whereas child protection processes were a comparatively straightforward development of the ACPC role.

Measurement and Synthesis

Another challenge was the sheer range of situations being addressed by the model. For example, it was seen as difficult to have a model that can cope with murder at one end and 'a bit of bullying' at the other, but that any approach has to be able to cope with the whole spectrum.

It was accepted that a number of measures were needed with which you could assess safeguarding and it was thought that relying on one good key indicator would be no good as an approach.

The range of measures initially suggested for the model were generally well received, but several times the issue was raised of what you do with the data and how you put it together to get a complete picture. One task was seen to be to put more formal incidence data alongside 'softer' factors such as the availability of family support services and the attitudes within the schools in terms of how they are enabling children to become confident and safeguard themselves.

The point was also made that it was necessary to include the people who have daily responsibility for looking after children as much as possible in any kind of agreement or in any kind of measurement.

The model had not highlighted risk factors known to be associated with safeguarding concerns. However, some respondents thought that it was potentially very useful to have some of those risk factors within a PSA framework for safeguarding. It was recognised that they were not direct measures of abuse *"but they are measures of risk and unless you are actually putting in place targets or focussing peoples attention on those fundamental things you may well just be measuring the knock-on affects of those and not actually tackling them, the things that actually place people at a higher risk"*. This led to a suggestion that any form of performance assessment would have to build in some notion of 'expected' level for different localities based on risk factors and that local strategies could acknowledge these and address these factors.

For example, comparing factors such as single parent households, people on benefit, numbers of people within households and long term illness could lead differences in levels of expected risk for different areas. This may give a context in which family, community and service factors can operate and be assessed.

The local value of the indicators was a common theme, as local professionals would want to audit and make sense of the data and also to compare it to similar authorities.

Data was also seen as a potential trigger for appropriate intervention. For example, staff working in public health commented that when discussing child injury *"the individual agencies weren't interested in indicators of aggregate risk they were interested in indicators*

of individual risk because they wanted to be able to use it to intervene", which appeared to be a totally reasonable desire on their part. In fact, it was suggested that it would be difficult to bring national figures down if you can't use data to target local cases where services would intervene.

Another issue concerned the interpretation of measures *"I think there are a lot of measures we are familiar with where we don't really know what they are telling us, like teenage pregnancy. It is easy to measure but what is that telling us? Potentially it is telling us about failure to establish confidence in the young woman to manage her life in a productive way. If you could be clearer about what sort of other failures are picked up in a key measure then it would help to see more about cause and effect."*

The challenge here seems to be that any indicators chosen should set out what we think they are telling us and that this has not always been true for previous indicators.

A particular type of measure where there was no consensus was in the proposed use of the CAF as a form of measure. Mostly interviewees thought this had a great deal of potential if the data could be collected, revealing something of the quality and scale of inter-agency working, but a minority thought that such a move could distort the use of the CAF as a professional tool.

Indeed perverse incentives was seen as a key danger "I think it is quite difficult to identify one or two measures that are unambiguous which are measurable without disproportionate costs for which you have got an existing base line which don't introduce distortions in behaviour or pervert incentives".

Another issue was that, although the model was positively regarded in that it is very comprehensive and it pulled a number of things together, there was some concern over how it would be used and a desire to avoid *"another layer of bureaucracy around performance monitoring".*

A final comment was that many of the proposed measures were unlikely to identify younger children, such as those less than two years old, except possibly via the CAF measure.

Oversight of LSCBs

There was repeated concern that the LSCB plans did not appear to be subject to any kind of examination or quality assurance process other than via the widely-spaced Joint Review inspections. It was suggested that the plans needed to be pulled together and assessed in terms of quality in order to promote good practice and get an overview of how well agencies were addressing their duties under section 11 of the Children Act 2004.

It was also suggested that inspection needed to be backed up by some kind of overview of the performance framework adopted by LSCBs. In the words of one LSCB manager *"my key plea would be that if we are going to drive this forward the way to actually do it is that we need to have LSCBs having to produce proforma'd annual reports to DFES indicating activity and then monitoring our activity".*

The suggestion here was that if you wanted to drive forward a performance target then the way to ensure compliance would be by insisting that there is an annual prescribed report which you have to demonstrate the achievement of a set of minimum standards, with performance managed through the Children and Young People's Plan and DfES.

4.3 Comments on Specific Elements and Measures

There was a wide spread of responses to elements and indicators outlined in the model. A few thought that the most helpful indicators were ones that are already being measured and saw the principal value of the model as putting them into a more comprehensive framework. Most informants however found the proposed measures of more interest. Key elements suggested as a possibility in the model will be addressed below.

4.3.1 Adults know how, and are willing to, take steps to safeguard children

This was seen as a short sentence but one that recognised and implied quite a lot of activity, particularly in terms of marketing and communication. It was also suggested that it had a global feel to it and underneath this would be a need to consider how to reach diverse groups.

It implies that there has to be a large amount of communication with people starting with the fundamentals of what abuse is, what is not acceptable, people must be able to recognise and they must be able to know what to do about it.

In terms of surveys, it was thought possible to measure willingness to act and history of acting; and again you'd want split up willingness to act and history of acting in terms of the respondents personal relationship with children they know and in terms of their relationship with children generally.

Existing studies have found that social attitudes against private attitudes are a useful comparison. Different kinds of behaviour are reported when someone says what they will do in their own home and what they will be seen to be doing in the street.

The point was also made that surveys are always and only about perception. A key issue is that responses often report what is socially acceptability - what you get a strong sense of is that a lot of people can identify the 'right' answer. But behaviour may be different to people's knowledge and we need to somehow get at the practice.

Traditional measures such as referrals from the public were suggested as a potentially important measure of how well the safeguarding agenda is being promoted *"The issues there are how good we are at promoting and publicising how people can make referrals and feel that they will be handled sensitively and instilling public confidence in the system…".*

4.3.2 Organisations coming into contact with children have safe people and safe systems

It was suggested that some of the model, particularly in the primary layer, may be aspirational, *"I think for me the test is not so much that they try to live up to that aspiration but that the organisation has the skills, the techniques and the knowledge to deliver that aspiration".* The suggestion was that measuring things which will contribute to a higher likelihood of children being safe may work as a measure of whether children are safe or not.

It was also suggested that local studies of organisations could tell us more about the causes and predictors of children being safe. It was further thought that if we can be clearer about the causal chain, this may help us to develop one or two key indicators that are fair predictors of later problems.

Alternatively, a research body could take a sample from the year 2000, a couple of years ago and in five years time, to see how the volume and nature of issues in organisations is changing It was understood that Kings College is undertaking a study on the first one hundred referrals under PoVA.

It was suggested that the most appropriate measures in this area were:

the proportion of employees in any organisation that had to be referred to PoCA/List99 (should reduce in time)
the proportion of agencies undertaking checks
how many agencies, or people, who are obliged to make a check fail to do so
how many people have the option to take up a check do so.

For wider organisations, it was suggested that some kind of safeguarding kitemark would be appropriate for banks, shops and restaurants as well as more obviously child-focussed enterprises. But one that had some kind of consequence, eg schools could only use organisations that had attained such a safeguarding standard for work experience and other placements. It was thought that such a scheme could be very poplar with organisations if appropriately marketed.

Safeguarding accreditation is potentially very large scale. For example, one county reported that there were nearly 4,000 voluntary sector groups working in the county, many of which had contact with children and young people. There was concern that this was too many to be monitored via the LSCB. They would register with the LSCB and have their child protection policies and procedures vetted, which would be a huge resource commitment.

4.3.3 Children and young people feel that any concerns they have about their safety will be taken seriously and acted upon

There was strong support for the emphasis in the model on future surveys of children and to understand what they are saying about how they are feeling. It was felt important to survey 11-19 year-olds to get to grips with the issues for children including what is happening at home.

Opinions were divided on the importance of children feeling safe. Some thought that children and young people are very clear in themselves if you ask them what is it that makes them feel unsafe. Local studies that interviewed children reported that safety was a big issue in terms of safety in parks, safety on the street and personal safety. A suggested approach was that we set a baseline in the near future, then in ten years time we find out if the *ECM* agenda has made England a safer place for children by asking them at that point if the feel protected or worried.

Other felt that how children feel was of little relevance unless they felt abused. Children's perception of crime was described as important, especially in the context of impact on economic behaviour and the ability to feel free and act. It was thought that the British Crime Survey should be extended to interview young people.

4.3.4 Children have the skills and knowledge to safeguard themselves

Stranger danger was included in the model because a resource pack for this already exists. The main response was that this was too narrow and that *"what they probably need is a good Personal Social and Health Education (PSHE) programme where they learn about making safe choices, eg what risk is, how to weigh up different risks, how to assert your self-confidence, how to improve your self-esteem so that you don't put yourself in dangerous and vulnerable situations. If the school shows them their "stranger danger" video for half an hour*

and ticks it, actually that's probably worse than having a really good PSHE programme where they don't call any of it 'stranger danger'".

Even within its own limited terms, a stranger danger session was seen as something that would tell us if children felt confident to talk to their teachers about any issues or teachers felt confident in identifying early signs, but that what was really needed was a measure of what actually happens and what children and teachers actually do when facing safeguarding issues.

News of the new pack *Promoting Personal Safety in PSHE* (Jane Harries 2006) was welcomed by interviewees.

References were also made to the role of the Healthy Schools Initiative, considered under element 7 below.

4.3.5 Children and young people are not left in vulnerable situations

One response to this area was that if you can reduce the risk then you will reduce the incidence. It was thought that other targets, such as like teenage pregnancy targets would be very useful as would health targets eg low birth weight rate children and children with poor health.

Basing vulnerability on behavioural and environmental factors associated with higher abuse rates was suggested as a way forward for this element of the model. In terms of the specific measure suggested, it was thought that reports of unsupervised children at night and alone at home could be a little arbitrary and difficult to collate across agencies.

This might include safeguarding as something that can be assessed on a community level. One challenge is to see how to reach out to an aspirational community. There were said to be whole communities where children are not meeting their potential, too many are getting pregnant, too many of the girls getting pregnant too young and too many of the boys getting into the criminal justice system too young.

In terms of early years provision, it was suggested that a relevant indicator could be the numbers of cancellations of provisions that are related to category one complaints (Ofsted's category suggesting child protection concerns), or the number of conditions imposed by Ofsted.

There was some interest in using unauthorised absences from school as children were seen as being at risk when they are not at school. This was thought to be a good point to explore and was noted for the young people's discussion group later in the study.

4.3.6 A range of services have the ability to identify vulnerable children at risk of harm or families in need of services

A number of respondents were attracted to the suggestion that the number of common assessments that lead to safeguarding or section 72 (of the Mental Health Act) assessments be used as a performance indicator. As noted above, a minority had some concern about the impact of this on the assessment process.

The degree to which teaching staff had knowledge of procedures and the action they took was also suggested as an important measure of safeguarding. However, it was thought that it would be difficult to place additional demands upon schools and head teachers that collecting this data would entail.

It was suggested that the healthy schools data, which suggests that a good PSHE programme is in place, may be a good proxy indicator. It strengths were stated as being that it is accurate, it exists and it is a national database better than anything you could set up on a sample basis. It was reported that *"a lot of people use the healthy schools model so you have a percentage of healthy schools and it is a doable one as it is something you can set targets for and people are working towards it."*

Interestingly, the range of services suggested for consideration was wider than expected with the example being given of the fire service trying to develop an intervention service particularly relating to children and young people not attending school and looking at ways of offering of a service in which they provide support to children who are identified as having particular needs.

