

Introduction

42. The second *Safeguarding children* (2005) report found that the priority given to safeguarding children across local government, health services and the justice system had increased since the previous report in 2002. Nonetheless, it still varied considerably between agencies that are involved with children. This was especially so for agencies in the justice system.

43. Since 2005 the national framework for children's services has changed significantly with the progressive implementation of measures introduced by the Children Act 2004 and related legislation. The Children Act 2004 introduced a statutory duty for a wide range of public services to safeguard children and promote their welfare.²⁵ It requires agencies that come into contact with children to recognise that their needs are not the same as those of adults.

44. The Every Child Matters programme focuses on five key outcomes for children and promotes a shared commitment across agencies to achieving them. The National Service Framework for Children, Young People and Maternity Services, published in September 2004, is an integral part of Every Child Matters and aims at sustained improvement in children's health over a 10-year period. It is supported by a set of national indicators for children's services which inform the JARs and the annual performance assessment (APA) of councils' contribution to improving outcomes for children and young people. In addition, in November 2007, the Government announced a new Public Service Agreement to improve children and young people's safety. All these changes have rightly served to raise the expectations placed on agencies that provide services for children.

45. Safeguarding children goes much wider than simply protecting them from neglect and abuse, as Every Child Matters and the *Staying safe: action plan* emphasise.²⁶ It is also about keeping them safe from accidents, crime and bullying and actively promoting their welfare in a healthy and safe environment. This chapter considers how agencies interpret and carry out their wider safeguarding role in different settings and services. Where possible it also looks at how children themselves regard the success of efforts to safeguard them. Evidence in this chapter is based on the findings of a wide range of inspection activity. It also refers to work carried out by the office of the Children's Commissioner, 11 Million, and other published material.

Prioritising safeguarding

46. There is evidence of a strong commitment by agencies to extend their focus from child protection to a wider view of safeguarding. JARs have found that there is a clear focus on each of the five Every Child Matters outcomes. There is evidence that Every Child Matters is providing a shared and well-understood framework that underpins joint working between staff of different agencies.

47. All local authority areas have moved to an integrated council service for children and young people. Many of these organisations are at an advanced stage of development at senior management levels. In these local authority areas, well-planned structures enable staff to work across different services to provide comprehensive care, especially to vulnerable children. For example, YOTs are increasingly becoming part of children and young people's services, having been early examples of service integration. In a few other areas, integration has not yet extended beyond senior management level or made a difference to front-line practice.

48. JARs have found that children's centres and extended schools are helping to promote good joint working. They provide a wide range of early intervention and preventive services which children, young people and their parents and carers value highly. Examples of such services include parenting programmes for parents and carers who have significant difficulties in maintaining positive relationships with their children.

Example of innovative safeguarding work

The Ipswich Family Support Service provides flexible, needs-led support for children and young people with emerging emotional and behavioural difficulties, in partnership with a voluntary trust. An evaluation of the service shows this is effective in reducing school exclusions and preventing mental health problems by early intervention.

49. Inspections have found that most schools have effective structures for supporting vulnerable children. Well-developed strategies and effective provision help vulnerable children to cope with transitions and major life changes. These include the transition from primary to secondary school, peer mentoring, targeted support, for

example for Traveller children and young carers, and rapid response services to support children and young people in coping with traumatic events such as the death of a parent or relative.

50. In the NHS, the attention given to safeguarding children is increasing. NHS trusts have worked hard to raise the priority of children's issues. Most trusts (in 2006–07, 377 out of 394 – 95%) comply with the core standard for safeguarding children and young people monitored by the Healthcare Commission.²⁷ Nearly all trusts have made progress in providing child-friendly environments, appropriate security and play areas. However, concerns remain about the priority given to children's issues by some trust boards and independent providers, which reflect the findings in the second *Safeguarding children* (2005) report. The Healthcare Commission has also raised concerns about levels of basic child protection training, lack of training of staff in communication with children and the maintenance of skills by surgeons who operate on children.²⁸ The Confidential Enquiry into Maternal and Child Health has also identified cases where healthcare practitioners had difficulty recognising serious illness in children owing to insufficient supervision or training in paediatrics.²⁹ These issues are considered in more detail in the section entitled 'Children using health services' in Chapter 3.

51. Despite the evidence of progress towards a wider view of safeguarding, a shared understanding of what safeguarding means in practice has not yet been established between all agencies. This is particularly apparent in the different approaches to children and young people's welfare applied by social care services and parts of the criminal justice system. Since the previous *Safeguarding children* (2005) report there have been improvements in the approach to safeguarding in secure establishments (youth offender institutions and secure training centres). These developments are noted throughout this report and described in detail in Chapter 3. However, progress is undermined by the application of stringent security measures that are based on the containment of adult prisoners rather than on an approach that assesses risk, acknowledges the vulnerability of children and properly balances security with their welfare needs.

Providing a healthy and safe environment

52. Feeling safe in their environment is one of the things children rank as being most important to them. In the TellUs2 (2007) survey, 95% of children said they felt very or quite safe at home and 85% did so when going to, and in, school.³⁰ This drops to 74% who felt very or quite safe around their local area and 68% on local transport. Much of the work of the Children's Rights Director, based within Ofsted, focuses on how safe children feel in different settings. In a recent report, covering a small but important targeted survey of children in need, when asked what would make children and young people feel safer, the top three replies were: harsher prison sentences for dangerous people (17%); children staying with someone they feel safe with (15%); and, alarmingly, carrying weapons such as guns or knives (11%).³¹

Regulated services

53. Foster care is the most common type of placement for looked after children and young people, with 42,300 children living with foster carers at 31 March 2007; 5,100 children were living in children's homes regulated by Ofsted. There was considerable year-on-year improvement between 2003 and 2007 in the proportion of these settings meeting the national minimum standards (NMS).³² However, inspection and other regulatory work carried out between April and December 2007 shows that 7% of independent and 10% of local authority fostering agencies were judged to be inadequate in relation to staying safe. There were similar concerns about children's homes. Although 61% of all inspections conducted within the same period judged provision for helping children to stay safe as good or better, 29% were judged to be adequate and 10% inadequate. The most common failings identified were in the level of compliance with health and safety regulations, adequacy of staffing and the management and administration of medication.

