

PSA Delivery Agreement 13:

Improve children and young people's safety

April 2008

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Printed by The Stationery Office 04/08

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ISBN 978-1-84532-451-3

PU543- Revised April 2008

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VISION

1.1 The Government's aim is to make the country the best place in the world for our children and young people to grow up. Every child, whatever their background or their circumstances, should have the support they need to:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic wellbeing.

1.2 As set out in the *Children's Plan*, in working towards this aim the Government is guided by five principles: Government does not bring up children – parents do – so Government needs to do more to back parents and families;

- all children have the potential to succeed and should go as far as their talents can take them;
- children and young people need to enjoy their childhood as well as grow up prepared for adult life;
- services need to be shaped by and responsive to children, young people and families, not designed around professional boundaries; and
- it is always better to prevent failure than tackle a crisis later.

1.3 This document sets out the delivery strategy for improving the safety of children and young people. Staying safe is vital for children and young people's happiness, health, wellbeing and achievement. Staying safe is an integral part of the *Children's Plan* children cannot enjoy their childhoods or achieve their full potential unless they are safe. Harm to children can have a fundamental impact during their childhood and lasting effects into adult life. Improving children's safety means tackling a wide range of issues – abuse and neglect, accidental injury and death, bullying, crime and anti-social behaviour, as well as ensuring a stable home environment. There are therefore strong links to a number of the Government's other Public Service Agreements (PSAs). The *Staying Safe: Action Plan*¹ confirms the Government's commitment to keeping children and young people safe. This is not about wrapping children up in cotton wool. Childhood should be a time for enjoyment, learning and exploration. Children must be able to take part in activities that are an essential part of childhood, and which will ultimately build their own resilience to harm. Government has a role to play in supporting parents to strike the right balance between protecting their children and allowing them to learn and explore new situations safely. However, this is not solely the responsibility of parents, or of local or national government. Helping children and young people to stay safe should be everyone's responsibility.

1.4 Responses to the consultation that informed the *Staying Safe: Action Plan* showed that most people agree that children today are safer than in previous generations while recognising that there is more to do. The Government is committed to driving further improvements in child safety. New actions to help change attitudes

¹ HMG 2008, www.ecm.gov.uk/stayingsafe

and behaviour and improve understanding will enhance the existing legislative and policy framework and help make a lasting difference. The cross-government *Staying Safe: Action Plan* marks a new co-ordinated approach across central government, mirroring developments at a local level through Local Safeguarding Children Boards. Delivery will depend on close working between departments underpinned by this cross-government PSA. The Government will also seek the active engagement of a wide range of delivery partners in the development of detailed plans and ongoing monitoring arrangements.

2

MEASUREMENT

2.1 The four indicators underpinning this PSA represent the breadth of the issues that are being addressed to improve the safety of children and young people. Progress against them will illustrate the extent to which the policies and governance structures in place have resulted in change for children, young people and families.

Fuller descriptions are at Annex A.

Indicator 1: Percentage of children who have experienced bullying

- Bullying is the safety concern most commonly cited by children and young people – in one national survey in 2006, 30 per cent of respondents reported they had been bullied². The data for this indicator will be collected by a local area user perception survey (currently called Tellus and run by Ofsted). Data from the survey will be used to evaluate whether current policies are having the desired effect on reducing bullying with action taken to improve outcomes. The Government wants to see the number of children reporting being bullied reducing over the 2007 Comprehensive Spending Review period.

Indicator 2: Percentage of children referred to children's social care who received an initial assessment within 7 working days

- Initial assessments, which take place after a child is referred to social care, are an important indicator of how quickly services can respond when a child is thought to be at risk of serious harm. As the assessments involve a range of local agencies, this directional indicator also shows how well multi-agency working arrangements are being established, as well as the quality of service received from children's social care. In 2007, average performance on this indicator was 68 per cent, with a significant variation between authorities of between 30 per cent to 100 per cent. The Government expects to see an improvement over the 2007 Comprehensive Spending Review period in the percentages of initial assessments being carried out within these timescales.

Indicator 3: Emergency hospital admissions caused by unintentional and deliberate injuries to children and young people

- Accidents are the leading cause of injury to children and disproportionately affect children from lower socio-economic groups. Injuries caused by accidents and deliberate harm, including those injuries that present at hospital as accidents but which may in fact be caused deliberately are an important indicator of the effectiveness of local agencies in working to prevent accidental and deliberate harm to children. In 2006-07, there were 135,411 admissions for children and young people aged under 18 to hospitals in England for emergency unintentional and deliberate injuries. This is a rate of 123 per 10,000 population. Numbers have been increasing in recent years (in 2004-05 there were 128,580 admissions – a rate of 116 per 10,000 population). The Government wants the rate for children admitted to hospitals for these causes to reduce over the 2007 Comprehensive Spending Review period.

² See www.bullying.co.uk for more information on the National Bullying Survey.

Indicator 4: Preventable child deaths as recorded through child death review panel processes

- Child death review panels, which will be a statutory requirement from April 2008, will consider each unexpected child death in their area to ascertain the causes of death and learning what could have been done to prevent the death where possible. The panel will review all causes of death, both accidental and deliberate. A core dataset will be collected by panels, which for the first time will provide new data on all preventable child deaths. The Government expects the numbers of preventable child deaths to reduce over the 2007 Comprehensive Spending Review period.

2.2 The measures within this PSA, the 15 safety indicators in the local government National Indicator Set (see section 3.40 for details), the *Staying Safe: Action Plan* and the *Children's Plan* emphasise the breadth of work underway or planned to improve the safety of children and young people. A cross-government PSA board monitors implementation of the *Staying Safe: Action Plan* (see Annex B), as well as the extent to which these actions are leading to improvements in children and young people's safety.