4.3.7. A range of services are able to reduce risk and promote protective factors in respect of identified vulnerable children or vulnerable groups of children

A number of different indicators were discussed under this heading.

Ideas suggested included *"one measure which maybe picks up quite a lot of things implicitly along the way which is the proportion of LAC sent out of county. A PSA which has its basis in cutting the proportion of kids placed out of county could have quite a lot of incidental benefits".*

The indicator on unallocated cases was generally thought of as being appropriate but one interviewee was slightly sceptical about the importance of it being a qualified social worker and suggested that the indicator had to be framed in terms of who the lead professional was.

There was a positive response to doing follow-up studies of adults who had experienced the safeguarding system as a child. It was suggested that this could be complemented by some attempt to get feedback from the adults who had experienced the safeguarding system in relation to their children to find out what, from their perspective led agencies to intervene.

Views were divided about the importance of re-registrations within twelve months. It was one of the most warmly regarded of the current performance indicators, with one interviewee describing it as *"an indicator where a family has not resolved issues and the initial action hasn't be sufficient so I suppose it is still a key indicator*". Although another voiced concern that the incentive meant that *"the obvious thing to do is not to re-register them even if they are at risk; that is a terrible incentive to give people".*

It was suggested that a more meaningful measure would be to get at the average length of time children spend in the safeguarding system in each authority, how long they are worked with over a five year period and how many of them come back. Each local authority should have a way of tracking those children identified as being vulnerable where they have intervened and also have a mechanism which says, how many children do we have to re-intervene with and how often do we have to do this with families. This would need to recognise that intervention with some families would be long term and intermittent

Longitudinal Approaches

A more fundamental critique concerned the scope for longitudinal analysis of data and suggested that a fundamental shift was needed in relation to assessing the extent to which positive outcomes are achieved or promoted for children and young people.

It was noted that we already have a raft of indicators about outcomes, particularly education outcomes for young people looked after. Similarly, it is common in education to track children throughout their school career via Key Stage National Curriculum Test to determine progress and 'added value'.

It was suggested that if the system is about promoting positive outcomes for children then a similar long-term view is needed rather than looking at short-term processes and activities. This would mean moving 'down' the levels of risk. First, satisfying ourselves that we can gauge the outcome for looked after children across all of the five outcome areas, then looking at making a similar assessment of outcomes for children who have entered the safeguarding system at some point. Once this is achieved the same could be done for children in receipt of social care or who have been children in need at some point in their life. The Information Sharing and Assessment (ISA) process and other systems such as the integrated children's system should facilitate the identification of these children.

Although not explicitly described as a longitudinal approach, other contributors echoed similar issues. An example was *"we may stop a child from being further injured or from dying but are we actually successful in putting all the other support services into that child's life so that they can progress as they ought to progress? I think that's where the real safeguarding comes in".*

It may be that performance indicators should eventually be mainly longitudinal. Even if this is the case, it raises the question of what we should focus on in the meantime while the baselines are being set.

It was also noted that attendance at safeguarding conferences is a standard indicator of inter-agency contribution but it was suggested that maybe we need to be more creative about how we arrange them, *"if the GP is important to the running, shouldn't we be asking if we can have a child protection meeting and plan it in his surgery and this has probably had an effect on attendance by parents as well".*

Another suggested indicator was effectiveness of safeguarding plans in terms of how many safeguarding plans were completed because the children were de-registered on the grounds of care proceedings, on the grounds of work that has been achieved, or on the grounds of the child being moved. The point being that the conversion rate between safeguarding plans and care proceedings was likely to be more illuminating that existing measures of how many came on and come off child protection registers.

4.3.8 Maltreatment is prevented and fewer children experience maltreatment

It was generally agreed that a new prevalence study was an urgent priority to get a true picture of rates of abuse.

Thoughts on incidence were more cautious. Concerns were voiced about the validity of data since experience suggested that any agency that is subject of targets will be looking at ways for them to maximise their performance. Care must be taken when setting a target that is heavily influenced by recording practice.

A comparison was made with domestic violence and rape figures. Here the figures increased a lot particularly in the 80's and 90's and that was seen as being a success because people were encouraged to come forward. There may be similar situation here and a target for increasing the numbers could be a success measure if this was down to increased reporting. At some point we would presumably want to see these figures decline, there would be a question of how we knew we had arrived at that point.

Datasets that require a lot of classification were seen as problematic, whereas homicide data was seen as more reliable as there was relatively little that could be done in terms of 'creative classification'.

Because of its topicality, comments were also made about the initiative to assess if children were obese. This was seen as a potential way to pick up the number of malnourished children. Also, there was speculation if childhood obesity could be seen as a form of neglect or possibly a risk factor linked to it.

Interestingly, the suggestion of measuring investigations that substantiate allegations, which had been anticipated as contentious, was not seen to be so. An Australian-style approach of counting substantiated allegations as a measure of reported incidence was not seen as problematic, although it was suggested that moves to conference amounted to effectively the same thing.

4.3.9 Children are willing to tell about maltreatment they may experience

The comments above relating to surveys of children endorsed the approach suggested, as did discussions about self-referrals from children. Discussions about the value of recording substantiations and retracted substantiations by children were inconclusive.

There were some doubts as to the usefulness of measuring self-referrals to services by children or the levels of substantiations of maltreatment by children in investigations.

4.3.10 Fewer children die or are injured from maltreatment

Death

The range of agencies concerned with investigating child death was commented on. These included the national confidential inquiry and the child death overview panel, both of which would be relying on coroners' data.

In terms of the suggested indicator of a reduction on child deaths by undetermined intent, it was suggested that while fine in theory, a process would be needed to take new information into account on the cause of death:

> *"The death [record] can be amended when you get post mortem information later and things like that but the coroner has given a verdict in court then you would need some mechanisms to change that. You would probably have to look at what is going into the draft Coroners Bill. There will be ways in which families and other people can challenge the coroners findings but a mechanism would have to be set up to do it so the information can get fed through [to The Office for National Statistics* (ONS)*]".*

The usefulness of a measure to reduce deaths recorded of 'undetermined intent' can probably be best decided empirically since when the coroner gives an open verdict, the systems at ONS have no way on knowing what verdict he or she was considering.

The point was also made there are two sorts of approaches to child death data. One is examination of individual deaths and the other is to look at statistical patterns. The former is

individual and can be delivered at the local level, but the latter needs to be done on a national or regional level. Agencies need to be clear which of these processes they are supporting when they produce or request information.

Both Child Death Overview Panels (CDOPs) and coroners operate at a fairly local level and coroners are concerned with individual causes of death. Given the relative infrequency of death by maltreatment in a locality, it was suggested by both the chair of a CDOP and staff in a pubic health directorate, that analysis at regional level may be appropriate. Regional directors of public health and public health observatories could, it was suggested, act as the intelligence support for the coroners system and CDOPs.

One suggestion put to interviewees was that CDOPs could review particular types of death and identify if there was an element of neglect eg in deaths caused by fire. It was thought that it may be useful for the panel to go and look at information that the coroner has or to carry out other investigations to find out more about the circumstances leading up to the fire and the death, but at the moment there is not a way of collating this nationally.

Injury

In terms of injury, one suggestion was that a few of the public health observatory in trauma and injury are trying to explore the possibility of using information derived from attendances in casualty departments in hospital to identify particular populations at risk, with relation to families at risk. We were directed to initiatives such as Merseyside Trauma and Injury Intelligence Group (TIIG), which may offer a model of how regional or national directors of public could assess the degree to which children are injured.

Data sharing and data protection concerns may be an issue here. For example could agencies, as a public health measure, use hospital data to identify households where three or four members have separately been admitted to casualty departments with injuries and could this legitimately be used to prompt an intervention of some kind?

The issue becomes even more fraught when it potentially involves linking health data to other data sources, eg identifying if a child who for instance, had been multiply admitted to hospital has other issues such as truancy at school. A comment made was that the data protection issues have to be resolved because *"for a PSA to be effective, presumably it is going to be dependent on those different data sets so we need to be speaking to each other".* However, the linking up could itself have negative incentives and deter people from seeking medical attention for children

Self-harm issues were also flagged up as of interest because the rate was suggested as a good indication of children feeling unsafe or rejected through bullying and harassment or other serious issues affecting their safety and well-being.

Any child that is brought into A&E with an injury possibly inflicted by a carer or a parent should be flagged up as a potential safeguarding case but it was suggested that this is not happening at the moment. While a possible basis for an indicator, there was a concern that the definition and consistency varied across organisations. To collate information centrally you need to be sure that what one Trust is recording as a safeguarding issue would be recorded in the same way as a child that has turned up in a different hospital.

4.3.11 Reduced repeat victimisation: children who have been harmed stop experiencing maltreatment

The discussions on longitudinal measures in section 4.7 above were the main focus of attention in this area.

Again, the area of bullying came up. Bullying rates were suggested as a good indicator, with the challenge being in getting a reporting mechanism through to the children and young people and getting the schools on board with data collection.

4.3.12 Abusers and potential abusers are prevented from abusing and enabled to change their behaviour

This covered several areas. One was inter-agency performance in managing risk. A key focus for this was said to be the interface between Multi Agency Public Protection arrangements (MAPPAs) and LSCBs. Suggestions included assessing the extent to which the multi-agency arrangements and MAPPA business plans were addressed in the LSCB plans.

The initial suggestion of enumerating missing sex offenders was seen as worthwhile. But rather than the 3% of people who are not compliant with the sex offenders register, it was suggested that it would be better to identify those people who have been identified as high risk whose whereabouts are unknown. This would include those on the sex offenders' register and those whose offences predated the register arrangements. It was suggested that most of the 42 MAPPA strategic areas would be aware of who these were.

Ultimately, the aim was to reduce re-offending in relation to sexual offences against children, so this itself was seen to be appropriate as a measure.

A potential concern is that in relation to offender management there are indicators of failure where people either evade the system or those who are within the system go on to commit serious offences, but few indicators of success. This was despite many examples where the arrangements appear to have worked well. It was stressed that good safeguarding practice tended to flow from good strategic links, which should lead to stronger operational practice around individual cases.

Behaviour management programme courses for sex offenders are accredited, so it was suggested that the scale and impact of the programmes could be measured.

4.3.13 Children and young people are helped to overcome the effects of maltreatment

While this was seen as important, it was felt that the focus should not be just post abuse intervention but to overcome the effects of living in sub-optimal circumstances. This relates to the longitudinal approached mentioned above.

Overall, the delivery of therapy to those that needed and wanted it was seen to be a useful indicator *"because it asks about how you do round off the work".* However, it must be pointed out that there were other interventions beside therapy and tracking the achievement of other planned actions may be useful.

4.3.14 Specific measures for LAC and children in institutions eg quality of care, education and placement stability.

The performance indicators relating to looked after children were seen as necessary and potentially useful, but there was a concern that career choices of young people leaving care were often too limited, with disproportionate numbers of those entering employment going into low status occupations.

The issue mentioned above, about out of county placements was the main new measure suggested for this element. A companion measure suggested was how many children are placed in your county from elsewhere and receiving educational services. It was suggested that together these could have the effect of focussing the attention of authorities on the key issue of the movement of children.