54. In childcare provision, regulatory inspections found that around three fifths (61%) of the 27,000 early years providers deliver care of good or outstanding quality. A similar proportion of settings are judged good or outstanding in helping children to stay safe (59%) and to be healthy (63%). Around 800 providers (3%) were considered to be inadequate in supporting children to stay safe, which is an improvement on the 10% in 2004–05 that were required to take actions to improve

safety. Providers also improved in their compliance with standards for health, food and drink, first aid and hygiene. Where care was judged inadequate, there were a variety of reasons, many of them related to knowledge and understanding of safeguarding procedures, staff training on child protection and supervision of staff.

Maintained schools

55. Ofsted inspections of maintained schools include reporting whether schools meet current government requirements for safeguarding learners and how effective they are in providing for the care, guidance and support of young people. However, only a limited amount of detail can be included because of the wide range of other judgements that need to be reported. These inspections always investigate safeguarding work, but it is not always reported unless it does not meet government requirements or there are particular examples of good practice. Some issues, such as the school's joint working with agencies like children's services and its participation in inter-agency child protection processes, receive less coverage. Inspectors always check that schools have a central record of the vetting they have undertaken of staff and others who come into regular contact with children and young people through school activities. More than 99% of schools comply with this requirement.

56. There are a number of other judgements in school inspections that are directly relevant to safeguarding. They are grouped under the headings of 'Personal development and well-being' and 'Care, guidance and support'. The majority of schools (70% or more for each individual judgement) are rated good or outstanding in these areas but attendance is notably weaker. Very few (5% or less) are judged to be inadequate. Less than 1% of primary schools and 3% of secondary schools are judged inadequate for behaviour. These findings suggest that the great majority of maintained schools are orderly places where standards of behaviour fall within acceptable boundaries in terms of avoiding overt danger to others. Similarly, pupils largely demonstrate proper respect and concern for each other's feelings. Most schools also provide good individual care and support for vulnerable pupils. School inspections do not generally inspect bullying and harassment in depth. However, if inspectors have concerns they will follow them up in more detail. Most inspections judge that, at the minimum, pupils have confidence that such concerns will receive an appropriate response from staff. Nevertheless,

when asked directly about how well their school deals with bullying a third of the children and young people who responded to the TellUs2 (2007) survey were less positive about the way schools dealt with such incidents. Parents are positive about standards of behaviour at their children's schools.

Independent schools

57. Ofsted inspects about half of the independent schools in England, which span a broad spectrum of faith and private schools. Around a third of these schools cater wholly or mainly for pupils with learning difficulties and/or disabilities or who are in public care. All independent schools are inspected in accordance with the standards for independent schools, which are set out in the Statutory Instrument.³³ The core inspection purpose is to check that the school's provision meets these standards within the context of the needs of its pupils. In inspecting the school's provision for welfare, health and safety, inspectors take particular account of measures to counter bullying and safeguard children through safe recruitment, and the promotion of good pupil behaviour more generally. Just under 60% of the independent schools inspected by Ofsted are judged to offer good or outstanding provision for pupils' welfare, health and safety, with around 12% inadequate.

58. A significant minority of schools are found to be non-compliant with some aspects of the regulations relating to the suitability of proprietors and staff for working with children and young people at the time of inspection and to written policies to safeguard and promote the welfare of pupils. Judgements on the suitability of premises, however, are generally much more positive. Where schools do not meet regulations, they are required by the DCSF to submit for approval an action plan stating how and when they will address the regulations they have not met. Moreover, the DCSF may request that Ofsted conducts a further inspection of the school.

59. The Independent Schools Inspectorate (ISI) inspects schools that are members of the Independent Schools Council, and the Schools Inspection Service (SIS) inspects a small number of Brethren schools affiliated to the Focus Learning Trust. Very few schools are within the SIS remit so no clear conclusions can be drawn, although the inspection procedures are the same as for ISI and both are monitored by Ofsted; one SIS school was inadequate in meeting requirements in 2007-08. Ofsted, SIS and ISI

inspection reports identify any areas where schools fail to comply with regulations and highlight areas where, though not in breach of regulations, there is room for improvement. The ISI also liaises with the DCSF about any concerns raised by parents or others. Where necessary, the ISI undertakes short or no-notice visits to schools at the request of the DCSF, especially where matters of child protection are concerned, although the DCSF retains the right to ask Ofsted to visit the school where serious concerns are raised. In 2006–07 94% of schools inspected by the ISI were graded good or outstanding in relation to the welfare, health and safety of pupils and none was graded unsatisfactory. On the occasions when schools have not met welfare and child protection requirements, the ISI reports that it has no recorded instances where schools have failed to improve their practices when directed to do so following instruction by the Registering Authority.