2.3 Robust processes for evaluating the programme of work set out in the *Staying Safe: Action Plan* (as a whole and for individual elements) are being put in place. In addition, the Centre for Economics of Education will be carrying out an 18 month project looking at the Every Child Matters outcomes, including a specific focus on safety. DCSF and DH are jointly funding the Safeguarding Research Initiative, which aims to improve knowledge of effective practice across a range of child safety issues, including neglect, emotional abuse, physical abuse and Local Safeguarding Children Boards (LSCBs) work. A series of research projects has been commissioned under the initiative which will report between 2008 and 2009. Measuring the impact of these policies will not be limited to numerical information gathered through local and national indicators. The PSA board will look to a range of evidence sources to assess improvement. There will also be biennial overview reports of Serious Case Reviews to inform policy and practice.

3

DELIVERY STRATEGY

3.1 The Government's strategy for delivering improvements in child safety relies on action being taken at each of three levels:

- universal safeguarding – to keep all children and young people safe and create safe environments for all children
- targeted safeguarding – some groups of children are more at risk than others, and it is important to target policies and services to these groups, to help keep them safe from harm
- responsive safeguarding – unfortunately, there will always be some children and young people who suffer harm. Services need to respond quickly and appropriately when this happens – supporting children and dealing with those who harm them.

3.2 To deliver improvements in child safety, the Government will build on progress already made and aim to drive real improvements to children and young people's outcomes over the 2007 Comprehensive Spending Review period. Actions taken as part of the *Staying Safe: Action Plan* will fill gaps or make policies more effective where necessary.

3.3 It is important that everyone – parents³, practitioners, agencies, government – works together to create safe and accessible environments for children and young people wherever they are, whether at home, at school, at college, out playing, on transport, at nursery, in public spaces or in a youth club. It is everyone's responsibility to create these safe environments, so that all children and young people can enjoy and achieve.

3.4 The *Staying Safe: Action Plan* sets out the priorities and actions that will improve the safety of children and young people. Some of these actions will lead directly to changes in the 2007 Comprehensive Spending Review period that will drive improvement against the indicators. Other actions will lead to improvements in safety that impact indirectly on the indicators and/or which lead to longer term outcomes. This Delivery Agreement focuses on those actions that will directly drive improvement against the indicators over the 2007 Comprehensive Spending Review period, but the PSA Board monitoring arrangements will also consider the wider actions (see Annex B).

ACTIONS TO IMPROVE CHILDREN AND YOUNG PEOPLE'S SAFETY

Indicator 1: Percentage of children who have experienced bullying

3.5 The Tellus survey is a nationally representative survey that includes coverage of children's experiences of bullying. The most common reason for children and young people to call ChildLine in the past 6 years has been to talk about being bullied.

3.6 Many children experience bullying, in the TellUs2 (2007) survey, 30 per cent of children reported being bullied at some point, with 5 per cent reporting being bullied

³ 'Parents' includes mothers and fathers or other relatives/adoptive parents who bring up children - whether or not the children live with them.

on most days. Between 30 per cent and 50 per cent of bullying takes place outside schools.

3.7 Cyberbullying is now a feature in the lives of many young people and there is concern that levels of cyberbullying are increasing. Recent research conducted by the Anti-Bullying Alliance identified that 22 per cent of 11- to 16-year-olds had been victims of cyberbullying at least once.

3.8 The effects of bullying can continue into later life. 20 per cent of adults who had been bullied reported a loss of confidence because of it; 13 per cent said it affected their relationships; 7 per cent said it impacted on their job prospects; 9 per cent were left feeling suicidal; and 8 per cent had been treated for mental health problems as a result of childhood bullying⁴.

3.9 The Government will be continuing the current programme of work to address bullying, which includes:

- working with industry partners to tackle cyberbullying and, in spring 2008, launching a new pack for school staff to support them in dealing with cyberbullying;
- expanding the existing peer mentoring programme in schools (an ongoing pilot to develop a range of high quality sustainable models of peer mentoring) to lead to the publication of good practice resources for schools and local authorities;
- continuing to provide support for parents of children who are bullied and working with Parentline Plus for whom DCSF provide a grant to support mothers and fathers who are worried about bullying;
- considering the recommendations of the 11 Million (previously Office of the Children's Commissioner) report on schools' bullying complaints systems; and
- working with the National Society for the Prevention of Cruelty to Children, (NSPCC) to deliver improved listening services for children over the four years 2007–2011 through the £30 million grant announced in July 2007.

3.10 In addition the Government will:

- publish new guidance in spring 2008 to help schools tackle the bullying of children with special educational needs (SEN) and disability;
- issue new guidance and training for tackling bullying which takes place outside schools (ensuring the needs of disabled children are covered in this); and
- fulfil the commitment in the *Staying Safe: Action Plan* to create a new National Safeguarding Unit for the Third Sector to provide advice and assistance to all third sector organisations on anti-bullying policies (as well as safe recruitment procedures and risk management in activity provision).

⁴ National Bullying Survey 2006, available from www.bullying.co.uk

Indicator 2: Percentage of children referred to children’s social care who received an initial assessment within 7 working days

3.11 In recent years there has been a steady increase in the proportion of initial assessments that are completed within 7 working days.

	2003	2004	2005	2006	2007
All initial assessments completed	263,900	290,800	290,300	300,200	305,000
completed within 7 working days of referral	149,400	169,100	179,200	194,900	208,700
Percentage	57	58	62	65	68

Source, DCSF Statistical First Release 28/2007

3.12 The Government will continue current work to make the child protection process more responsive, which includes:

- implementing guidance on *Working Together to Safeguard Children*⁵ and *What to do if you’re worried a child is being abused*⁶;
- supporting Local Safeguarding Children Boards to improve their effectiveness;
- developing the Integrated Children’s System (a framework for practitioners and managers working with children in need and their families);
- ensuring Nominated Health Professionals are in place and able to work effectively; and
- encouraging professionals to work better together through broader Every Child Matters (ECM) reforms.

3.13 To further build on this existing work the Government will also:

- take forward actions to tackle recruitment and retention and to accelerate the pace of workforce re-modelling in social work. The Children’s Workforce Development Council will be a key delivery partner for this work, details of which are covered in their business plan for 2008-2011;
- consider the implications for policy and practice of the next joint Chief Inspectors’ report on safeguarding children, due to be published in summer 2008;
- launch new guidance on safeguarding disabled children; and
- improve appropriate referrals to social care by health professionals – the National Institute for Health and Clinical Excellence will publish guidelines for health professionals in 2009 on the identification of children with suspected abuse.