There were criticisms of the current placement targets as giving insufficient incentive to get it right early on:

> *"I think that we have to clarify performance indicator targets around the number of placements as well as the number of moves to LAC in a year so no more than three moves in a year … What kind of statement is that? Who can cope with three moves in a year? What are we actually saying about the welfare of a child and what value our society places upon them … You could have a PSA target of no more than one move every three years this might be more of an incentive for there to be stability".*

The same interviewee was of the opinion that *"I think we tend far to frequently to return children home over and over again with multiple breakdowns or they go into foster placement and then get returned home before finally deciding that things are never going to work and the child needs to be removed permanently".*

This was echoed by another who felt that removal of children often took place too late. Yet another noted that for children under five, removal and adoption was more likely to have good outcomes than that for older children and that we should perhaps consider differentiated targets in terms of client age if our aim is to promote good outcomes.

4.3.15 Collecting information on the elements

Clearly these 14 elements of the safeguarding model cover a range of issues relevant to different groups of individuals and organisations. Likely relevant data sources for further investigation were identified at the start of the interview stage of the project. Following the interviews an amended set of interim indicators were identified below for the next iteration.

Summary table of interviewee feedback

Element	Possible Indicators	Potential Future Indicators	Additional Notes
PRIMARY LEVEL			
1. Adults know how, and are willing to, take steps to safeguard children	Public referrals to CP system Public confidence in CP system	Surveys of public attitudes, willingness to act, history of acting	It was accepted that people need to know the fundamentals of what abuse is, what is not acceptable, be able to recognise abuse and know what to do about it and that this should be measured
2. Organisations coming into contact with children have safe people and safe systems.	Proportion of employees in any organisation that had to be referred to PoCA/List99 (should reduce in time) Proportion of agencies undertaking checks. Proportion of agencies, or people, who are obliged to make a check fail to do so How many people who have the option to take up a check do so.	Accreditation of other agencies with safeguarding standards safeguarding kitemark	The scale of any accreditation process may be beyond the capacity of local agencies to deliver and would have to be national/regional
3. Children and young people feel that any concerns they have about their safety will be taken seriously and acted upon	British Crime Survey questions on fear of crime	Survey of children's beliefs	Actual experience of crime and impact of fears on choices made seen as important. Opinions were divided on how well a sense of feeling safe/unsafe correlated with actual safety levels and how worthwhile it would be to measure this
4. Children have the skills and knowledge to safeguard themselves.	Delivery and understanding of other safeguarding programmes in schools and communities Children receiving safeguarding training		Stranger danger was largely seen as too narrow a focus. The new pack *Promoting Personal Safety in PSHE* (Jane Harries 2006) was welcomed by interviewees

			Concerns over feasibility of placing burdens on schools to report this. References were also made to the role of the Healthy Schools Initiative, considered under element 7 below
5. Children and young people are not left in vulnerable situations	Number of cancellations of provisions that are related to category one complaints (Ofsted's category suggesting child protection concerns), number of conditions imposed by Ofsted % unauthorised absence from school for primary schools and secondary schools	Reports to police social services, community wardens and national helplines on absence of care/supervision	Felt to be useful to explore some risk factors. Absence of supervision data seen as difficult to acquire and collate
SECONDARY LEVEL			
6. A range of services have the ability to identify vulnerable children at risk of harm or families in need of services	Numbers of CAFs that lead to a child protection or s17 assessment Professional referrals to CP system Teaching staff's knowledge of CP procedures Healthy schools data	Resources of LSCBs Involvement of organisations with LSCBs Organisations comply with the section 11 duty of Children Act 2004	There was a lot of interest in the use of CAFS, but application appears limited as this is not a statutory system. There was also a minority concern that using it as a measure could undermine its professional efficacy
7. A range of services are able to reduce risk and promote protective factors in respect of identified vulnerable children or vulnerable groups of children	Proportion of LAC sent out of authority Number of unallocated cases in children's social care Reasons why child protection plans closed (eg care order or because work completed) LSCB plan review	Longitudinal approaches to measuring children's wellbeing to determine service efficacy Attainment of level 3 of the National Healthy School Standard or % of schools judged to be satisfactory or better by Ofsted on the 'Care, Guidance & Support' measure 100%	Desire for longer-term well being assessment of children who have been in contact with CP system/children's social care Desire for assessment of LSCB performance in terms of quality and cohesion of plans Current Measures of local authority performance, eg completion of assessment in timescales. seen as necessary compliance measures

		Development of the Health-Related Behaviour Questionnaire in a survey to cover safe environments/absence of bullying and awareness of adult supervision	but not but not useful as measures of safeguarding Vacancies rates and use of temporary staff in children's social care seen and difficult to obtain
8. Maltreatment is prevented and fewer children experience maltreatment	A repeat prevalence study of 18-25 year olds shows a reduction in the following baselines: a quarter (25%) experienced one or more form of physical violence during childhood including being hit with an implement, being hit with a fist or kicked, shaken, thrown or knocked down, beaten up, choked, burned or scalded on purpose, or threatened with a knife or gun 16% of children aged under 16 experienced sexual abuse during childhood 6% experienced serious absence of care at home during childhood 6% of children experienced frequent and severe emotional maltreatment during childhood	Investigations that substantiate allegations Incidence and prevalence surveys and estimates British Crime Survey Crime in England and Wales Home Office)	Strong support for a prevalence study or incidence but with the aim of driving up incidence reporting rather than viewing it as a measure. Measuring investigations that substantiate allegations of abuse not seen as contentious.
9. Children are willing to tell about maltreatment they may experience		Surveys of children's attitudes	Survey approach endorsed. There were some doubts as to the usefulness of measuring self-referrals to services by children or the levels of substantiations of maltreatment by children in investigations.
TERTIARY LEVEL			
10. Fewer children die or are injured from maltreatment	Child homicides averaged over years Hospital episode data by stays by diagnosis of assault codes (ICD codes X85-Y09 which include sexual abuse and neglect)	A&E diagnostic data Electronic patient record on child injury	Data sharing seen as a key issue Directors of public health seen as potentially playing a role in assessing the degree to which children are injured

11. Reduced repeat victimisation: children who have been harmed stop experiencing maltreatment	Number of children placed on CPR who are ever re-registered Possibly use some current indicators: % of children whose referral occurred within 12 months of a previous referral % of children on the CPR who have previously been registered First time registrations as % of total registrations	Repeat substantiations of harm on Integrated Children's System Follow-up studies of adults who have experienced the safeguarding system as a child – possibly as part of (7) above	Longitudinal measures identified above seen as the main mechanism for this
12. Abusers and potential abusers are prevented from abusing and enabled to change their behaviour	Detection and conviction of suspected offenders Number of people identified as high risk by MAPPA strategic areas whose whereabouts are unknown Reduced re-offending in relation to sexual offences against children	Offenders completing behaviour management programmes. Extent to which the multi-agency arrangements and MAPPA business plans were addressed in the LSCB plans	A concern is that in relation to offender management there are indicators of failure where people either evade the system or those who are within the system go on to commit serious offences, but few indicators of success
13. Children and young people are helped to overcome the effects of maltreatment	Agreed recommendations for additional services in safeguarding plans that have been actioned within six months (picked up via ICS?)	Waiting lists for CAMHS and other recovery services for children who have been maltreated	It may be desirable to track a wider set of recommendations as well

QUATERNARY			
14. Specific measures for LAC and children in institutions eg quality of care, education and placement stability.	Reduce the five year average number of deaths of young people in custody Narrow the gap in educational achievement between looked after children and that of their peers eg % of LAC achieving at least 5 GCSEs Grade A* to C or equivalent By 2008, 80% of children under 16 who have been looked after for two and a half or more years will have been living in the same placement for at least two years, or are placed for adoption". (PSA Target No. 3. DfES target 5) Children looked after absent from school CF/C24)	Out of borough placements Suicide and self-harm reports for LAC and young people in custody Percentage of Care Leavers in education, training or employment a year after leaving care	Recognition that LAC are not logically outside of primary, secondary or tertiary levels, but also acceptance of specific responsibilities for this group

5. e-Consultation Questionnaires – Summary of Responses

5.1 Testing the Model

Overview

The overall responses from the e-consultation participants mirrored responses given by the interviewees. There was a general agreement that the proposed model matched participants' understanding of safeguarding and provided a helpful framework for measuring outcomes at the three levels of prevention. There was similarly a lack of agreement about how best to measure safeguarding with some favouring a few high level indicators to be worked up and others favouring a basket of measures to measure the complexity of safeguarding across all levels. There was also disagreement over whether or not to it would be possible to rely on existing data sources to underpin the measures (to create 'quick wins') and the extent to which new data sources are needed. There was a consensus that current measures of child protection activity focussed on processes rather than on safe outcomes for children and young people. Many participants expressed the view that it would be useful to identify and to develop a set of measures that could link across several areas of work and provide information on more than one area of need (eg absence from school). In general, the e-consultation participants were more critical than were interviewees of the measures presented in the briefing paper. A minority said that the indicators suggested were less useful as national targets and would be better developed as measures of safeguarding children at the local level.

Responses to the Safeguarding Model

The majority of participants said that safeguarding model matched or mostly matched their understanding of safeguarding (Table 4.1). There were just three dissenters whose views are discussed below.

Table 4.1 Summary of responses to the safeguarding model

Does the model match your understanding of safeguarding?	Responses
Yes	11
Mostly right	18
Mainly wrong	1
Completely wrong	1
Don't know	1
No answer*	5

* These were the be-spoke responses.

In general, the qualitative feedback suggests that respondents felt it was a good idea to have a model that summarised safeguarding and to set out this out at the different levels of prevention from primary to tertiary.

Positive aspects of the model were:

i. Model is a good starting point. Some participants appreciated the simplicity of the model, the definition of safeguarding given in the briefing and the general approach taken to measure the different levels of prevention. The model was viewed as being a good starting point as it provided a structured approach to safeguarding that could be developed further. One participant suggested that the simplicity of the model could also be a weakness:
The strength of the model is in its simplicity however, that may also result in it's weakness unless there are very clear indicators that can actually measure what they set out to do. At a local level, the model will be very helpful to LSCBs and it may be that such a model will have most potency at a local or perhaps regional level (N2).

ii. Model is comprehensive. The model was said to be comprehensive as it covered most of the key areas of safeguarding and had scope to bring together measures across different areas of work within the multi agency context.

iii. The model fits in with current thinking in policy and practice on safeguarding. Participants remarked that the focus upon primary, secondary and tertiary levels of prevention fitted in well with the *Every Child Matters* approach to improving outcomes for children as well as with a tiered provision of services.

(It) accords with ECM descriptors, and it pins down exactly which end of the safeguarding it continuum is being considered (CL1).

Some participants stressed the need to highlight the inter-relationships between the aspects of safeguarding identified in each element of the model:
It is helpful to have the various components broken down but we also need to ensure that they are collectively seen as a whole as they are clearly inter-related and combine to make an overall understanding of safeguarding. Inspectorate's concentrate on examining safeguarding and outcomes for children within a tier of settings – the wider community, establishments (eg schools, under eight's provision) children in need/at risk, children on CPR, looked after children and/or living away from home as well as the overall system and this is generally reflected in the model though you may wish to cross refer to ensure this is the case (CSM2).

iv. The focus on safe outcomes for children was noted as a positive feature of the overall approach.

v. The model shifts the focus of responsibility for safeguarding children from solely local authority social workers on to broader responsibilities across a range of agencies and community organisations.

vi. The model could raise awareness and understanding about responsibilities for safeguarding children.

vii. If the measures are good, the focus on outcomes could help in dealing with the 'post code lottery' in safe outcomes for children. Many participants mentioned that current measures do not tell us much about whether or not children are safer. There were concerns about variations in performance from area to area, variations in assessing thresholds for child protection responses and area variations in the availability of services and how these

contributed to a perceived 'post code lottery' in safe outcomes for children. Some had the view that the measurement of outcomes could start to address these inequities.