Further education

60. Ofsted inspects colleges and providers of work-based learning, apprenticeships, learndirect, adult and community learning, and education in accordance with the Safeguarding Vulnerable Groups Act 2006. It also inspects education provision in prisons at the request of Her Majesty's Chief Inspector of Prisons. All inspections require inspectors to make judgements in relation to safeguarding children and vulnerable adults. Inspectors grade the care, advice, guidance and other support provided to young people to safeguard their welfare, promote their personal development and help them achieve high standards. Of the 287 colleges graded from September 2005, 21% were considered outstanding, 57% good, 20% satisfactory and 2% inadequate for this aspect of their work. In learning and skills provision other than colleges of further education inspected from April 2007, 9% were considered as outstanding, 58% good, 31% satisfactory and 2% inadequate. This grade includes a judgement on the robustness of processes for safeguarding children and vulnerable adults.

Other local authority services

61. Health and safety aspects were judged to be good in the vast majority of the 30 local authority youth services inspected. Youth services comply well with regulations in relation to outdoor, sport and off-site activities. Risk assessments for everyday youth work activities are also carried out well.

62. Providing adequate housing for families remains a significant problem in some local authority areas, although there has been an overall reduction in length of stay in bed and breakfast accommodation for families with children and homelessness is decreasing.

Preventing accidents

63. Accidents cause the deaths of three children in every 100,000 each year. There are approximately two million attendances by children at accident and emergency departments as a result of accidents, many of which could have been prevented.³⁴ Overall, the death rate and the serious injury rate for children have fallen since 1995.³⁵ However, unintentional injuries, such as those caused by burns, falling downstairs at home and poisoning, remain a leading cause of death in children aged 1 to 14 and account for approximately 120,000 hospital admissions each year. There are persistent and widening differences between socio-economic groups. For children whose parents have never worked or who have been unemployed for a long time, the incidence of death from unintentional injury is 13 times higher than for children whose parents are in managerial and professional occupations.

64. The Audit Commission and Healthcare Commission's review found that local initiatives to help prevent accidents to children were often ad hoc and uncoordinated, relying on committed individuals working in isolation. The review identified effective partnership working as a key factor in preventing accidents (see next page), requiring sustained commitment and cooperation at a local level. Common characteristics of successful partnerships include coterminous local authority and PCT boundaries, strong leadership and project champions to drive and monitor progress. JARs have also found good multi-agency strategies, for example to promote road and fire safety. The national indicator set for children's services includes a measure for children who are seriously injured or killed in road accidents. This has shown a year on year reduction in serious injuries to and deaths of children in road accidents. The Government's objective for a 50% reduction by 2010 was met in 2006 when figures showed a 52% reduction against baseline.

Example of targeted work to reduce accidents to children under five

In Burnley, Pendle and Rossendale strong links between the PCT's accident prevention team and the A&E department resulted in targeted and successful campaigns to reduce accidents to, and hospital attendances by, under-fives. Measures included free installation of safety equipment in deprived areas. The overall estimated saving to the local economy was £1.9 million.

Secure settings

65. Three out of the four secure training centres where children and young people who offend are housed were found to offer satisfactory and safe accommodation. In one centre, cramped living areas are partly responsible for problems with behaviour and control, which are described in more detail in Chapter 3.

66. Inspections continue to raise concerns about standards of safety and comfort in prisons. In the most recent surveys of young people's views carried out as part of prison inspections, 29% of boys in the 13 youth offender institutions and two specialist units reported feeling unsafe at some point during their time in custody – a small improvement on the views expressed in the previous surveys.³⁶ Across the entire juvenile prisons estate, fewer boys (32% compared with 38% in the previous survey) said they had felt unsafe. Only 30% of girls reported having felt unsafe, compared with 63% in the previous survey period.

67. HM Inspectorate of Prisons has described the juvenile prisons estate as 'over-used, under-resourced and increasingly tired'. Reception facilities are frequently poorly maintained and not appropriately resourced to provide a welcoming and safe environment for new arrivals, particularly those who are experiencing their first time in custody. Inadequate staffing ratios in large, poorly designed residential units undermine efforts to provide a safe and healthy environment in a number of youth offender institutions that hold boys. Basic standards of care, such as opportunities to take a shower or eat meals communally rather than in cells, are often compromised simply because there are too many volatile young men (up to 60) in a single unit to be managed together safely. This also influences the amount of time young people

are allowed out of their cells to associate with each other and make telephone calls to their families. One young man wrote in his survey questionnaire, 'We only have association once a week and due to that we don't get to know each other. I think that if we got to know people better there would be fewer fights.' Very few boys have access to scheduled time in the fresh air every day. In contrast, the newer and smaller girls' units provide much better accommodation, all meals are taken communally in a comfortable dining area and young women have good access to outside areas.

68. Inspection reports give examples of night staff in prisons who were not trained in emergency procedures, including fire procedures, and were not always equipped with necessary emergency equipment such as ligature shears (specially designed tools to cut through ligatures quickly and safely) to deal instantly with an emergency. It is now a mandatory requirement for staff to carry ligature shears.

Promoting health and well-being

69. Local authority areas are carrying out many initiatives to support parents in improving their children's well-being. Increasingly, partner agencies are working together to increase provision of preventative and earlier intervention services for all children up to 16. Sure Start Children's Centres support children from 0 to 5 years. They aim to improve outcomes for families and all young children, particularly in disadvantaged areas, by providing easy access to integrated early education and childcare, a range of family and parenting support, outreach and health services, information and advice and links to training and employment opportunities. Using trained peer supporters, some children's centres have contributed to an increase in breastfeeding and reductions in smoking during pregnancy. However, these initiatives have not yet made a significant impact on achieving national targets for breastfeeding and smoking cessation.