⁵ HMG 2006 www.ecm.gov.uk/workingtogether

⁶ HMG 2006 www.ecm.gov.uk/socialcare/safeguarding/

Indicator 3: Hospital admissions caused by unintentional and deliberate injuries to children and young people

and

Indicator 4: Preventable child deaths as recorded through child death review panel processes

3.14 Hospital admissions (of under 18s) caused by unintentional and deliberate injuries have fluctuated at around 120 per 1,000 over the past decade.

3.15 Data from the Office for National Statistics (ONS) on child deaths resulting from external causes has seen an overall decrease in recent years. Transport accidents account for around half of child injury deaths. Children from disadvantaged backgrounds are more likely to die as a result of injury and accidents.

2001	2002	2003	2004	2005	2006
404	393	375	329	263	328

Source: ONS statistics on deaths of those aged 28 days to 14 years

3.16 The Government will be continuing the current programme of work to prevent injuries and deaths for children, which includes the following projects:

- the Government is currently testing an intensive nurse-led home visiting programme for the most at risk families, whereby health visitors are providing additional support for first-time young parents. The Nurse Family Partnership programme has been developed over 30 years in the United States, where it has achieved impressive reductions in accidental and non-accidental injuries. This approach is being tested in 10 sites across the country, mainly through children's centres;
- the Department of Health will work with the Strategic Health Authority to emphasise the importance of the health visitor workforce;
- Communities and Local Government (CLG) are working with local authorities to improve the standards of their housing and the Fire Service, assisted by an additional £25 million grant programme (2004-8), has installed over 1.3 million smoke alarms in the most vulnerable households as part of its extensive work to reduce the risks from fire. Building Schools for the Future (BSF) outlined measures to ensure that the physical environment's of new and renewed schools address important safety aspects;
- Road accidents are one of the biggest causes of accidental injury and death for children and young people. The number of children aged 0-15 killed or seriously injured in road accidents in Great Britain fell by more than 50 per cent from the 1994-98 average, to 3,294 in 2006 (of whom 169 were killed). The Department for Transport published a new child road safety strategy in February 2007, which sets out work to further improve child road safety. This includes improvements to the delivery of road safety education in schools; continued publicity to encourage safer road use aimed at children, parents and other road users through the award-winning Think! road safety campaign; encouraging wider use of 20mph zones; improvements to driver

training and testing; and more general improvements to road safety in areas such as speeding and drink driving;

- some children are at risk of abuse or neglect, usually from someone that they know. There has been a substantial amount of work to safeguard and promote the wellbeing of children. For example, in 2006 the Government published guidance on *Working Together to Safeguard Children* to clarify roles and responsibilities of those working with children and young people;
- the Department of Health will develop service guidelines through the Victims of Violence and Abuse prevention Programme and publish a revised Child Health Promotion Programme;
- the Government will implement the National Delivery Plan for Domestic Violence, including promoting cross-agency collaboration, as it affects children and young people; and
- in addition, the Department for Children, Schools and Families will respond to the recommendations of the *Byron Review*, which has looked at how to help parents and children get the best from technologies while protecting them from harmful content on the internet or in video games.

3.17 Further to this existing work, the *Staying Safe: Action Plan* sets out the Government's commitments to:

- carry out a Priority Review of local area accident prevention which will make a number of recommendations about how accident prevention work might be improved;
- use the findings from the forthcoming Child Death Review report published by the forthcoming Confidential Enquiry into Maternal and Child Health (CEMACH) to inform future developments;
- provide funding for child death review processes (local authorities will receive £7.2 million in 2008-2009, £7.4 million in 2009-2010 and £7.7 million in 2010-2011) which are a responsibility of LSCBs. Additional NHS monies of £10 million per annum over the same period will be provided to support health professionals in their participation in these processes. Findings from these reviews will feed into local, regional and national safety initiatives;
- establish a Child Safety Education Coalition to deliver and evaluate child safety education across the country and ensure that more children, including disabled children, have access to activities such as Crucial Crew or LASER centres, so that they can learn the skills to keep themselves safe; and
- fund a new home safety equipment scheme – totalling £18 million over the 2007 Comprehensive Spending Review period. Children living in poor households are at greater risk of accidents and this scheme will provide equipment for those families who need it most (recognising that men and women often have different attitudes to risk).

ROLES AND RESPONSIBILITIES

Children, families and the public

3.18 Children, young people, and families all have an equally important role in improving children's safety. Children and young people play a role in keeping themselves and one another safe, by recognising the risks they face in any given situation - whether in their home, on the street, at school, out at play or in organised activities - and knowing what steps to take to mitigate these. Providing a secure and stable home environment can build essential protective factors which will help children and young people to reduce the risk of harm through their lives. Fathers and mothers can teach their children about risks they might face and how to mitigate these. Parents' attitudes and behaviour are fundamental to the safety of their children and can also set examples which their children may follow later in life (in some cases creating cycles of disadvantage⁷).

3.19 LSCBs and Children's Trusts should ensure that the views of children and young people about their safety concerns are taken into account when planning services to deliver against the priorities set out here. Some LSCBs have already carried out surveys amongst local children and young people to help define their priorities for action. In the *Staying Safe: Action Plan*, a range of proposals is outlined, many of which will improve children's ability to build their resilience to risk, and help parents influence local organisations. Carers who look after children who are not their own also need the right skills to support children safely.

3.20 The general public also has a contribution to make to ensuring children and young people can stay safe, by acting appropriately themselves, identifying any unacceptable behaviour by others towards children and young people, and acting on any concerns about children's safety. Families need to understand risks of harm to their children, and manage these on a day to day basis. As their children grow up, parents can help them to build resilience of their own to risks to their safety. Children and young people can also help to improve their own safety by knowing what is acceptable and unacceptable behaviour towards them, knowing how to identify and manage risks of harm, and who to approach if they have concerns.