Positive aspects of the model - summary

Model is a good starting point
Model is comprehensive
Model fits in with current thinking in policy and practice
The focus on safe outcomes for children
Broad range of agencies and community organisations have safeguarding responsibility
Potential to raise awareness
Helping to tackle the 'post code lottery'

Criticisms of the model

Two participants considered the model to be completely wrong or mainly wrong. A third critic felt the approach to safeguarding was 'mostly right' but nonetheless suggested some major revisions to the model. This respondent suggested re-working the model to cover the core business of LSCBs. It was argued that only when the core business of child protection has been done can LSCBs move on to consider the wider remit to include preventative work to avoid harm being suffered in the first place.

It is worth considering explicitly framing the model you are putting forward in terms of safeguarding to reflect current guidance. What this would suggest is that rather than have the four levels of the public health model, you organise this in such a way that you have core business, which should be child protection, then children in need and then you have safeguarding and promoting children's welfare. This would also then reflect the key institutional mechanism of LCSBs, which is going to take the lead responsibility for this in local areas (AC4).

In contrast, other participants argued in favour of strengthening the emphasis on prevention and the promotion of child welfare at the primary level in the model. One participant said that measures of safe outcomes should not focus too much on individual children because, it was claimed, raising standards for whole communities has direct benefits for all children and families and reduces rates of maltreatment.

One participant said the model was completely wrong because the suggested measures mixed outputs and outcomes and did not demonstrate a clear read across to the current work on meeting ECM outcomes and changes in (integration of and information sharing between) children's services. The participant who claimed the model was 'mainly wrong', felt that it failed to cover adequately the needs of children living with domestic violence.

5.2 Suggested Improvements

Suggestions made for improvements to the model grouped around the following five themes:
Presentational
Content related
Conceptual
Sources and foundations
Implementation.

Presentational

Some participants suggested that improvements could be made to the clarity of the language used in the model to reduce 'jargon', make it more accessible for parents and to improve consistency in the use of terms such as 'child maltreatment'.

The model has to be developed in a form that is understandable by all those with responsibilities for the safeguarding of children and young people – at the level appropriate to their responsibility/involvement. This involves not just professionals working in children's services/education/health but all those in voluntary/community groups, including volunteers. It also clearly encompasses parents (ED1).

One participant felt would be clearer if the model could include examples of safeguarding activity in each of the 14 elements. Four wanted interconnections between the elements drawn more explicitly to show multi-agency activities and how they all fed into one another.

Another feature that is influential to the ability to protect children is the effectiveness of joint working by agencies and professionals at every stage of the 14 point model and this perhaps needs greater emphasis (CSM2).

Content related

Some participants felt that the model could be improved by including some important areas of child maltreatment that were currently not mentioned - such as bullying (this was not included within the remit of the research), sexual exploitation, neglect and internet abuse. One participant felt the model could be improved by making reference to the role of communities in safeguarding.

Five respondents commented on the lack of an official definition of safeguarding and in government publications and pointed to the need for the model to include one to bring clarity and a shared understanding about what safeguarding involves.

Safeguarding has to be part of communities and their universal services and be owned and understood as a concept at both national and local levels. There need to be working definitions of safeguarding - broad at primary level - safe, well, healthy children - this is your starting point culminating in addressing the needs of (children in Local Authority Care) (N1).

It was suggested that different approaches to safeguarding are taken in key government documents such as *Working Together to Safeguard Children, Chief Inspectors' Safeguarding Reports* 2002 and 2005, in the Framework of Assessment for Children in Need and in the Children Act 1989. Is safeguarding about protecting children from maltreatment and preventing impairment to health and development (as in Framework of Assessment for Children in Need and *Working Together*), or is it safeguarding and promoting the welfare of the child (as in the Children Act 1989), or is it minimising risk of harm to welfare (as in the Chief Inspectors' Reports)?

While the focus on safe outcomes was a noted strength of the model, some participants felt that the model muddled some process and outcome measures and could be improved if these could be distinguished.

The outcome and process markers need to be carefully chosen to reflect measure or evaluate safeguarding "interventions" (P2).

Although there was a consensus about the need for more outcome measures, some participants noted that some process measures had more impact on safe outcomes than

others and were more important to emphasise as safeguarding interventions (eg measures relating to safe recruitment, agreed thresholds for service provision, prompt responses etc).

The model needs to cover a wide definition of safeguarding but also focus on the key aspects that ensure vulnerable children are protected – safe recruitment, clear procedures, identification and referral processes, effective duty and assessment systems, information sharing, agreed thresholds and assessment processes, prompt responses and effective care planning and review. While welcoming the emphasis on outcomes within the model, there are some of the processes within the model that therefore have potentially more impact than others and are more critical to measure and evaluate – eg numbers 2,3,6,7 and 12 (CSM2).

Some participants suggested that the model could be improved with some cross referencing to other government work on developing PSAs in the Department of Health and the DfES. This would greatly assist the review of indicators that already exist or have recently been proposed to see what they actually tell us about safeguarding and safe outcomes.

Conceptual

Comments were made about some of the thinking and assumptions behind the model. Some participants felt that the model placed too much emphasis upon family abuse and did not cover the different contexts where abuse takes place (apart from abuse within residential settings). It was suggested the model could be improved with a broader approach that included abuse in the home, in 'public settings', peer abuse, as well as state agencies and the voluntary sector as sites of abuse and protection.

Some participants felt that the model focussed more on the 'severe end' of maltreatment and thought the model could be improved with some further emphasis on vulnerable children and how to safeguard all children:
From where I sit, the model focussed on the more severe end of safeguarding and did not consider the more fundamental aspects of primary safeguarding such as societies expectations of parents, contributions of health services and early years providers (N1).

Some warned that counting levels of reported abuse would not necessarily show safe outcomes for children because it could not be assumed children in contact with the child protection system have safe outcomes.

Young people at the other end of the continuum often ….. talk of feeling 'dumped' with recognition lacking into their requirement for therapeutic support after child protection procedures have been followed and they are assessed to be in a safe place. This could be at home or they could be accommodated. For many young people at this point they describe professionals 'disappearing' as they view the work to have been done – the young person is safeguarded. However, the young person still has to deal with the emotional and sometimes physical, consequences of abuse or maltreatment. If they are not suitably supported at this stage, they often again are at risk as they have not gained the skills they need to keep themselves safe but are still tied into old risky behaviour patterns and have not been helped to establish safe boundaries in new relationships or to feel they deserve to look after themselves better (VS3).

The emphasis in safeguarding needs to be upon keeping children safe as well as on assessing levels of reported abuse.

Some participants felt that the model presented the view that children are able to or should be enabled to tell adults about maltreatment. Some argued that this expectation was unrealistic as children are reluctant to self-report abuse to agencies or to adults and some

fear the repercussions of becoming involved with child protection services. It was suggested that it would be better to try to measure whether or not children feel they have someone to turn to. Feedback from children who contact confidential services such as ChildLine would give some measure of changes in children's reluctance to tell and the type of support they most wanted.

I am not sure that the model, as it stands, captures sufficiently those children's experiences where they are being maltreated in 'silence', often in their own homes and where loyalty, or threat, keeps them silent. I would recommend account be taken of children's own testimonies where they make contact with confidential services eg ChildLine. The feedback frequently is, from these children, and sometimes also from adults who are in a position to safeguard children, that they do not have confidence in existing procedures and hence refuse to come forward. The result is that these children are not accounted for when considering indicators and they are at substantial risk of harm. Indeed, many talk about regular maltreatment not known about by other agencies. An indicator of whether this is improving could be gained from information held by agencies such as ChildLine. This also emphasises the importance of availability of confidential spaces for children (VS3).

Two respondents raised issues about a perceived expectation in the model that children should take action to safeguard themselves. It was argued that children need information on risks and actions they can take to avoid them in order to do this.

We have concerns about the focus on children "safeguarding themselves". Whilst acknowledging that children are social actors, for us this is more about children having accurate information about risks and what actions they can take (AC3).

For teenagers, in particular, this was a concern. Two respondents felt that element 5 of the model (children and young people feel they are not left in vulnerable situations) needed to measure the extent to which young people/teens put themselves in vulnerable or risky situations and how much effort adults make to stop them from doing so.

The model needs to be applicable to all children and young people and many participants suggested that it would be useful to test how well the model captures the diversity of vulnerabilities and needs of different groups of children – babies, children and teens, children from black and minority ethnic groups, children with disabilities and children living with domestic violence.

The model needs to place more explicit emphasis on diversity issues within the various elements of safeguarding – the impact of race, cultural and religious factors and of course disability. Disabled children are more likely to be abused and less likely to tell – how do the extra factors needed in prevention, identification and communication fit into the model? (CSM2).

Would efforts be applied equally to ensure all children are safeguarded or do specific needs have to be drawn clearly into model?

There was very strong concern from five participants that there should be specific measures to cover the needs of children living with domestic violence, otherwise they would continue to 'fall through the gaps' between child protection policies and the protection of adult victims. It was suggested that as a measure of safe outcomes, there should be a specific target to reduce the numbers of children living with domestic violence. It was suggested that reference to the treatment of sex offenders in the model (element 12), should include treatment for domestic violence perpetrators. Reference to 'stranger danger' preventive education in schools (element 4) should be much broader and include domestic violence prevention.

The e-consultation participants were not given copies of the literature review and the briefing paper did not explain how the model had been developed. Understandably, some participants questioned how the model had been developed and the evidence base upon which it rested. Medical practitioners especially raised issues about the evidence base for the model and the lack of solid scientific evaluation to show which preventative methods work in improving safe outcomes for children.

Participants wanted to be sure that children and young people were consulted about the relevance of the suggested indicators and measures and to gain view of their experiences of being safe and their views about risks. One participant mentioned scope to build upon experience gained in Wales from the use of Viewpoint by local authorities. Viewpoint allows looked after children to give their views electronically about the services received. The need for broader stakeholder consultation was also stressed. Many participants said that there should be a national consultation exercise with researchers and professionals to look at selected measures over time and to identify the most important trends to track and monitor.

Many respondents commented that the biggest challenge would be in implementing the model and finding robust measures suitable for national, local multi-agency and organisational contexts.

There will need to be more work done to look through the proposed indicators carefully to ensure each authority is able to provide the information on a consistent basis (LSCB1).

Many mentioned that the context of performance indicator exhaustion in local authorities and professions and how this could frustrate the development and implementation of a PSA (see discussion below). An overload on services was a real concern for some participants, given the current context of changes in children's services and in primary health care. Finding ways to identify and provide support to vulnerable children without stigmatising them, was a challenge to implementation noted by some participants (see discussion below on the use of the Common Assessment Framework).