70. Access to health services, especially to GPs, health visitors and dentists, is limited in some areas. There is also a significant waiting list for speech and language services in most areas. A shortage of health visitors and school nurses has an impact on the promotion of health and well-being by reducing possibilities for early intervention. Action has been taken by some NHS trusts to address low numbers of specialist paediatric nurses in accident and emergency departments. For example,

seven day a week cover by nurses with experience in caring for children is increasing. A training and competency framework for the range of nursing staff working with children has also been developed by the Royal Colleges. However, there is evidence that some health services, including primary care and CAMHS, are failing to meet the National Service Framework recommendation to follow up on those children who miss clinical appointments. This is important in determining whether there are underlying reasons for non-attendance relating to parental neglect, mental health or other safeguarding factors.³⁷

71. National Healthy Schools Status promotes healthy lifestyles for children and young people through a school-based national programme.³⁸ The number of schools participating in this initiative is increasing and many are linking healthy lifestyles to healthy eating and exercise plans. However, engagement in the programme varies: in some areas, only 50% of schools participate, while in others 85–97% participation has been reported. Most participating schools have wide-ranging programmes that link with other lifestyle initiatives, both within and outside the school. These include planning safe routes that encourage children to cycle or walk to school and fitness activities for pupils during lunch breaks. Pupil members of school councils are becoming increasingly involved in aspects of the programme, which are delivered with partners from health and social care services. Youth services are becoming increasingly involved and were judged in inspections to be making a good contribution to promoting young people’s health and general well-being.

72. Children themselves have largely understood the concept and importance of leading a healthy lifestyle, but many have yet to adopt it in practice. From the TellUs2 (2007) survey, 86% said they are very or quite healthy, but only 23% say they eat five or more fruit and vegetables every day. Twenty-two per cent spent 30 minutes on exercise on less than one to two days during the previous week. This is despite the existence of schemes in local authorities to issue discounts for children and young people to access sports and other facilities. The development of multi-agency strategies to reduce obesity in children is at an early stage and existing strategies have yet to make a significant impact.

73. The lack of access to time in the fresh air for young people in youth offender institutions described above (paragraph 67) is inconsistent with examples of attempts to promote healthy lifestyles through good access to

physical education (PE). Many PE departments in youth offender institutions have good links with education, substance misuse and healthcare departments and work jointly to develop healthy lifestyle programmes. PE departments often provide remedial classes for young people who are reluctant to take part in classes within the youth offender institution for a variety of reasons. Healthcare departments in youth offender institutions generally offer good health promotion and a range of nurse-led clinics, including sexual health clinics. Pre-release planning generally includes steps to encourage young people leaving prisons to lead a healthier lifestyle, for example arranging follow-up appointments and registration with GPs for young people who have none.

Reducing teenage pregnancy

74. The UK has the highest rate of teenage pregnancy in Western Europe. Research has shown that the physical health, emotional and mental health and economic outcomes for teenage parents and their children are generally poorer than those for older mothers. Surveys of young people in YOTs during inspections also showed that, where reasons were specifically given, a commonly cited reason for not complying with a criminal order was that the young person was pregnant or had a partner who was pregnant. Other reasons given included the difficulties of arranging childcare. Eleven per cent of young people surveyed in prisons reported that they had children.

75. The Government’s Teenage Pregnancy Strategy aims to tackle both the causes and the consequences of teenage pregnancy. It contains two targets:

- to halve the under-18 conception rate by 2010 (from the baseline year of 1998) and establish a firm downward trend in the under-16 rate
- to increase the proportion of teenage parents in education, training or employment to 60% by 2010, to reduce their risk of long-term social exclusion.

Rates of teenage pregnancy are increasing in about 10% of areas. National targets will not be achieved at current rates of progress: the conception rate for girls aged under 18 years has declined by 13.3%, and for those aged under 16 years has declined by 13.0% since 1998, the baseline year for the Teenage Pregnancy Strategy.³⁹

76. JARs and APAs show that multi-agency strategies in

most areas are well-targeted on areas of highest need (see examples below). Service provision for teenage mothers has also increased to involve them in education, employment or training. Sex education is now part of Healthy Schools Status, but its impact has been variable, and there are concerns in a few areas about the funding available to continue this work.

Examples of work to reduce teenage pregnancy

The APA 2007 noted that South Tyneside is recognised as an area of innovative practice by the *British Medical Journal* in terms of its work with teenage mothers to prevent repeat unintended conceptions. The conception rate for girls aged 15–17 reduced by 25.8% between 1998 and 2005.

In Stockport, the youth service is particularly effective in providing comprehensive sex and relationship support, advice, treatment and education. The service has been instrumental in contributing to the decreasing rates of teenage pregnancies, which reduced by 23.9% between 1998 and 2005 for girls aged 15–17.

Tackling substance misuse

77. Misuse of substances (including alcohol, drugs and solvents) by children is a factor contributing to behavioural and associated problems. In terms of drug misuse among children, 17% of children aged 11–15 had taken illicit drugs in the last year compared with 19% in 2005; 24.8% of young people aged 16–19 had taken drugs in the last year.⁴⁰ In the TellUs2 (2007) survey 80% of children in Years 8 and 10 (secondary school) told us they had never taken drugs, but this means that one in five may have done so. Nineteen per cent overall admitted to having been drunk at least once during the previous four weeks.

78. Children are at risk not only from their own misuse of substances but also from that of their parents and other adults. Substance misuse is often a factor in domestic violence and sexual abuse. Children who experience abuse and neglect because of parental substance misuse are likely to suffer long-term developmental problems and poor outcomes. There may be around 250,000 children of problematic drug users in the UK, while up to 1.3 million may live with a parent who misuses alcohol.⁴¹

The Government is planning to introduce a new drugs strategy, which will include a focus on children, and take action to reduce alcohol consumption by children.