Local Agencies

3.21 Many partners and agencies have important roles to play in improving children and young people's safety, as set out below:

- **children's social care services** will act on child protection referrals, assess need and coordinate responses from local agencies to keep children safe and promote their welfare. This includes local authorities' statutory duties towards those children who they formally look after;
- **police forces** will identify and act on child protection concerns, carry out criminal investigations, enforce road traffic laws and help to prevent harm. The police play a fundamental role in child protection, often working jointly with child protection social workers. There is also a specific focus on safeguarding children within the performance framework for police forces. Police forces will be increasingly involved in Safer Schools Partnerships to help schools provide a safer and secure school community, including ensuring children are not victimised;
- **NHS organisations and staff** will actively promote the health and wellbeing of children, identify and work in partnership with agencies to address

⁷ Think Families, Social Exclusion Task Force 2007

safeguarding concerns, and provide timely, therapeutic and preventative interventions;

- **professional bodies** promote the safety of children and young people, in particular through their standards, training and regulation responsibilities;
- **services for vulnerable adults** such as prisons, adult mental health, adult substance misuse and domestic violence intervention projects will recognise the links between service users who are parents and risks to their children's safety and act to safeguard children. Intervention projects should adopt a 'think family' approach – recognising the links and taking action where service users are parents and acting to safeguard children;
- **universal services** including schools, early years providers, extended school services, school health services, further education colleges, training providers working with 14 to 19-year-olds, housing services, local authority planners, parks/green spaces managers and road safety officers will work to create a safe environment for children and young people, educate children and young people about how to keep themselves safe, and refer any concerns about children's safety to the relevant local agency;
- **third sector organisations** provide a range of preventative services relating to accidental and deliberate harm, including helplines, ensuring the safety of those working with children, promoting the road safety of children and providing information and resources about accident prevention. Many third sector organisations, including faith organisations, work with hard to reach groups to carry out important preventative work within communities. The third sector can also be involved in providing therapeutic support for children who have been abused and placements and other services for children who are in care;
- **the court system** works to protect children and young people involved with courts from harm. To ensure that care cases proceed through the courts as quickly as possible, work is underway to embed the recently revised *Children Act 1989 'Court Orders' regulations* and guidance provided to local authorities and the judiciary's 'Public Law Outline' (underpinned by a revised Practice Direction). To support these new arrangements and ensure they are fully embedded, the Government will work with partners including Cafcass⁸, the Legal Services Commission and local authority organisations, to develop practitioner toolkits and deliver training. Increasing the proportion of care cases being completed in the courts within 40 weeks by 10 per cent by 2009-10 is the subject of a Ministry of Justice Public Service Agreement target announced in Spending Review 2004;
- **the Fire and Rescue Service** has a statutory duty to carry out fire prevention work and fulfils this by promoting fire safety to children in the local area, and being involved in LSCBs and child death review panels as necessary. The Communities and Local Government sponsored 'Fire Kills' campaign, working in partnership with the Fire and Rescue Service provides targeted fire safety messages, particularly through Child Safety Week. The Fire and Rescue Service also plays an important part in road safety, including working actively to promote road safety and so prevent accidents; and

⁸ Children and Family Court Advisory and Support Service

- **everyone working with children and young people**, whether in paid employment, as carers or as volunteers, should promote children's resilience to harm, be alert to risks and indicators of harm, and know when and with whom to share information.

Local Safeguarding Children Boards

3.22 LSCBs will have a crucial role to play at the local level in delivering improvements against the PSA. LSCBs and Children's Trusts will lead the whole system locally, ensure safe local environments, provide and promote child protection training for service providers, ensure safety on the roads (drawing on expertise within local authorities), build effective partnerships, work within specific legislative frameworks, lead enquiries on specific child protection cases and provide direct services for children in need. LSCBs will need to secure support from partners in driving local change and improving frontline practice. The LSCB is the key statutory mechanism for:

- agreeing how the relevant organisations in each local area will cooperate to safeguard and promote the welfare of children in that locality; and
- ensuring the effectiveness of the work the organisations undertake to safeguard children and young people in the local area.

In addition, all LSCBs will establish child death review panels by April 2008 to learn lessons from child deaths that occur in the local area (see section 2.1).

3.23 Some partners in the LSCB are statutory members with a duty to contribute to effective working (including local authorities, health services, police, probation, youth justice organisations, Cafcass and Connexions), whilst others should be involved, but are not under a legal obligation (including universal services such as schools, further education, Border and Immigration Agency (BIA), Fire and Rescue Service, NSPCC and other third sector bodies). All partners are critical to making progress on this PSA. They need to work together to safeguard children and promote their welfare, focusing on identified local priorities.

3.24 LSCBs need to be supported to be as effective as possible, as they are responsible for ensuring that work carried out by their partners is effective in safeguarding children and young people. In 2006-07 the former Department for Education and Skills carried out a review of LSCB progress, setting out further actions central government would be taking to help LSCBs to make a difference, including: hosting a second national event to allow LSCBs to share their experiences; issuing a collection of readily accessible resources to clarify LSCBs' roles and responsibilities; publishing research on joint working between children's and housing services; and developing non-statutory practice guidance and a good governance self-assessment toolkit and exemplars of effective practice.

Local Authorities

3.25 Local authorities are responsible for children's social care and will continue to drive improvements in frontline practice, including through the implementation of the Integrated Children's System and modernising the social care workforce. Local authorities will work with services for which they are responsible to ensure that policies are in place for tackling bullying. In *Aiming High for Young People*⁹ an expectation was set out for local partners, including LSCBs, Local Strategic Partnerships and Children's Trusts, to work together to address young people's safety and reflect actions in local planning processes. Local authorities also have a statutory duty to promote road safety, and most employ Road Safety Officers to carry out that duty. Local areas will report on

⁹ *Aiming High for Young People: a ten year strategy for positive activities*, July 2007, HM Treasury and DCSF. Available at http://www.hm-treasury.gov.uk/media/2/6/cyp_tenyearstrategy_260707.pdf

their performance on reducing the number of children seriously injured in road traffic accidents through relevant indicators in the new National Indicator Set. New, statutory Local Area Agreements (LAAs) will enable government to agree targets with local areas where performance against these indicators is highlighted as a key priority, and will also allow local areas to set themselves locally agreed targets on road casualty reduction (see section 3.40).