Summary of suggested improvements to the safeguarding model

Presentational:
Improve accessibility and clarity of language Give examples of safeguarding Highlight the interconnections between activities in each of the elements
Content related:
Address gaps in the model to include bullying, sexual exploitation, neglect, internet abuse and the safeguarding role of communities Provide an agreed definition of safeguarding Distinguish between process and outcome measures Cross reference to other government work on PSAs
Conceptual
• Adjust concept of maltreatment presented to include different contexts outside familial abuse • More emphasis on how to safeguard all children and the vulnerable • Include keeping children safe as a safeguarding measure • Include whether children have someone to turn to • Balance of safeguarding responsibilities between children and adults • The approach to diversity
Sources and Foundation
Consultation with young people and stakeholders Need for an evidence base

Implementation
• The challenge of finding robust measures for national, local and organisational contexts • Developing a PSA in the context of performance indicator exhaustion and perverse incentives • Identifying and supporting vulnerable children without stigmatising

5.3 Comments on the Proposed Measures

General Comments on Measures

Some mentioned the need for realistic, outcome focussed performance indicators with validated methods for monitoring and data collection, suitable to the current context of information sharing and multi-agency working.

Continual development of realistic outcome focussed PIs combined with an emphasis on ways of externally validating the processes used by local services to measure and report those PIs*. Experience with the Children's Services Inspections and more latterly the JARs would suggest that some of the ways used by councils and others to monitor their own performance and PIs are flawed, which in turn can lead to inaccurate self-reporting. We need to become more sophisticated at ensuring that self-reported findings and self-assessments are the result of validated methods of monitoring and collecting data* (CSM2).

Better co-ordinated priorities and targets for children's services with more cohesive responses to difficulties identified through research and scrutiny. *Mechanisms for better co-ordination of services are developed: Across education, social care and health services, to ensure consistency in the quality and delivery of services, both in terms of current practice and the wider improvement agenda in the long-term. Use Local Area Agreements, CYP Plans and strategic partnerships to connect across?* (PH1).

Some mentioned the practicalities of doing this at the grass roots level where information technology may not be consistent and producing the data could be a very time consuming and costly exercise.

The greatest difficulty will be identifying quantifiable data that is being or can be collected upon which to base the PSA. *There is, in my experience an abundance of information collected however, accessing and retrieving data is extremely problematic. A lack of IT results in manual data collation or research, which is labour and cost intensive in public services, which often have limited funding, and capacity. Any PSAs should therefore be orientated to take this into account!* (PO2).

Some noted the possibility that new measures could create perverse incentives.

It may use up resources in collation of data that could be used for direct services to children and young people (VS4).

PSAs are problematic anyway – in the current system just get used in a very individualised and procedural way. Need to use PSAs in a more creative way rather than just increasing the awful tendencies towards risk averse, procedural work (AC2).

There are perverse outcomes and the delivery of outcome can be undermined by bureaucracy. My real concern, for example, about Sure Start was the sheer number of

*performance indicators at the start of the initiative. I've seen lots of stupidity arising from what were good intentioned performance indicators (*PO1).

It was feared that measurement could skew performance and local authorities might try to meet targets and ignore other factors relevant to safeguarding. The culture of managing targets might detract from good service provision so that review, audit and inspection become ends in themselves. Developers should be mindful of the possibility of creating huge and expensive data bases that do not show whether or not children are safeguarded.

The dangers are of developing huge expensive databases that reflect many shortcomings but not necessarily whether children are being safeguarded. *Aiming at a few high priority areas with known effective interventions and indicators is likely to be more beneficial and not create yet another bureaucratic tier but some time for intervention* (P2).

Some participants mentioned the possibility that developing and implementing a PSA might have unintended consequences upon public perceptions of child safety and risk. If the data on child safety is not viewed by the public as authentic, then efforts to implement a PSA could follow the route of the government's crime reduction programme where, despite reported reductions in some violent crimes, public perceptions of violent crime and risk have continued to grow and the media and public have focussed predominantly on negative trends.

Existing Data

The majority view was that there is currently data in existence to support measures of safeguarding. Twenty one participants said there definitely/probably was data, six said there probably/definitely was not and there were nine no answers (which included the 5 bespoke responses) (see Table 4.2). There was more uncertainty about the data sources amongst participants from the voluntary sector, the police courts and justice system and within health care.

Table 4.2 Relevance of existing data sources for a PSA

Do you believe that the data sources you are familiar with can be used to support a measure of safeguarding?	**Number**
Definitely	**7**
Probably	**14**
Probably not	**3**
Definitely not	**3**
Don't know	**1**
No answer	**9**
	37

There were mixed views about whether or not new measures would be needed. Some participants, like interviewees, saw potential in using the number of CAF assessments and resulting in safeguarding referrals as a measure of safeguarding activities with vulnerable children. It was noted that this is already done in Shropshire where the number of CAFs completed, plus the agency from which the practitioner comes, are taken as measures of effective activity around early identification of need. Incorporating the CAF into measures of safeguarding was seen by one respondent as a corruption of its original purpose. If CAF assessments became another method of identifying children at risk, it was suggested this could result in the CAF being seen as stigmatising and create a professional reluctance to use it.

Comments on Specific Measures

There was much less agreement among the e-consultation participants with the measures proposed in the briefing paper. Thirteen saw the measures overall as either OK or worth refining. Thirteen saw them overall as 'on the right lines but flawed' and four (an academic, a police analyst and two experts on children's services) suggested we needed to start again and re think the measures. Again, there was less certainty about the usefulness of the measures suggested from police, health and public health, the Home Office and among academics.

Table 4.3 Proposed measures for a PSA

The model suggests a number of types of measures that could be used for safeguarding. What do you think of the ones proposed in your area of expertise?	**Number**
Looks okay	**4**
Not quite there but worth refining and developing into a proper measure	**9**
On the right lines but flawed	**13**
Need to start again from scratch	**4**
No answer	**7**
	37

Some, but not all participants, made specific comments on measures proposed in each of the model's elements. Extracts of the comments are presented mostly verbatim from the questionnaires.

1. Adults know how, and are willing to, take steps to safeguard children

What would be determined as a public referral? For instance, if a health visitor visits a family and the mother expresses concern to them about her neighbours children or about a mother in her toddlers group. The midwife then passes this information on to social care. Who would be the referrer? Information on direct or indirect referrals will be difficult, in fact, almost impossible to collate and monitor. Surveys of public attitudes as a possible future indicator could be useful in gauging public awareness about safeguarding issues and clarity about referral pathways (LSCB5).

2. Organisations coming into contact with children have safe people and safe systems

It will be useful, but again difficult locally, to ensure that all sports organisations which are non-council owned are adhering to requirements in this area. LSCBs are working with a range of organisations both independent and private to develop child protection policy and procedures. Organisations achieving standards, if not translated into outcomes for children, will have no real meaning. There needs to be clarity about what advanced standards mean (LSCB5)

I think there should be something around voluntary and community organisations being supported to create systems that protect children. There are large numbers of small organisations (this certainly applies to BME groups) that need education and then support to develop systems, including policies and training. So there is a step before the indicator under point 2 (D1).

In the section 2, I think this is too narrow a definition as many harmful behaviours would not meet the definition of criminal behaviour but would result in internal disciplinary procedures in the case of employees or volunteers (VS1).

Section 2 could also refer to the commitments scheme (VS1).

Looking at indicators under element 2, there is a high emphasis on CRB; list 99; PoCA all of which are important. However, given the extremely low conviction and detection rates I would like to see emphasis also on safe recruitment and management practices in organisations (VS3).

Both Investing in Volunteers (IiV) and Safeguarding and Protecting Children in Sport provide protection for volunteers working with children and to that end they compliment each other by emphasising support, recruitment policies, codes of conduct and job descriptions. The standards do not conflict but they do have different priorities. Safeguarding and Protecting Children in Sport is focussed on the young people taking part in activities, whereas IiV is aimed at the support and management of the volunteers (PH1).

In addition to organisations referring to/checking with CRB, I would suggest data in relation to % of staff receiving CP awareness training at induction and on annual basis would assist in determining level 2 (N3).

3. Children and young people feel that any concerns they have about their safety will be taken seriously and acted upon

A number of participants made the point that the crime survey measures used as examples of measures here in the model place too much emphasis on abuse by strangers.

In element 3, the emphasis is on stranger danger – I would also like to see more emphasis on giving children the confidence and opportunity to think and possibly speak about what happens at home and with those adults they know – what is acceptable and what is not – and who can help. Safeguarding programmes must include this emphasis (VS3).

4. Children have the skills and knowledge to safeguard themselves

There were a number of criticisms of the emphasis on stranger danger here.

In the section about possible indicators, I am concerned about the reference to stranger danger (element 4). Given all the evidence about the nature of those who harm children, I thought this was recognised as a redundant concept. It may be that it is still being used in PHSE and we should look to influence this (VS1).

'Stranger danger' initiatives are not really that relevant – what about initiatives geared towards boys and girls that engage with cultures of sexualised violence (AC2).

(We are) concerned about the focus on 'stranger danger' as it is most likely that a child would be abused by some one they know (VS4).

Receiving a session does not necessarily mean a child will be well equipped to deal with a real life situation. The focus should be wider than 'stranger danger' for instance it needs to cover running away from home, drugs and substance misuse, sexual exploitation and bullying (LSCB5).

Others stressed the importance of children's own understandings of being safe and its impact on their quality of life. One respondent suggested linking with local authority forums.

More scope for children and young people to participate – opportunities for them to shape key measures relating to their perception of 'feeling/being' safe – areas four and five. Maybe linked to surveys conducted by local authority forums for young people (made part of Children & Young People's Plan) (CL2).

Another stressed the links with data collected under the Healthy Schools programme.

5. Children and young people are not left in vulnerable situations

It was suggested by some participants that this would be difficult to measure:
*data is unlikely to be accurate due to differing thresholds in LA's, and because many young people never disclose or indicate to an agency that they have been abused. The lack of focus as to what areas of safeguarding are being looked at, may mean data is diluted. NCH felt that some of the indicators would be hard to measure such as the leaving or not of children in a vulnerable situation. This would have to be clearly defined to gain any useful meaning from it (*VS4).

There needs to be a differentiation between unauthorised absence from schools and children locked in cars as there is no cause and effect link. Lumping both in one section is very unclear so is mention of community wardens and national helplines. Again the potential future PIs will be difficult to measure (LSCB5).

One participant suggested that the draft model placed too much emphasis on families' roles in safeguarding children:
Is it only families who are charged with ensuring that children are not 'left in vulnerable situations' or will this equally apply to state agencies and social services departments? There is little, if any sense anywhere of government responsibilities under the CRC (AC3).

Another suggested the model could take account of older children's risk taking behaviour:

I think it would be helpful for element 5 to be reworded. The wording is quite passive at the moment and reads to me as if it was written with younger children in mind. I think there needs to be a concern also with older children placing themselves in vulnerable situations and with parents/carers not taking sufficient action to prevent this. Perhaps something like 'children and young people are not left in, and do not place themselves in, vulnerable situations'? (VS5).

I think that police missing reports would be, to some extent, a useful existing indicator of young people placing themselves in vulnerable situations. But, as has been pointed out in a number of research reports about young runaways, this indicator is only accurate to the extent that incidents are reported. At present the evidence is that there is significant under-reporting of young people running away, staying away, or being forced to leave home; as well as some institutional 'over-reporting' of going missing incidents from residential care. So I would also advocate continued survey work to gather self-reporting of running away, staying away and being forced out of home as providing potentially useful future indicators. These issues have been shown to have strong links with maltreatment. It may also be useful to gather information from young people about other forms of risk-taking behaviour (VS5).

6. A range of services have the ability to identify vulnerable children at risk of harm or families in need of services

This raised concerns about competence, whether frontline workers have the skills and experience to identify vulnerable children across all areas eg parental substance abuse.