79. As with so many issues, good preventive services coordinated between agencies are a critical element in tackling the problems. JARs found that effective joint commissioning and partnership arrangements have improved the substance misuse services available to young people. The number of young people being referred for treatment is increasing, with access to specialist assessment within 10 days being the norm in some areas. Admissions to hospital for young people who misuse substances are also decreasing in the majority of local authority areas. Owing to a lack of suitable community care, some areas continue to hospitalise more young people than the national average.

Example of work to tackle substance misuse

In Warrington an innovative approach has been taken to tackling substance misuse. A number of young people have been trained as peer educators to deliver drug awareness programmes. A small group has produced high-quality publicity materials that have been distributed widely across the borough. There is also good support for children and young people who have a parent and/or carer who misuse substances.

Following user surveys in Derbyshire, young people were found to have a greatly improved understanding of the impact of substance misuse.

Health services in Sheffield are training and supporting colleagues from other agencies involved with young people to identify and refer swiftly to the appropriate service for treatment.

80. Substance misuse is often a factor in offending behaviour by children and young people. Of more than 1,700 YOTs case files considered from July 2005 to February 2007, misuse of alcohol was a major factor in 35% and misuse of drugs in 39% of cases. Young people in YOTs should be screened for substance misuse within five days and receive an intervention within 10 days. YOT performance improved on both indicators between October/December 2005 and July/September 2007. While many YOTs have established links with their local drug and alcohol abuse services, these links vary in their quality and effectiveness. There are particular difficulties

at the point of transfer from or to the community, when the need for support is greatest.

'I have gained a lot more self confidence and I am back on track career wise as I am starting college in September. I have learnt what's right and wrong and that the amount of alcohol I used to drink in my last relationship was dangerous. I have stayed off alcohol for about five months now which I am proud of.' (Young person)

81. All youth offender institutions now have a dedicated substance misuse service and assessments are normally carried out within the five-day target for new arrivals. Programmes for low-level abusers are generally good and substance misuse strategies always include alcohol misuse. In addition, all youth offender institutions are non-smoking and there is reasonable support for smoking cessation. Support is not so well-developed for young people with higher levels of dependency who require detoxification. In addition, on release young people may fail to access mainstream substance misuse services in the community, since work carried out in custody is not always followed up in a timely way. This is often because access to rehabilitation and aftercare provision of substance misuse services is inconsistent across the country.

Improving CAMHS

82. The National Service Framework for Child, Young People and Maternity Services includes the mental health and psychological well-being of children and young people as one of its 11 standards. CAMHS are now delivered in line with a four-tier framework, in which practitioners, services, settings and responses are increasingly specialised according to the nature of the disorder. This is the commonly accepted basis for planning, commissioning and delivering CAMHS, although there are variations in the way the framework has developed across the country.

83. The previous *Safeguarding children* reports highlighted CAMHS as an area where there was considerable scope for improvement. Problems included: limited access to services; the low priority given to safeguarding within services; poor transitional

arrangements to adult mental health services; and a lack of attention to the mental health needs of young people in the criminal justice system. A recent report commissioned by 11 Million raised substantial concerns about the treatment and experiences of young people with mental health problems on inpatient adult psychiatric wards.⁴² The Government made a commitment in s13A of the Mental Health Act 2007 to ensure that, by April 2010, no patients under 18 are 'placed inappropriately', for example in adult wards when a more suitable environment is available. In response to 11 Million's report, the Government has also undertaken to bring to an end the inappropriate placement of all children aged 16 and under by November 2008. In the interim, since June 2007, protocols have been put in place to ensure that where children are placed on adult psychiatric awards, their needs are met and that they are transferred to an appropriate setting within 48 hours. In addition, the Government has commissioned a review of CAMHS to report in 2008 on how universal, mainstream and specialist support services can be improved for children and young people with mental health needs. The consultation for this review is under way.

84. JARs found improvements since 2005, but identified aspects where there are still weaknesses, despite considerable government investment. Most areas consider that they are making progress towards the development of CAMHS, but few have comprehensive coverage, which is the aim of the Government's Public Service Agreement target.⁴³ Provision for children and young people with learning difficulties and/or disabilities is slow to develop in most areas. This is considered in more detail in the section on children with learning difficulties and/or disabilities in Chapter 3. Service provision is increasingly age-appropriate, particularly at Tiers 1 and 2, and the establishment of children's centres has done much to promote mental and emotional health. They enable parents to benefit from initiatives such as postnatal depression support groups and to work with practitioners to improve bonding and communication with their children.

Example of excellent CAMHS provision

CAMHS provision in Kensington & Chelsea has been awarded beacon status. It is a flexible, accessible and well-coordinated service. Its chief impact has been through increasing capacity and thus facilitating early intervention and support. All services have increased awareness of the emotional needs of children and young people and can gain access to support, guidance and specialist support. There are good support services for parents with children who have emotional or mental health needs and close attention is paid to holistic assessments. Well-targeted services are also provided to children who present at A&E; interventions are timely and aimed at rapidly dealing with problems.

85. However, there is a shortage of suitable hospital beds for young people in some areas and timescales for access to Tier 3 services are improving but waiting times remain too long. There are still considerable weaknesses in transition arrangements for young people moving into adult services. This reflects the position in 2005. Providing services for children with learning difficulties and/or disabilities and with complex needs is particularly challenging. Agencies often find it difficult to identify all their many needs and determine the appropriate responses.