3.26 Local authorities also have statutory functions to look after children who are subject to a care order or are accommodated by the local authority through a voluntary agreement with their parent. This includes a statutory duty to safeguard children and promote their welfare. The White Paper *Care Matters: Time for Change* set out the Government's expectations of how the care system should be reformed in order to improve the outcomes achieved by children in care and the stability of their lives. This is a challenging agenda nationally and locally. A stable and supportive care placement is the basis for a positive experience of care for children, and is the focus of two of the indicators in the National Indicator Set – to reduce the number of children facing three or more changes of placement in a year; as well as increasing the proportion who have a long term stable placement where they can thrive.

3.27 Delivery will also mean making best use of the new performance framework set out in Strong and Prosperous Communities the Local Government White Paper¹⁰ to ensure Government Offices, local authorities and partners have the flexibility and capacity to deliver the best solutions for local areas. Local Strategic Partnerships supported by Children's Trusts and LSCBs will play a vital role in delivering joined up local services through LAAs (see section 3.40 for further details).

Inspectorates 3.28 For partner organisations in LSCBs, inspectorates will have an important role in monitoring local services, including how well they safeguard and promote the welfare of children and young people. Inspectorates involved are:

- **The Office for Standards in Education, Children's Services and Skills (Ofsted)**, in relation to local authority children's services, private, third sector and independent early years provision, schools and further education colleges;
- **Care Quality Commission**, in relation to all health services (where the Healthcare Commission's annual health check will include a new opportunity for LSCB chairs to comment on self assessments from Primary Care Trusts, NHS Trusts, and NHS Foundation Trusts);
- **Her Majesty's Inspectorates of Constabulary, Prisons and Probation**, in relation to the police, youth offending services and probation; and
- **Audit Commission**, in relation to the Fire and Rescue Service.

3.29 Government Offices (GOs) and field forces provide briefing information to inspectorates, to be taken into account in their assessments. Inspectorates' assessment and reports can be a trigger for following up, through the National Improvement and Improvement Strategy, risks and under-performance. This may be by Regional Improvement and Efficiency Partnerships, with which GOs will link, or in appropriate cases may be led directly by GO.

¹⁰ *Strong and Prosperous Communities - The Local Government White Paper*, October 2006, CLG.

3.30 Local authority and other children’s services will be within the scope of the new multi-inspectorate comprehensive area assessment (CAA) led by the Audit Commission¹¹. This will report annually on performance against the national indicators, on local authorities’ use of resources and direction of travel, and on risks to delivery of outcomes in the local area. The CAA will be the basis for triggering bespoke focused inspections, by the appropriate inspectorate or inspectorates, of particular services in an authority or area. There will continue to be inspection in all areas of services for children in care.

Central Government

3.31 Central government will formulate policy and lead on strategy for safeguarding children and young people, ensure a clear national framework is in place, develop the legislative framework, raise awareness and understanding of the issues and different responsibilities, support local implementation, review policy and performance through inspection, support research and allocate resources.

3.32 Government departments will also drive workforce reform, working with partners such as the Children’s Workforce Development Council (CWDC) and the General Social Care Council, and use funding to incentivise modernised children’s social work. Central government will work with the Learning and Skills Council to ensure that standards are met by providers of education and training to 14- to 19-year-olds.

3.33 To assist these roles and responsibilities of all stakeholders and delivery partners, the *Staying Safe: Action Plan* sets out government’s commitment to:

- work with partners to establish awards for safeguarding – to recognise and celebrate good practice in keeping children safe;
- put forward for consideration in 2008 a theme for the local authority beacon scheme, which would recognise partnership working through LSCBs, showcase good practice, and help to share learning across local areas;
- continue to disseminate widely the overview reports which draw together the learning from Serious Case Reviews, to help local agencies improve their practice; and
- launch a major new communications campaign on children’s safety, highlighting that it is everyone’s responsibility to keep children and young people safe. This campaign will also include targeted information for vulnerable families on the risks their children can face.

ACCOUNTABILITY AND GOVERNANCE OF THE PSA

Central government

3.34 At national level, performance is overseen by a PSA Board. The PSA Board is chaired by the Senior Responsible Owner, with cross-government membership. It manages performance against the indicators underpinning the PSA, considers what impact the actions set out in this delivery agreement are having on performance, takes corrective action where necessary, and escalates risks or issues to Ministers. The children and young people’s safety PSA Board builds on the very successful cross-Government partnership forged through the Safeguarding Programme Board which steered the development of the *Staying Safe* strategy and the subsequent *Staying Safe*:

¹¹ www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/

Action Plan. The PSA Board will also examine links with other PSAs, including their delivery and monitoring.

3.35 Contributing departments are: the Department for Children, Schools and Families; Home Office; Ministry of Justice; Department of Health; Communities and Local Government; Department for Innovation, Universities and Skills; Department for Culture, Media and Sport; HM Treasury; Prime Minister’s Delivery Unit; Cabinet Office; Department for Transport; and the Border and Immigration Agency.

3.36 The PSA’s Senior Responsible Owner is the Director General for Children and Families within the DCSF. The Secretary of State for Children, Schools and Families is the lead Minister for the PSA and the cabinet sub-committee on families, children and young people DA(FCY), will drive performance by regularly monitoring progress.

3.37 The PSA Board:

- provides leadership and direction to ensure that the combined impact of the indicators delivers the improvements in children and young people’s safety;
- monitors progress against plans and agree any revisions to plans, reprioritising and reallocating resources as necessary to ensure indicators move in the right direction;
- identifies and contributes to the resolution of high-level issues and risks and where appropriate agree that they are escalated to the PSA Officials’ Group and/or DCSF Board;
- considers the financial implications of the proposals, including looking to minimise new resource burdens on local authorities, and ensure that the Child Safety PSA remains within the tolerance limits of its allocated budget;
- provides essential challenge and support; and provides assurance via the Chair to the PSA Officials Group; and
- ensures coherent and integrated cross-government policies are developed and ensure a coherent approach to the implementation of all proposals.