The possible indicators for elements 6 and 7 focus almost exclusively on children's services and in particular the services provided by the local authority social services. While unallocated cases of children within the social care system may be an indicator, so might the number of children on waiting lists and the waiting times for CAMHS. A challenge would be in identifying the gaps in adult services that may impact on children eg substance misuse, AMH, ALD, domestic abuse in relation to the above, the model needs to reflect the public multi-agency responsibilities for safeguarding children. Therefore the indicators must reflect this. Evidence of analysis with recognition of the gaps in services provided by all the agencies for services (adult and children) that may impact on elements 6 and 7 should be demonstrated within the LSCB/Children and Young Peoples Partnership Plans (N2).

One respondent commented that:
The proposed potential PIs sitting alongside PI 6 does not seem to bear any relation to the subject matter in the left hand column (LSCB5).

7. A range of services are able to reduce risk and promote protective factors in respect of identified vulnerable children or vulnerable groups of children

These are existing PIs. It might be useful to see if there is underperformance in any of the areas nationally this could act as a baseline for a potential PSA (LSCB5).

It was said that some of the suggested indicators here do not tell us much:

So (eg element 7) an indicator such as "completing initial assessments within seven working days" tells whether an activity has been carried out but gives no indication whether the activity actually changed things for the child (VS6).

One respondent said that there should be more emphasis here on collaborative working:
Under indicators there is insufficient focus on collaborative working. To measure element 7 could focus on % of cases where relevant agency is involved in assessment, planning or service deliver, for example, when initial assessment carried out by social worker identifies maltreatment and parental mental illness or learning disability, or substance misuse, the degree of collaboration with adult services at the point of assessment, plans and service deliver. This information will be held on the ICS (AC1).

Two respondents suggested some additional indicators:
Element 7 should also refer to agency staff (VS1).

Element 7 should include something about time spent with a child on their own by the social worker. Many children who have an allocated worker do not necessarily have opportunities to speak with or build a trusting relationship with them (VS3).

One respondent suggested this could include CAFCASS risk assessments.

With the introduction of the new legislation, it will be a requirement that CAFCASS officer completed risk assessments of children coming before the courts where there appear to be risk factors – a measure of the extent to which these are completed prior to first directions

would be a possible useful indicator – it would prompt developments to improve communication between courts, police and CAFCASS about risk factors and improve the safeguards in decisions made at court. It should not be forgotten that child deaths associated with contact and residence disputes are unfortunately an issue here (C1).

8. Maltreatment is prevented and fewer children experience maltreatment

There was majority support for funding regular surveys into children's and young people's experiences of maltreatment. One respondent thought this information could be collected from data already gathered for Performance Assessment Frameworks (PAFs):

In element 8 you comment on an evaluation that identifies baselines for abuse. Much of this data might be collected using some of the PAF indicators. An outcomes measure might then be to introduce specific interventions and to evaluate if the baseline statistic fell over time. This is difficult as many other factors not related to the intervention will also be in play. But this seems to be a possible way forward ie using core data not as an end in itself but to establish some parameters for evaluation of outcomes. Barnardos has recently introduced a new evidence guide Module 5 is about evaluating outcomes and addresses this issue (VS6).

9. Children are willing to tell about maltreatment they may experience

Some felt that it was unrealistic to expect children to tell about abuse if they are not listened to and unlikely to receive a response that will improve their quality of life.

I think this is an unrealistic aim. Better that there are accessible places for children to tell and they have confidence in them. Also, sadly, some children find the experience of the investigation and aftermath as traumatic as the actual abuse (LSCB2).

I'm not sure that this is entirely appropriate. We expect adults for instance, to tell doctors when they feel very unwell. Not all do. Not all do for a variety of reasons perhaps even for similar reasons that despite open doors, children might not tell about maltreatment they have experienced. I'd include 9 under 6, for instance, because we know that when children tell, not all listen. So you might get the outcome better if you shore up 6 (PO1).

One respondent reported inconsistency between the model's approach to adults and children reporting maltreatment:

There isn't an element at the secondary level referring to adults being willing to report perceived maltreatment in the same way as there is in element 9 for children. This seemed inconsistent. It wasn't clear to me why public referrals were listed as a possible indicator for element 1 at the primary level, whereas self-referrals were listed as a possible indicator for element 9 at the secondary level. I thought it was really positive, though, that self-referrals by children appeared in the list of indicators because, especially for older children, I think that this is an important aspect of a safeguarding model. I was really pleased to see that gathering children's own views was listed at a number of points as a means of generating potential future indicators and would hope that this idea is followed through (VS5).

What is a self-referral by a child? For instance, if a child speaks to a teacher and the teacher refers on to social care who is the referrer? How can this be collated? (LSCB5).

10. So fewer children die or are injured from maltreatment

One respondent suggested linking coroners verdicts to performance management would be useful:

On coroner's verdicts and death issues – there was a fairly recent case in Plymouth where the coroner proactively criticised local practice so I suspect there has been some thinking

about how to handle such issues in the future. A regular linkage with all Coroners locally and a means for maintaining this through performance measures would seem to be useful (LSCB3).

11. Reduced repeat victimisation: children who have been harmed stop experiencing maltreatment

The only specific comment made here was that:
Most of these are already existing PIs both national and local (LSCB5).

12. Abusers and potential abusers are prevented from abusing and enabled to change their behaviour

One participant was very critical of proposed measures:
I am particularly concerned by element 12 regarding convicted or suspected offenders and people on the register who are known not to have registered a change of address. As you are aware, the proportion of offenders included on the register is a very small proportion of offenders who commit offences against children; ie incidents not reported; conviction rates; pre 1997 offending. Not all offenders on the register have committed child sex offences – some may be non contact, others committed against adult victims. Does not take into account the assessed risk posed by that offender. Data regarding failure to register with police is detailed in the MAPPA annual report, however such offenders are located, taken before a court and subsequently further managed. They do not necessarily represent an increased risk to children. The ongoing Home Office Child Sex Offenders Review may consider issues regarding data collection/stats regarding registered sex offenders (RSOs) (PO2).

Another noted that completing a programme did not necessarily mean that a perpetrator had stopped offending and suggested an outcome focussed alternative measure:
One of your possible future indicators is around offenders completing behavioural management programmes. This as an outcome does not tell us anything as completion of programmes does not necessarily prevent re-offending. A more outcome based measure could be numbers of offenders re-integrated into the community who go on to re-offend enabling focus on the quality of risk management and judgements taken with regards to the release/parole arrangements. Some of the PSAs/PIs may need to be jointly owned by agencies and could form part of both collective and individual and agency reporting to government for instance, the role of probation and the police for the example demonstrated above. Though LSCBs will have a role to play in co-ordinating and monitoring the effectiveness of these arrangements (LSCB5).

13. Children and young people are helped to overcome the effects of maltreatment

There was general support for this to be included in measurements of safe outcomes. One participant suggested we consider tougher measures:
This is an extremely important and neglected area, as you will know. Couldn't there be a stronger statement, such as all children for whom therapy or other post-abuse interventions have been recommended, have been offered this service within (timescale?) (LSCB2).

14. Specific measures for LAC and children in institutions eg quality of care, education and placement stability

One participant proposed some clarification for this element:
It is confusing that proposed PIs around educational achievement of LAC, placement moves and absenteeism from schools has been lumped together in this section. It would be better presented under a separate heading/section. However, the first PI which is reduction of numbers of death of young people in custody is useful as it would demonstrate the effectiveness of child protection and safeguarding arrangements in custodial institutions. Clarification is needed as to what is meant as custody for instance does this include young offenders institutions, secure homes, police station cells? (LSCB5).

Another participant suggested further reading across to current proposals and standards:
*Healthy care is another area that could be included and is a practical means of improving the health and well-being of looked after children and young people in line with the Department of Health Guidance '*Promoting the Health of Looked After Children' *(2002) and the Change for Children Programme* (PH1).

It was suggested that relevance of measures to address the specific needs of disabled children in care should be reviewed:
In relation to children in institutions, the model does not address the issue of institutional abuse of certain groups of children, such as disabled children/young people (D1).

One participant felt that the needs of looked after children could be incorporated differently in the overall model and they may not needed singling out for specific consideration at the quarternary level:
I wasn't sure about the quarternary level. There were three issues for me. First, whether what was described here would make more sense as a box within the secondary level. Second, if there is a need, for example, to measure quality of care for looked after children then would it not make sense to also be concerned with this issue for all children. And, if so, should this not be an additional box at the primary level? Third, I think there are other minority groups who also have specific issues and I would prefer to see the model incorporate requirements of diversity and inclusion rather than single out one specific group (VS5).

5.4 Types of measures needed

This section summarises positive suggestions made about the types of measures needed to develop a PSA.

It was suggested that measures should be relevant to the complexity of measuring safe outcomes across national, local and organisational levels. This would need better co-ordinated priorities and targets for children's services across education, social care and health, possibly using (as suggested by one informant) local area agreements, Children's and Young People's Plans and strategic partnerships to connect across.

Measures would need to be relevant to the multi-agency context of information sharing protocols and joint working arrangements.

Measures should be realistic and outcome focussed. They should measure outcomes for all children which includes being relevant to the different needs of diverse groups of children, pre school children and babies, as well as teenagers, disabled children, children from black and minority ethnic group families and children living with domestic violence. It was

suggested that there should be a requirement on children's services to report specifically on outcomes of work with diverse groups of children.

Measures selected require a sound evidence base (to be credible for practitioners and the general public) and they need to be supported by accurate data.

One respondent suggested a hierarchy of indicators should be identified and proposed a model very similar to the final version of the model. It was suggested this should include:
Impact measures (such as the number of children that have been abused, or have died).
Perceptions measures (such as numbers of children and young people who believe they are safe, feel able to ask for help. These 'Quality of Life' (QoL) type indicators could be integrated with other such indicators for the whole of 'staying safe' to include eg fear of crime, racial harassment.

Input and output measures (inputs such as 'training delivered' and outcomes such as the impact of training on practice as measured by such proxy indicators as level/appropriateness of safeguarding referrals).

Measures proposed in the model are mostly quantitative. Some respondents argued the need for qualitative measures, especially on quality of life and from service user perspective and for measures that would allow a longer-term (longitudinal) picture to develop:
The majority of the indicators are quantitative and do not take into consideration service user satisfaction either from children or from parents. Although this is less tangible as a measure it is important to identify the need to improve the experience of service users as this is essential to improving confidence in both children and parents of the services that are available to them (VS2).

PIs should be longitudinal, until baselines are established best outcomes should be used to promote the sharing of good practice (VS4).

There was general support from a number of respondents for there to be regular national surveys of children's and young people's experiences of maltreatment (similar to the NSPCC prevalence of maltreatment survey Cawson et al 2000). The lack of data on children's and young people's experiences of violence and of crime, was noted as being one of the most significant gaps in the data needed to measure safe outcomes for children. One respondent though commented that there was too much reliance on survey findings as measures and not enough emphasis on actual measures of performance**.**

Summary of types of measures needed

It was suggested in the e-consultation that measures should be:

- Relevant for the complexity of national, local and organisational levels of safeguarding activity
- Applicable to a multi agency context
- Able to measure outcomes for different groups of children
- Supported by a sound evidence base
- Supported by accurate data (QoL indicators, baseline data, longitudinal data).