86. YOT inspections of 1,700 case files show that 41% of children and young people had emotional or mental health needs. For those in custody, this rose to 60%, while 14% of young people in custody were vulnerable to self-harm. Community mental health trained nurses are seconded to some YOTs while others have specific protocols for the provision of mental health services. Difficulties remain in transition between child and adult services. In prisons, mental health provision has improved considerably and is now generally good. Not all prisons holding children have access to CAMHS but most have visiting psychiatrists and other mental health specialists, although specialist counselling services are limited.

87. Nonetheless, prisons and secure training centres are still holding children with mental health problems whose needs should be catered for either in secure or semi-secure specialist provision. Access to secure mental health beds remains limited, particularly in the south where there are too few places to meet the demand. Good systems exist within prisons to identify need and

make referrals, but there is frequently a delay in getting approval for funding to make assessments for transfers from youth offender institutions to mental health secure beds. This is mainly because mental health services are commissioned by the PCT, but individual children are often placed in a youth offender institution that is outside the boundary of their local authority and PCT. In one establishment young people had to wait several months for assessments. For example, one young man had been referred in January 2007 but was not seen and assessed until May 2007, while another who had been referred in April 2007 was still waiting to be assessed six weeks later.

Dealing with domestic violence

88. Domestic violence has a direct and indirect impact on the lives of children and young people, and the links between domestic violence and child protection are well-established.⁴⁴ Successful intervention depends largely on early identification of risk, but the degree of under-reporting of domestic violence is known to be high. Also, there is limited data available, locally or nationally, to determine the incidence of domestic violence. Data from inspections gives some indication of scale, but it is not comprehensive. The number of domestic violence cases prosecuted by the CPS has increased significantly between 2004–05 and 2007–08, from around 35,000 to almost 60,000. However, some of this apparent increase may be attributable to improved identification and recording of such cases. JARs found a perception of a high incidence of domestic violence in most local authority areas. Consequently, most children and young people's plans and one in five LSCBs have identified domestic violence as a priority for action. Probation inspections found that there was a background of domestic violence in 23% (1,500) of all the cases reviewed in 16 probation areas.

89. Joint working arrangements to combat domestic violence have been strengthened in most areas, particularly between local authorities, the police and health services. The voluntary sector also makes a significant contribution at both strategic and operational levels. A number of Responsible Authorities are required to work together to reduce crime and disorder.⁴⁵ Crime and Disorder Reduction Partnerships produce community safety strategies for each local authority area after conducting an audit of the local crime and disorder

problems, including domestic violence. Domestic abuse/violence forums have also been established with membership from a range of statutory and voluntary organisations, to assist in the delivery of crime and disorder targets. LSCBs are represented on Crime and Disorder Reduction Partnerships, and Ofsted's survey of LSCBs in 2007 showed that a fifth of those responding listed domestic violence as a high priority. However, most have yet to demonstrate the impact of such initiatives, particularly with regard to earlier intervention for children and young people who witness domestic violence.

90. Early intervention services are at an early stage of development but there are examples of good initiatives (see below). These include the development of resource packs for secondary schools that provide curriculum support in addressing domestic violence issues. All police forces have procedures to notify the local Child Abuse Investigation Unit (or equivalent) of incidents of domestic violence in households where children are present or normally resident. However, JARs found evidence of delays by the police in making referrals to children's services or by children's services in responding effectively, often arising from staffing capacity and workload issues. There is also a shortage of refuge accommodation for victims of domestic violence.

Examples of work to combat domestic violence

In Kingston upon Hull work with local magistrates to raise awareness of the impact of domestic violence on children has resulted in safer arrangements for children affected by separation and divorce.

Innovative schemes are in place in Hartlepool to tackle domestic violence, such as an outreach pilot between North Tees Women's Aid and the police, which is increasingly having a positive impact on numbers of women and children supported.

Hounslow has recently won an award for its Learning to Respect Scheme, which has helped over 2,000 school children explore issues relating to domestic violence and abusive relationships.

91. Individual agencies vary significantly in their approach to and knowledge and understanding of domestic violence. The police have a major role in identifying and responding to domestic violence (see example below)

and the Association of Chief Police Officers (ACPO) first published comprehensive national guidance on investigating domestic violence in 2004. There is also a well-established national ACPO Steering Group and each force has an appointed domestic abuse 'champion'. Although domestic violence is the responsibility of every police officer, regardless of their role, all forces have specialist domestic abuse officers.⁴⁶ Traditionally, this role was primarily one of coordination and liaison, providing a single point of contact for victims and liaising with support agencies. Over the years the role has evolved, with specialist officers taking on a broader range of responsibilities. These include: monitoring attendance at incidents to ensure compliance with force policy; maintaining and updating records and databases; tracking cases through the court system to keep victims advised of progress; and risk assessment. As a result, these officers have faced considerable pressure in trying to balance a growing administrative commitment with the requirement to deliver an effective service to victims. More recently, in 21 out of 43 forces, the role has developed into an investigative one or the additional role of specialist domestic abuse investigator has been introduced. HM Inspectorate of Constabulary's programmed inspections in 2007 found that some forces were managing workforce and capacity issues relating to these changes better than others. The need to identify priority areas of demand and to build capacity has become a particularly critical issue for the service as a whole.

Example of a family safety unit set up by Merseyside Police

A review of Wirral Basic Command Unit in 2004 showed that it had a lack of provision for multi-agency intervention and support for victims of domestic abuse and for recording incidents. It set up a Family Safety Unit to provide a multi-agency single point of access to help victims to be safe and to coordinate responses. A manager, two caseworkers, two seconded police officers and an administrative support officer staff the unit. The local PCT seconded two midwives and a GP. Victims of domestic abuse receive a care package consisting of advice on the support and assistance available and immediate access to relevant services.