3.38 The PSA Board has a stakeholder reference group, which ensures stakeholder feedback is fed systematically into performance management. This reference group, comprising a range of delivery partners, has been set up to: provide advice and challenge to the delivery of the improvements outlined in this delivery agreement; provide a view on delivery based on experience at the frontline of service delivery; and drive delivery through their organisations.

3.39 The Cabinet Sub-Committee on Families, Children and Young People (DA(FCY)) considers policy affecting families, children and young people; and reports as necessary to the Committee on Domestic Affairs¹². There are also groups at ministerial level to support cross-government work, especially where there dual-accountability arrangement exists between central government departments. DA(FCY) is supported by a cross-government Officials Group (chaired by the Permanent Secretary for Children, Schools and Families), which looks at performance across all the PSAs for children and young people and escalates significant risks or issues.

¹² <http://www.cabinetoffice.gov.uk/secretariats.aspx>

Local level accountability **3.40** Under the new local performance framework outlined in the Local Government White Paper¹³, LAAs will become the key delivery contract between central and local government and its partners. The PSA is reflected in the local government National Indicator Set (NIS). Performance against indicators relating to children and young people's safety will be part of each local area's discussions about LAA priorities. Under the new performance framework outlined in the Local Government White Paper, LAAs will become the key delivery contract between central and local government and its partners. This process will help to ensure that local areas are also accountable for delivery towards the PSA.

3.41 GOs are taking the lead role in negotiating and reviewing LAAs on behalf of government. Where a local area's performance against an indicator is poor and improvement is considered a local priority, the local authority and its partners will agree a specific local target against that indicator as part of the LAA process. As part of their support and challenge role, GOs will agree and undertake, for each area with one or more relevant negotiated targets, a programme of engagement and support within the framework of the Joint Improvement Support Plan (JISP). For GOs' children and learners teams and Children's Services Advisors this may involve engagement, through Children's Trust or Local Strategic Partnership (LSP) arrangements, with a range of partners in an area. GOs will also support regional capacity building and collaborative improvement, working with and through other regional partners and in developing partnership with the Regional Improvement and Efficiency Partnership.

3.42 In addition, LSCBs will play an increasing role in the performance improvement cycle, for example through monitoring process towards the indicators.

3.43 Local authorities and their partners will report back on their performance against the range of 198 cross-government outcome focussed indicators in the new National Indicator Set (NIS). The NIS includes all locally measured indicators for this PSA. The full list of indicators relating to children and young people's safety is as follows:

- people killed or seriously injured in road traffic accidents (includes young people aged 16-18) [NI 47];
- children killed or seriously injured in road traffic accidents (covers children aged 0-15) [NI 48];
- initial assessments for children's social care carried out within 7 working days of referral [NI 59];
- core assessments for children's social care that were carried out within 35 working days of their commencement [NI 60];
- timeliness of placements of looked after children for adoption (following an agency decision that the child should be placed for adoption) [NI 61];
- stability of placements of looked after children: number of moves [NI 62];
- stability of placements of looked after children: length of placement [NI 63];
- child Protection Plans lasting two years or more [NI 64];

¹³ <http://www.communities.gov.uk/publications/localgovernment/strongprosperous>

- children becoming the subject of a Child Protection Plan for a second or subsequent time [NI 65];
- looked after children cases which were reviewed within required timescales [NI 66];
- child protection cases which were reviewed within required timescales [NI 67];
- referrals to children's social care going on to initial assessment [NI 68];
- children who have experienced bullying [NI 69];
- hospital admissions caused by unintentional and deliberate injuries to children and young people [NI 70]; and
- children who have run away from home/care overnight [NI 71].

CONSULTATION

3.44 The following stakeholders were engaged during the development of this PSA Delivery Agreement:

- the DCSF group comprising the Qualifications and Curriculum Authority (QCA); Partnerships for Schools (Pfs); British Educational Communications and Technology Agency Becta; Children and Family Court Advisory and Support Service (Cafcass); Ofsted; the Children's Workforce Development Council (CWDC); the Training and Development Agency for schools (TDA); and the National College for School Leadership (NCSL); and
- Department for Children, Schools and Families; Home Office; Ministry of Justice (including HM Courts Service); Department of Health; Communities and Local Government; Department for Innovation, Universities and Skills; Department for Culture, Media and Sport; HM Treasury; Prime Minister's Delivery Unit; Cabinet Office; Department for Transport; and the Border and Immigration Agency.

3.45 The actions and policies in the *Staying Safe: Action Plan* were also widely consulted on between July and October 2007. The consultation generated a total of 1,039 online and written responses, of which 649 were from young people. As well as an online and written consultation, DCSF worked with the independent research company, Ipsos MORI, to hold eight regional practitioner events and 18 discussion groups with children and young people, families and the general public. These discussion groups also included hard to reach groups (including parents of children with special educational needs, and recent immigrant arrivals).

3.46 This delivery agreement has been reviewed and updated to reflect developments in the *Children's Plan* and the *Staying Safe: Action Plan*.

3.47 In developing the *Children's Plan*, the Secretary of State for Children, Schools and Families led a national consultation with parents, teachers and professionals; and established three Expert Groups across three age ranges (0-7, 8-13 and 14-19), with representation across a range of professional backgrounds and organisations. The three *Children's Plan* Expert Groups were consulted on how to update this delivery agreement in light of the *Children's Plan*.

3.48 The *Children's Plan* Expert Groups will continue to advise on what action should be taken; and the stakeholder reference group which supports the PSA Board will ensure stakeholder feedback is fed systematically into the performance management of this PSA at national level.

A

MEASUREMENT ANNEX

Indicator I	Percentage of children who have experienced bullying
Data provider	Office for Standards in Education, Children’s Services and Skills (Ofsted).
Data set used	Tellus, which is an annual local area user-perception survey. ¹⁴
Baseline	The Tellus2 survey was run in 2007-08. The results showed a baseline of 30% of children being bullied in school.
Frequency of reporting	Annual – in autumn.
95 per cent confidence interval at last outturn	Expected confidence interval of around 0.5 per cent at national level. Headline local authority data reliable to within three to five percentage points for a 50 per cent survey measure at the 95 per cent confidence level.
Data Quality Officer	Data Services Group, Department for Children, Schools and Families.
Minimum movement required for performance assessment	A 0.5 percentage point movement is sufficient to make a performance assessment at the national level.