Conclusion

A strong message to emerge from the e-consultation was that any new outcome focussed performance indicators to support a PSA should have modest beginnings. A number of participants however, warned against settling for an easy option of selecting things that can be measured now as a benchmark (such as sessions on stranger danger). The quick wins

could all too easily be established as inappropriate standards. The recommended approach was to start with a few outcome measures to be worked up over time through a process of further research, broader consultation and review.

More consideration needs to be given to priorities for safeguarding activities. If we are to focus on actions that improve outcomes for all children does this mean for instance, that primary prevention should be prioritised over activities at the secondary level? Will raising standards for all children be more effective than targeting efforts on a few vulnerable children, or as one participant argued, dealing well with the core business of child protection first? Do resources that exist allow for this? Do children's services have the resources that will allow them to absorb and embed more change? Participants noted that to avoid perverse incentives, introducing a PSA on safeguarding would need to be supported with resources, especially to cover comprehensive multi-agency training and the costs of data gathering and monitoring.

A number of participants stated that the conflicting approach in current government policy towards children, frustrates work intended to improve safe outcomes. Specific areas of concern mentioned were:

> The Respect agenda which is seen as punitive towards anti social behaviour of young people, many of whom have lives affected by abuse. The approach conflicts with the *Every Child Matters* inclusive approach to children and young people where the emphasis is on providing support to children and young people so they can achieve their full potential.
>
> Children living with domestic violence who continually fall between the two stools of government policy on child protection and crime reduction policy towards adult victims of domestic violence.
>
> The creation of children's services is said to have brought a decline in the priority given to child protection when competing with levels of attainment in some areas.
>
> Uncertainty of where safeguarding children sits in relation to GPs new contracts and the specification of core, enhanced and additional services.

It was suggested that these potential inconsistencies in government policy should be addressed.

6. Notes of Young People's Discussion

The following is a note of a discussion with a group of young men in a Young Offenders Institution aged 15 to 17, which used discussion of safety in a range of different locations to tease out beliefs about safeguarding.

One of the most interesting facts was that home was "where you feel safe", which could be the home of the parents or members of the extended family. One of the key dangers that young people identified was to have a home where people were coming in and out a lot. This seemed to emphasise the protective gate-keeping role of parents to make households safe. Who has access to the home was seen as a key safeguarding factor.

For some young people other relatives' houses eg "my nan's" was safer than being at their parents' house.

When asked about how authorities would know that something wasn't right in the home they said that outsiders would not necessarily know. They didn't approve of intrusive surveillance of households and saw the home as a private sphere, but one that the state was justified in entering if they had concerns about children. They thought that if the child says that something is wrong then authorities have the right to come into home.

The next safest place identified was the school. A number of these young people had been absent from school for three or four months without their parents getting to know because either no contact had been made by the school and any letters had been intercepted. Interestingly, all the young people thought that children were not safe if they were not at school and thought non-attendance was an appropriate measure of how safe young people and children were. They also thought more should be done to identify and prevent truancy from school.

Young people were very positive about surveillance in school grounds. CCTV and other security measures were deemed important in the school. It was thought that government should pay for increased security so that young children were not vulnerable to people entering the school. There was a concern to take a variety of steps to make schools safe places from 'outsiders'.

When discussing journeys to and from school this was seen as a time when children and young people could be potentially vulnerable given that their movements could be known and predicted, so they could be attacked on the way or coming back from school. It was thought that a regular uniformed presence such as community support officers would be a waste of time and would not contribute to safety, particularly as many young people see such authority figures as 'the enemy' and would be alienated from them to some extent. However, they were much more positive about the idea of having mediation officers with some sort of security role being attached to the school. They felt this would provide a link to adults who have their ear to the ground and who would be able to intervene effectively.

Young people saw their friends and peers as an important source of protection for children. The nature of the dangers they were concerned about were mostly attacks from other groups of young people. It was felt that travelling in groups with other young people was the most effective means of protecting themselves.

A more dangerous area seemed to be youth clubs, common recreation areas, or other people's neighbourhoods. Again, the concerns here surround being attacked or threatened by other young people. This was an interesting observation since it suggests that the use of

youth clubs is very localised in some places, relating to an intermediate neighbourhood and that concerns over personal safety may act as a deterrent to participating in these clubs.

There were also lots of positive messages about mentoring and peer support both within school and the secure estate. Peer support was valued for avoiding isolation for young people who they saw as vulnerable.

There were also positive messages about formal structures such as school councils. In particular, young people had become very disaffected in situations where young people were viewed either completely positively or completely negatively. They valued experiences when they were seen not only as the sort of person to get into trouble but also as someone who has something to contribute. For example, in one school, pupils who would take part in the school council would only be the hardest working model pupils. However, in another school there was an attempt to include and give some responsibilities to the young people who were more likely to be in trouble. They felt this valued their competence and acknowledged them as complex individuals with positives as well as negatives. The message seemed to be that by keeping communication channels open, young people had more contact with adults and were safer as a result.

The young people wanted to talk about prison and how unsafe prison was. Overall, the secure estate was seen as not being as safe as home or school and as marginally less safe than other neighbourhoods, youth clubs and not nearly as dangerous as pubs and clubs. Overall, it was surprising how safe young people rated prison. This may be due to the confidence in the surveillance and control provided.

The main issue raised over prison safety was the speed of response to the alarm bell in their rooms. They suggested that the response was sometimes very poor at night during a change in shift, but that most of the time the response was thought to be good. This was seen as an indicator of safety.

When asked what advice they would give to young people coming to a similar institution for the first time, they said there wasn't really advice and the main messages were "to keep humble" and not to be too passive. Throughout our discussion this seemed to be about maintaining a level of personal assertiveness when people could hold their ground without this escalating into aggression or violence.

There was also a clear awareness of the anti-violence policy which had been signed up to by staff and young people. The posters were prominently displayed with ten different avenues to pursue an issue depending on where you were.

There was also a degree of confidence in the independent monitoring group and in peer support. The chaplaincy was also mentioned. The young people seemed to value these external sources of advocacy or advice which appeared to be on their side to some extent. They also felt that it would be useful to have some kind of council comprising young people from the different units in Feltham and be able to put their views forward about particular grievances. A particular concern was that having a change in routine such as a visit from home meant that the young person had to miss out on the activities that were scheduled that day and had to spend the rest of the day in their room.

The most dangerous places that young people felt that they could identify were clubs and pubs which were felt to be very dangerous. Part of this was because of accounts of violent crime which they had either witnessed or heard about.

There was a final sweeping up of some of the other areas identified. Some were concerned about parks. A few mentioned the presence of needles and older drug users in some of

these areas. At this point it may have been that the young people were looking for something to say rather than expressing a personal issue or concern.

There was also a discussion about cigarettes in prison. In Feltham, young people can purchase cigarettes from the canteen if they have sufficient funds in their account and are sixteen or over. Most of the young people seemed to think this was an important health issue and that not having cigarettes available in Feltham would improve the health of the young people. Some young people felt that not having access to cigarettes would make people more tense and have a negative impact on safety.

The issue of cigarettes has been mentioned in an earlier expert interview where it hade been reported that another Youth Offenders Institute (YOI) had been declared non-smoking throughout the whole establishment. As a consequence there had been fewer fires. A secondary gain was believed to have been a reduction in bullying because of tobacco. When asked about this latter possibility, the young people in Feltham didn't think banning smoking would have an impact on bullying.

References were made by prison officers to outside visits to the institute such as the Chelsea Football Team Apprentices, a well known DJ and others. It was felt that these contacts gave young people a sense of being connected with the outside world, but there was no discussion about how this contributed to safety. It was seen as a way of engaging the young people and giving them another more positive focus.

7. Notes of Expert Group Discussion

This group consisted of eight senior and experienced people from a variety of sectors and agencies including a County Council, a central government department, regional offices of central government, an ethnic minority voluntary organisation and universities and research centres. There was a general discussion of PSA targets followed by an exercise looking at measures of primary prevention.

It was felt that the study needed to distinguish between a performance framework and a PSA and that a PSA should be a simple way to promote a lever. Therefore, one should be clear about the sort of effects or changes a PSA was designed to encourage. There was a suggestion that the setting of targets in a PSA should have some kind of tactical aim to encourage services in a direction where it is believed that they will improve the outcomes for children.

For example, it was thought that the existing measures of placement stability do not tell you everything about how good placements are but does act as an incentive for increased continuity of placements and overall was believed to have a positive effect.

A distinction was suggested between:

Indicators of vigilance, and
Indicators of performance

Indicators of vigilance were described as indicators of whether services are identifying situations and acting appropriately. Indicators of performance are to see whether activities other than agency, or a network of agencies, are having the required impacts on the problem identified.

It was felt that the PSA had to have a target but that performance indicators did not necessarily, need targets. They could be there to facilitate for inter-authority comparison and understanding. For example, in one authority there may be a high proportion of neglect and domestic violence registrations on the CPR compared to other authorities. This is neither good nor bad in itself, but suggests that this authority is different from others and prompts investigation as to why.

Exercise: Indicators of Primary Prevention

It was felt that it was all very well to identify whether or not to take action, but the question has to be “which adults” and how do we get at that? There is also a wider issue as to which community we’re talking about. Targeting specific communities and talking about those seem to make more sense than a discussion of communities in general, which appeared to be a bit unspecific.

It was suggested that we needed to get at which communities are empowered and feel they are able to contact services and which do not. At one level this can be comparative referral rates to safeguarding services. This, in a sense, would be an indicator of the degree of confidence that different communities had in the safeguarding system and the awareness of their responsibilities.

Furthermore, it seems difficult to communicate clearly what is meant by safeguarding itself. For example, when providing training on domestic violence to a related professional group, such as housing benefits officers, there can sometimes appear to be a complete lack of understanding of the issue. This appears likely to be reflected when talking about safeguarding as well.

Also, we need to establish some sort of baseline so that we get a clear idea of the extent to which adults are currently willing to take action.

Mention was made of the NSPCC prevalence study, which was seen as a good example of identifying specific behaviours, irrespective or not as to whether they were seen as 'safeguarding'. Some form of tracking of the extent to which prevalence of specific experiences has changed seemed to be a valuable approach.

There was a suggestion that people could quickly identify what the socially accessible answers to questions about likely responses were. However, if people started to use different words and give different responses to what they would do; that appears to be saying something about the perceived value and importance of safeguarding behaviour, or about the social censure involved in not supporting safeguarding. So, while such attitudes were not seen as a direct primary measure of a degree of safeguarding it did appear to say something which could be considered amongst other pieces of information.

There was also the issue that definitions and understanding of maltreatment may change over time. For example, children being obese would not be considered as an element of maltreatment a couple of years ago but increasingly looks like it could be in the future. There was a view that this could be coped with if we used a methodology similar to that of the prevalence study in which specific behaviours were tracked rather than the labels that people attach to them.

The point was also raised that discussion and vetting and barring was all very well, but where children are most at risk is in the home, yet this wasn't really addressed at the primary level given the indicators presented.

There was a concern that any measure based around hospital admissions, could produce a negative incentive if people knew that they would be targeted as potentially having children at risk if they attended hospital on several occasions. However, the current statistical data analysis was not seen as problematic, as long as it stayed separate from direct intervention measures.

Vetting and Barring

The vetting and barring scheme was thought to have some potential in relation to safeguarding, but not as a simple measure. For example, under the new scheme people will have free access to the process, but this may be misleading as people who are not going to work with children for many years may be engaging with the process.