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A web-based inter-agency database alerts all agencies to high-risk cases requiring referral and immediate intervention. Local specialist domestic violence courts also ensure that victims receive a high quality service while cases are progressed through the criminal justice system.

In its first 16 months the unit supported more than 420 high-risk victims and the repeat victimisation rate for those using the service was very low at 6%.

92. All police forces have introduced formal domestic violence risk identification and assessment processes and some excellent and innovative work has been carried out in this area to improve both the protection of victims of domestic violence and investigations. Multi-agency risk assessment conferences (MARAC) were developed to help those at very high risk of domestic violence. Following risk assessment by specialist police domestic abuse investigators these cases are referred to a MARAC to develop a multi-agency response. MARAC has become established as a model of good practice after it was first pioneered in Cardiff in 2003. The Tackling Violence Action Plan, published in February 2008, committed the Government to rolling out MARACs nationally by 2010–11.

93. HM Inspectorate of Constabulary's programmed inspections of arrangements for protecting vulnerable people in 2007 found 31 police forces (79%) had introduced, or were introducing, MARACs. As this is still a developing area, coverage is often not comprehensive across all individual basic command units (BCUs) in the same force. The introduction of formal risk assessment and MARACs has had a significant impact on the role and workload of specialist domestic abuse officers. There has been a growing reliance on these officers to act as 'gatekeepers' in quality assuring the risk identification process and in carrying out the final risk assessment. This has increased their administrative burden, thus reducing their capacity to fulfil their operational role.

94. There is also a need to ensure that existing risk assessment processes in the police force are complementary to and aligned with those used within the MARAC model. No two forces use the same model

or tool based on commonly understood risk factors and indicators. Since there is no national risk assessment model there is no associated national training. In some cases, therefore, inspections found that untrained officers were carrying out risk assessment. The recently revised Association of Chief Police Officers (ACPO) guidance emphasises the need to ensure that risk assessment is carried out only by trained officers. In addition, ACPO is developing core standards for domestic abuse risk identification, assessment and management in recognition of the need to ensure a more consistent approach nationally.

95. The Crown Prosecution Service (CPS) has a clear domestic violence policy that explicitly requires prosecutors to consider the safety of children and take into account the views of the victim. The CPS definition of domestic violence includes children as victims and perpetrators and therefore goes wider than the Government definition of domestic violence, which is the one adopted by the ACPO.⁴⁷ The CPS policy is supported by comprehensive training within the CPS Areas. A key theme is the consideration of children throughout the process. In addition, the CPS violence against women strategy, implemented from April 2008, draws together all the strands relating to violence against women, and includes child-related matters such as sexual exploitation and related categories of child abuse.

96. The Government's Specialist Domestic Violence Court programme has resulted in joint work at a strategic and local criminal justice agency level. In April 2008 there were 98 accredited courts that provide an enhanced level of service to victims of domestic violence. These courts have to meet 11 component requirements, which have become a national standard, one of which relates to children's support services.

97. Overall performance assessments of the CPS Areas show that processes are generally sound for ensuring that sensitive cases, including domestic violence cases, are dealt with by suitably experienced prosecutors at pre-charge decision stage. A number of CPS Areas have introduced specific charging clinics for rape and/or child abuse and/or serious sexual offences. Dedicated domestic violence specialists and rape specialists, and coordinators for both, are in post in CPS Areas. Owing to the volume of domestic violence cases, they are not exclusively dealt with by specialists. The majority of domestic violence

cases inspected as part of area effectiveness inspections were handled satisfactorily. The CPS domestic violence policy was applied correctly throughout the case in 94% of cases examined. Some shortcomings identified in individual cases included a failure to seek relevant background information, incorrect application of the domestic violence policy and a lack of timeliness in terms of preparedness. Late discontinuance of proceedings remained an issue, although some could be attributed to late withdrawal by the victims.

98. The National Probation Service (NPS) is committed to tackling domestic abuse and has over the last five years developed and rolled out across the 42 probation areas two accredited domestic abuse programmes (Integrated Domestic Abuse Programme and the Community Domestic Violence Programme). In 2005, the service introduced an Interim Domestic Abuse Policy and Strategy which raised the profile of this area of work, promoting a whole service approach. Integral to the accredited programmes has been the development of the Women Safety Workers who support the victims of domestic abuse while the perpetrator is attending an accredited programme. The National Offender Management Service (NOMS) is also undertaking detailed evaluation of the effectiveness of the programmes. This will evidence the degree of change in the men's attitudes as well as a comparison of the reconviction rates for men who complete the programmes.

99. Domestic violence was a feature in 18% of all cases seen in NPS inspections; in nine out of 10 cases, the offender was the main risk. However, the coordination of inter-agency responses to domestic abuse was not well-supported; three out of 10 cases did not demonstrate effective communication between probation and the police about subsequent call-outs. There were examples of outstanding individual practice in supporting victims. Inspections also noted delays in the delivery of the Integrated Domestic Abuse Programme and the use of the Spouse Assault Risk Assessment (SARA) tool.

100. In 2005, inspectors published a critical report about the way Cafcass and HM Courts Service dealt with cases involving domestic violence in family proceedings.⁴⁸ It reported findings that practitioners' understanding of domestic violence was insufficiently detailed and sometimes unacceptably poor. This posed risks to children and victims of domestic violence. Cafcass responded to the report by developing a comprehensive training

programme and an excellent toolkit to guide practice in domestic violence cases. Cafcass is also a signatory to multi-agency guidance on commissioning services for children experiencing domestic violence. In addition, domestic violence is an integral part of the Cafcass safeguarding framework.