DEFINITION OF KEY TERMS

- *Children:*
For the purposes of this PSA indicator, children and young people are defined as under 18-years-old. In 2007-08, Tellus2 was carried out with children and young people in Years 6, 8 and 10.
- *Bullying:*
Bullying is ascertained through the Tellus3 survey by asking children and young people the following questions:
 - Have you been bullied at school? (never, once or more in the last year, once or more in the last four weeks, about once a week, most days, don’t know)
 - Have you been bullied somewhere else (including on your journey to school)? (never, once or more in the last year, once or more in the last four weeks, about once a week, most days, don’t know)
 - How well does your school deal with bullying? (very well; quite well; not very well; badly; bullying is not a problem in my school, don’t know)

¹⁴ The indicator is quantitative, but the assessment itself is subjective.

The Tellus3 survey defines bullying as: ‘when people hurt or pick on you on purpose (for example by teasing or hurting you, including by mobile phone or on the internet, by taking or breaking your things, or by leaving you out).

There are two other questions in the Tellus3 survey which touch on bullying:

- Thinking about all of the things that have been covered in this questionnaire today, what if anything, would do most to make your life better? (‘less bullying’ is one of the choices)
- Which of the following things, if any, do you worry about the most? (‘being bullied’ is one of the choices)

Indicator 2	Percentage of children referred to children’s social care who received an initial assessment within 7 working days
Data provider	Local authorities.
Data set used	Child Protection and Referrals 3 (CPR3), which is a children's statistical return from local authorities to the Department for Children, Schools and Families. ¹⁵
Baseline	In 2007, of the 305,200 initial assessments completed in the year, 208,700 (68 per cent) were completed within 7 working days of referral, ranging from around 30 per cent to 100 per cent across different authorities. Baseline figures for 2008 will be available in mid-September 2008.
Frequency of reporting	Annual – data are collected and published in the autumn.
95 per cent confidence interval at last outturn	Not applicable - data set covers all children who have been referred to children’s social care and is not a sample.
Data Quality Officer	Head of the Children Early Years Data Unit, Department for Children, Schools and Families.
Minimum movement required for performance assessment	A one percentage point movement is sufficient to make a performance assessment.

DEFINITION OF KEY TERMS

- *Children:*
For the purposes of this PSA indicator, children are defined as under 18-years-old (i.e. 0-17).

¹⁵ The indicator shows whether or not the child received prompt support, and how well multi-agency working arrangements are established. Data may be impacted on by administrative changes which lead to inconsistent reporting.

- Initial assessment:**
 This is defined as a brief assessment of any child who has been referred to social services with a request that services be provided. An initial assessment is deemed to have started either at the point of referral to a social services department, or when new information or an open case indicates that an initial assessment should be repeated.

Indicator 3	Emergency hospital admissions caused by unintentional and deliberate injuries to children and young people
Data provider	The Information Centre for Health and Social Care.
Data set used	<p>Hospital Episode Statistics (HES) data, which disaggregates episodes by detailed injury type. The injury types which will be used for this indicator are those which are likely to be related to accidental/self inflicted injury or assault. Some categories of harm have been excluded because they are unlikely to be influenced by government including HES injury codes X33-X39 (forces of nature) and X52 (prolonged stay in weightless environment). Also excluded are elective admissions.</p> <p>There will be a relatively small number of patients who have more than one admission within the data-year.</p>
Baseline	<p>In 2006-07, 135, 411 children and young people aged under 18 were admitted, as an emergency, to hospitals in England with unintentional and deliberate injuries. This is a rate of 123 per 10,000 population</p> <p>Baseline figures for 2007-08 will be published in December 2008.</p> <p>The rate is calculated as: $\left(\frac{X}{Y}\right) 0,000$</p> <p>Where:</p> <p>X = Total number of finished in-year emergency admissions of children and young people aged 0-17 years (i.e. under 18) to hospital as a result of accidental and non-accidental injury.</p> <p>Y = The total population of children and young people aged under 18</p>
Frequency of reporting	Annual – in December.
95 per cent confidence interval at last outturn	Not applicable – the data set covers all children and young people who have been admitted to hospital and is not a sample.
Data Quality Officer	HES/SUS analysis programme manager, The Information Centre for Health and Social Care.
Minimum movement required for performance assessment	A one percentage point movement is sufficient to make a performance assessment.

DEFINITION OF KEY TERMS

- For the purposes of this PSA indicator, children and young people are defined as age 0- to 17-years-old (up to their 18th birthday).
- *Hospital admissions:*
An 'admitted patient' is a person who is formally admitted to a hospital bed for day case procedures, or who is admitted for a longer period as an inpatient.
- The indicator is restricted to counting only emergency admissions (therefore excluding elective admissions, such as follow-up treatment following an earlier emergency admission).
- *Injury type:*
The clinical coding team will enter the information on the patient's record when the hospital episode is finished (i.e. when the patient is either discharged from hospital or responsibility for their care is transferred from one consultant team to another within the same hospital). The external cause of morbidity or mortality codes are part of the International Classification of Diseases (ICD) coding system and a member of the clinical coding team will decide on which codes to use.

Indicator 4	Preventable child deaths as recorded through child death review panel processes
Data provider	Department for Children, Schools and Families (from child death reviews).
Data set used	Data is from annual child death review information on all child deaths from birth up to age 18 years over a one year period.
Baseline	Baseline data will be available in 2008-9. ¹⁶
Frequency of reporting	Annual - the specific month will be confirmed when the panels are established in 2008.
95 per cent confidence interval at last outturn	Not applicable – the data set is from a census of child deaths.
Data Quality Officer	Children's Safeguarding Policy Unit, Safeguarding Group, Children and Families Directorate, Department for Children, Schools and Families.
Minimum movement required for performance assessment	A one percentage point movement is sufficient to make a performance assessment.