It was suggested that a far better approach would be to try to identify how much non-compliance there is. Non-compliance could be examined by a sector and geographically; however, there is currently no mechanism to record this consistently.

Another approach could be the recording the penetration of the vetting and barring scheme in different sectors. There was a discussion about smaller voluntary, religious and ethnic minority organisations, which traditionally had not always been aware of their safeguarding responsibilities and non-compliance was likely to be high. It was also suggested that to many people that this idea of safeguarding was one that was very easy to communicate.

Most people expected that those who have been working with children would have had their background checked. It was noted that this was not a guarantee of safety, seeing as some people may have offended overseas previously or may commit a first offence. However, it did appear to be a measure of the extent to which that people with a known undesirable background were being prevented from working or volunteering with children and would match what many people understood safeguarding to be.

The point was also made that that potential offenders would be able to move from more compliant to less compliant sectors and areas if they wanted to seek out children to harm and that it vetting and barring schemes may not result in a reduction so much as a displacement of inappropriate behaviour. However, the spread of compliance had to be seen as indicative of improved safeguarding.

There was a suggestion that the primary level of prevention needed some attention because that was an area relatively new to most LSCBs. There was little guidance's to LSCBs on what they should be doing and on which areas or types of primary prevention they should be prioritising. It was suggested that it may be useful if the PSA helped to clarify this.

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Annex 1 List of Possible Offences Against Children

(from Local Authority Social Services Letter: LASSL (July 2005)

Offence	Section	Act
Murder	Common Law	
Manslaughter	Common Law	
Infanticide	Common Law	
Kidnapping	Common Law	
False Imprisonment	Common Law	
Assault or battery	Common Law	
Indecent exposure	Section 4	Vagrancy Act 1824
Indecent exposure	Section 28	Town Police Clauses Act 1847
Conspiring or soliciting to commit murder	Section 4	Offences Against the Person Act 1861
Administering poison, or wounding, with intent to murder	Section 11	Offences Against the Person Act 1861
Threats to kill	Section 16	Offences Against the Person Act 1861
Wounding and causing grievous bodily harm: Wounding with intent	Section 18	Offences Against the Person Act 1861
Wounding and causing grievous bodily harm: Inflicting bodily injury	Section 20	Offences Against the Person Act 1861
Maliciously administering poison	Section 23	Offences Against the Person Act 1861
Abandonment of children under two	Section 27	Offences Against the Person Act 1861
Assault occasioning actual bodily harm	Section 47	Offences Against the Person Act 1861
Child stealing	Section 56	Offences Against the Person Act 1861
Drunk in charge of a child under seven years	Section 2	Licensing Act 1902
Cruelty to children	Section 1	Children and Young Persons Act 1933
Allowing persons under 16 to be in brothels	Section 3	Children and Young Persons Act 1933
Causing or allowing persons under 16 to be used for begging	Section 4	Children and Young Persons Act 1933
Give / cause to be given intoxicating liquor to a child under 5 years	Section 5	Children and Young Persons Act 1933
Exposing children under seven to risk of burning	Section 11	Children and Young Persons Act 1933
Prohibition against persons under 16 taking part in performances endangering life and limb	Section 23	Children and Young Persons Act 1933
Infanticide	Section 1	Infanticide Act 1938
Rape	Section 1	Sexual Offences Act 1956
Procurement of a woman by threats	Section 2	Sexual Offences Act 1956

	Section 3	Sexual Offences Act 1956
Administering drugs to obtain or facilitate intercourse	Section 4	Sexual Offences Act 1956
Procurement of a woman by false pretences	Section 5	Sexual Offences Act 1956
Intercourse with a girl under 16	Section 6	Sexual Offences Act 1956
Intercourse with defective	Section 7	Sexual Offences Act 1956
Procurement of defective	Section 9	Sexual Offences Act 1956
Incest by a man	Section 10	Sexual Offences Act 1956
Incest by a woman	Section 11	Sexual Offences Act 1956
Buggery where the victim is under 16*	Section 12	Sexual Offences Act 1956
Indecency between men (gross indecency)	Section 13	Sexual Offences Act 1956
Indecent assault on a woman	Section 14	Sexual Offences Act 1956
Indecent assault on a man	Section 15	Sexual Offences Act 1956
Assault with intent to commit buggery	Section 16	Sexual Offences Act 1956
Abduction of a woman by force or for the sake of her property	Section 17	Sexual Offences Act 1956
Abduction of unmarried girl under 18 from parent or guardian	Section 19	Sexual Offences Act 1956
Abduction of unmarried girl under 16 from parent or guardian	Section 20	Sexual Offences Act 1956
Abduction of defective from parent or guardian	Section 21	Sexual Offences Act 1956
Causing prostitution of women	Section 22	Sexual Offences Act 1956
Procuration of girl under 21	Section 23	Sexual Offences Act 1956
Detention of a woman in a brothel or other premises	Section 24	Sexual Offences Act 1956
Permitting a girl under 13 to use premises for intercourse	Section 25	Sexual Offences Act 1956
Permitting a girl between 13 and 16 to use premises for intercourse	Section 26	Sexual Offences Act 1956
Permitting defective to use premises for intercourse	Section 27	Sexual Offences Act 1956
Causing or encouraging prostitution of, or intercourse with, or indecent assault on, girl under 16	Section 28	Sexual Offences Act 1956
Causing or encouraging prostitution of defective	Section 29	Sexual Offences Act 1956
Man living on earnings of prostitution	Section 30	Sexual Offences Act 1956
Women exercising control over prostitute	Section 31	Sexual Offences Act 1956
Sexual intercourse with patients	Section 128	Mental Health Act 1959
Indecent conduct towards young child	Section 1	Indecency with Children Act 1960

Aiding, abetting, counselling or procuring the suicide of a child or young person.	Section 2	Suicide Act 1961
Procuring others to commit homosexual acts (by procuring a child to commit an act of buggery with any person, or procuring any person to commit an act of buggery with a child)	Section 4	Sexual Offences Act 1967
Living on earnings of male prostitution	Section 5	Sexual Offences Act 1967
Burglary (by entering a building or part of a building with intent to rape a child)	Section 9	Theft Act 1968
Supplying or offering to supply a Class A drug to a child, being concerned in the supplying of such a drug to a child, or being concerned in the making to a child of an offer to supply such a drug.	Section 4	Misuse of Drugs Act 1971
Inciting girl under 16 to have incestuous sexual intercourse	Section 54	Criminal Law Act 1977
Indecent photographs of children	Section 1	Protection of Children Act 1978
Offence of abduction of a child by parent	Section 1	Child Abduction Act 1984
Offence of abduction of child by other persons	Section 2	Child Abduction Act 1984
Possession of indecent photographs of children	Section 160	Criminal Justice Act 1988
Abduction of child in care/police protection .. take away/induce away/assist to run away/ keep away	Section 49	Children Act 1989
Recovery of missing or unlawfully held children	Section 50	Children Act 1989
Abuse of Trust	Section 3	Sexual Offences (Amendment) Act 2000
Traffic in prostitution	Section 145	Nationality, Immigration and Asylum Act 2002
Rape	Section 1	Sexual Offences Act 2003
Assault by penetration	Section 2	Sexual Offences Act 2003
Sexual assault	Section 3	Sexual Offences Act 2003
Causing a person to engage in sexual activity without consent.	Section 4	Sexual Offences Act 2003
Rape of a child under 13	Section 5	Sexual Offences Act 2003
Assault of a child under 13 by penetration	Section 6	Sexual Offences Act 2003
Sexual assault of a child under 13	Section 7	Sexual Offences Act 2003
Causing or inciting a child under 13 to engage in sexual activity	Section 8	Sexual Offences Act 2003
Sexual activity with a child	Section 9	Sexual Offences Act 2003
Causing or inciting a child to engage in sexual activity	Section 10	Sexual Offences Act 2003
Engaging in sexual activity in the presence of a child	Section 11	Sexual Offences Act 2003
Causing a child to watch a sexual act	Section 12	Sexual Offences Act 2003

Child sex offences committed by a children or young persons	Section 13	Sexual Offences Act 2003
Arranging or facilitating commission of a child sex offence	Section 14	Sexual Offences Act 2003
Meeting a child following sexual grooming etc.	Section 15	Sexual Offences Act 2003
Abuse of position of trust: sexual activity with a child	Section 16	Sexual Offences Act 2003
Abuse of position of trust: causing or inciting a child to engage in sexual activity	Section 17	Sexual Offences Act 2003
Abuse of position of trust: sexual activity in the presence of a child	Section 18	Sexual Offences Act 2003
Abuse of position of trust: causing a child to watch a sexual act	Section 19	Sexual Offences Act 2003
Sexual activity with a child family member	Section 25	Sexual Offences Act 2003
Inciting a child family member to engage in sexual activity	Section 26	Sexual Offences Act 2003
Sexual activity with a person with a mental disorder impeding choice	Section 30	Sexual Offences Act 2003
Causing or inciting a person, with a mental disorder impeding choice, to engage in sexual activity	Section 31	Sexual Offences Act 2003
Engaging in sexual activity in the presence of a person with a mental disorder impeding choice	Section 32	Sexual Offences Act 2003
Causing a person, with a mental disorder impeding choice, to watch a sexual act	Section 33	Sexual Offences Act 2003
Inducement, threat or deception to procure sexual activity with a person with a mental disorder	Section 34	Sexual Offences Act 2003
Causing a person with a mental disorder to engage in or agree to engage in sexual activity by inducement, threat or deception	Section 35	Sexual Offences Act 2003
Engaging in sexual activity in the presence, procured by inducement, threat or deception, of a person with a mental disorder	Section 36	Sexual Offences Act 2003
Causing a person with a mental disorder to watch a sexual act by inducement, threat or deception	Section 37	Sexual Offences Act 2003
Care workers: sexual activity with a person with a mental disorder	Section 38	Sexual Offences Act 2003
Care workers: causing or inciting sexual activity	Section 39	Sexual Offences Act 2003
Care workers: sexual activity in the presence of a person with a mental disorder	Section 40	Sexual Offences Act 2003
Care workers: causing a person with a mental disorder to watch a sexual act	Section 41	Sexual Offences Act 2003
Paying for the sexual services of a child	Section 47	Sexual Offences Act 2003
Causing or inciting child prostitution or pornography	Section 48	Sexual Offences Act 2003
Controlling a child prostitute or a child involved in pornography	Section 49	Sexual Offences Act 2003

Arranging or facilitating child prostitution or pornography	Section 50	Sexual Offences Act 2003
Causing or inciting prostitution for gain	Section 52	Sexual Offences Act 2003
Controlling prostitution for gain	Section 53	Sexual Offences Act 2003
Trafficking into the UK for sexual exploitation	Section 57	Sexual Offences Act 2003
Trafficking within the UK for sexual exploitation	Section 58	Sexual Offences Act 2003
Trafficking out of the UK for sexual exploitation	Section 59	Sexual Offences Act 2003
Administering a substance with intent	Section 61	Sexual Offences Act 2003
Committing an offence with intent to commit a sexual offence (in a case where the intended offence was an offence against a child)	Section 62	Sexual Offences Act 2003
Trespass with intent to commit a sexual offence (in a case where the intended offence was an offence against a child)	Section 63	Sexual Offences Act 2003
Exposure	Section 66	Sexual Offences Act 2003
Voyeurism	Section 67	Sexual Offences Act 2003
Trafficking people for exploitation	Section 4	Asylum and Immigration (Treatment of Claimants, etc)

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