DEFINITION OF KEY TERMS

- *Child:*
For the purposes of this PSA indicator, the definition of a child is from birth up to their 18th birthday (i.e. under 18 years).

¹⁶ Child death review panels will be established in 2008 – data will not therefore be available until early 2009.

- *Preventable and avoidable factors:*
These are defined as events, actions or omissions contributing to the death of a child or to substandard care of a child who died, and which, by means of national or locally achievable interventions, can be modified.
- *Child death review processes:*
A 'Child Death Overview Panel' is a multi-agency panel that will consist of senior representatives from each partner agency of the Local Safeguarding Children Board. The panel will review the information on all child deaths in the local area and complete a full data set.

B

STAYING SAFE: ACTION PLAN

B.1 In order to monitor the effectiveness of *the Staying Safe: Action Plan*, the PSA board will establish and subsequently monitor the outcomes resulting from this programme of work. The commitments, timings and responsibilities contained within the action plan are set out below:

Spring / Summer 2008

- DCSF launches new Out and About package.
- Byron Review reports findings to government.
- Second national event for LSCBs.
- DfT consults on new driver training and testing.
- DH ensures Nominated Health Professionals are in place and able to work effectively.
- DH holds national conference to help disseminate NICE/SCIE guidelines on parenting.
- DCSF launches new anti-cyberbullying pack.
- DCSF publishes guidance on tackling bullying of children with disabilities.
- Review of restraint in juvenile secure settings reports to government.
- DCSF implements revised guidance on children who become the subject of care proceedings in the family courts.
- DH develops national service guidelines through the Victims of Violence and Abuse Prevention Programme.
- CEMACH publishes Child Death Review Report.
- DCSF and CLG publish research on joint working between children's and housing services.
- DH publishes new revised Child Health Promotion Programme.
- DCSF publishes Children's Workforce Action Plan.
- Government publishes new drugs strategy.
- MoJ responds to consultation on young witnesses.
- Government responds to consultation on alcohol and young people.
- DCSF and DCMS publish Play Strategy.
- DCSF publishes results of review of safety education materials for PSHE.
- Joint Chief Inspectors' report on safeguarding children published.
- DCSF carries out Priority Review of local area accident prevention.
- DCSF publishes good practice guidance for LSCBs.

- DCSF/SETF Family Pathfinders go live.

Autumn / Winter 2008

- DCSF introduces new ICT curriculum for Key Stage 3.
- DCSF puts forward safeguarding theme for the local authority beacon scheme.
- Government implements Forced Marriage (Civil Protection) Act 2007.
- DCSF launches new guidance on tackling bullying outside schools.
- DCSF launches new guidance on safeguarding disabled children.
- Early Years Foundation Stage comes into force.

2009

- Government starts to measure indicator on young runaways.
- National Institute for Health and Clinical Excellence publishes guidelines for health professionals on recognising child abuse.

2011

- DfT completes review of road safety materials.

Ongoing – over 2007 Comprehensive Spending Review period

- DH invests £30 million in the Family Nurse Partnership Programme.
- DCSF funds play initiatives.
- CLG continues to promote the neighbourhood management approach.
- DH works with Strategic Health Authorities to emphasise the importance of the health visitor workforce.
- DCSF and DH provide funding for child death review processes.
- DfT encourages local authorities to create 20mph zones.
- DCSF continues to support parents of children who are bullied.
- HO and CLG continue work in response to the Flanagan Policing Review.
- Government implements reforms as set out in Better Outcomes: The Way Forward. Improving the care of unaccompanied asylum seeking children.
- Government develops action plan in response to The Children's Society recommendations.
- DCSF revises Missing from Home and Care guidance.
- DCSF continues work with the NSPCC through £30 million grant.
- DCSF continues to disseminate guidance on child trafficking.

- Forced Marriage Unit continues its work to tackle forced marriage.
- DCSF launches new communication campaign on children's safety.
- DCSF works with the Children's Workforce Development Council on new guidance and training on safer recruitment.
- DCSF sets up a new National Safeguarding Unit for the Third Sector.
- DCSF, HO and DH continue development of ISA scheme.
- DCSF works with partners to establish awards for safeguarding.
- DCSF funds new home safety equipment scheme.
- CLG continues to invest in making social sector homes safer.
- CLG promotes fire safety messages.
- DIUS works with CEL and NCSL to roll out safer recruitment training for the post-16 education sector.
- DCSF, Home Office and DH complete policy development and launch Independent Safeguarding Authority scheme.
- Home Secretary's Taskforce on Child Protection on the internet continues to work with industry and children's charities.
- Government implements National Delivery Plan for Domestic Violence.
- DH pilots new NICE/SCIE guidelines on improving the life chances of people with chaotic lives and multiple needs.
- Social Exclusion Task Force (SETF) Families at Risk review.
- DCSF continues to expand the peer mentoring programme in schools.
- Government works with the Healthcare Commission on measures to hold PCTs to account in providing services for children and young people.
- DCSF publishes new guidance on child employment.
- Government works with Youth Justice Board on new safeguarding strategy.
- HO produces Youth Crime Action Plan.
- DH consultation on health and social care services for young people subject to the criminal justice system.
- Government publishes new guidelines on cross-border issues.
- Government implements actions from review of protection of children from sex offenders.
- DH pilots stepped-care approach to mental health treatment for those affected by domestic and sexual violence.
- DCSF continues to promote positive activities for young people through Aiming High: the 10 Year Youth Strategy.
- DCSF sets up new Child Safety Education Coalition.

- DCSF reviews the delivery of sex and relationships education in schools.
- Government targets positive activities programmes on 15 local authorities particularly affected by gang culture.
- Government implements Co-ordinated Prostitution Strategy and Sexual Violence and Abuse Action Plan.
- DCSF and MoJ develop practitioner toolkits and deliver training to help ensure the revised Children Act 1989 guidance and Public Law Outline are fully implemented.

DCMS works with delivery partners to ensure the £100 million additional investment into physical exercise and sport opportunities reaches the maximum number of young people.

ISBN 978-1-84532-451-3



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