101. Despite these initiatives by Cafcass centrally, recent inspections of two Cafcass regions have found continuing unacceptable variation in front-line practice. In the East Midlands region, inspection found insufficient attention paid to domestic violence and service users expressed dissatisfaction with practitioners' performance in this regard. Inspection of the South East region found that the region's performance in this area was also inadequate. Domestic violence issues were alleged in 14 of the reports inspected, but its impact on children was assessed adequately in only three of those cases. In one case inspectors found serious mistakes and alerted the region, which took immediate action.

Preventing bullying, racism and harassment

102. Bullying and the fear of bullying are major preoccupations for many children and young people. In the TellUs2 (2007) survey, 25% of children said it was one of the things they worried about most. Children were more concerned about bullying in their local area, which is more difficult to deal with than in schools. However, while 70% said they had never been bullied, 5% (one in 20) said they had been bullied most days. Almost a third of respondents said incidents of bullying in schools were not dealt with well. JARs have also raised concerns about the bullying of children with learning difficulties and/or disabilities.

103. The Children's Rights Director has surveyed children's views on bullying.⁴⁹ His findings reflect many of those in the TellUs2 (2007) survey. In his survey, 41% of children thought bullying was getting 'a lot worse' while 23% thought it was getting 'a bit worse'. Electronic bullying increasingly preoccupies children; this includes sending threatening mobile texts, messages and emails and posting unpleasant comments and pictures on social websites. Forty per cent of children surveyed had experienced this form of bullying. Children who said they had been bullied felt depressed, unhappy and sometimes suicidal and had low self-esteem. More than half of

children (57%) thought that adult intervention had helped to stop the bullying, but 24% thought it had made no difference and 19% said it had made it worse.

‘[Bullying would stop if bullies could] experience it themselves and if they could understand how people feel.’

‘[Adults in schools] can tell ways to stop being bullied and they can exclude.’

104. JARs found that nearly all schools and children’s services, including children’s homes and children’s centres, have policies in place to combat bullying and oppressive behaviour. Although there are joint strategies between agencies in some areas, other areas rely on individual schools and services to develop their own approaches. These strategies have yet to affect rates of reporting of incidents in most areas.

105. JARs showed that nearly all areas have undertaken an equalities impact assessment of children’s services to determine whether service provision is supporting good outcomes for all children and young people. However, the impact of this assessment has not yet been demonstrated in most areas. Inspections have found a wide range of services designed specifically to address the needs of vulnerable groups of children and young people from minority ethnic groups. Some areas have also promoted multi-agency strategies to reduce racism and racial harassment. However, in others this is less apparent or well-promoted.

106. Children and young people who commit offences are more likely to have been exposed to bullying than other children. YOT inspections found that one third of all young people in the criminal justice system with an educational difficulty report that it is to do with being bullied, while 14% of those in custody report having been bullied while in education. There has been a significant increase in the use of restorative justice methods for bullying in the community. Inspections noted that there was an increase in the number of looked after children and young people who were being dealt with appropriately by their care establishment rather than through the criminal justice system (see example).

Example of the reduction of unacceptable behaviour

The Wolverhampton YOT noted that some children and young people without a criminal record who were placed in residential homes left the residential home with one. YOT staff discussed the issues with residential staff and meetings between staff and children and young people with persistently poor behaviour followed. These were conducted using mediation techniques and young people were asked to sign acceptable behaviour contracts. The children and young people felt they had been listened to and unacceptable behaviour was reduced.

107. Most youth offender institutions have comprehensive anti-bullying and violence reduction policies. However, important aspects of the policies are not always implemented, such as the provision of support for victims or the delivery of programmes and/or individually targeted interventions for those who have bullied. Levels of bullying, assaults and victimisation remain high. The results of surveys carried out by HM Inspectorate of Prisons indicate that the commonest type of victimisation is through verbally insulting remarks.⁵⁰ They also show that:

- 20% of boys and 13% of girls reported that they have been victimised by staff
- 26% of boys and 20% of girls reported victimisation by other young people
- in three out of 14 youth offender institutions, victimisation was reported as higher by staff than by other young people
- only 39% of boys and 56% of girls said that they thought they would be taken seriously if they told a member of staff they were being victimised.

108. Young black people in youth offender institutions reported significantly less favourably than their white counterparts on a number of themes. These include:

- higher levels of victimisation by staff (32% compared with 19%)
- less confidence of being taken seriously if they told staff they were being victimised (26% compared with 44%)
- higher levels of the use of force and adjudications (a formal punishment hearing).

109. Although staff in youth offender institutions are quick to respond to bullying, methods of dealing with it are often reactive and mainly punitive. With a few notable exceptions there is very little use of mediation or restorative justice and support for victims of bullying is underdeveloped. Few establishments have a policy or a range of specific interventions for managing vulnerable young people, whether they have been bullied or are vulnerable for other reasons, such as the nature of their offence. This leads to inconsistencies in their management within and between establishments. A few establishments have introduced multi-disciplinary meetings to discuss the management of individual vulnerable young people. These models usually rely on staff sharing available information at daily or weekly meetings rather than promoting a systematic way of identifying, assessing and planning care for individuals who require a higher level of support than the main population.

110. Managing factions from rival gangs and the associated victimisation poses particular challenges in prisons. Notable initiatives include a recent partnership between two youth offender institutions and the Manchester Multi-Agency Gang Strategy for monitoring gang members. Another establishment has developed an excellent intelligence database to help staff keep apart young people who pose a risk to others.

Conclusions

111. Inspections found evidence of a strong commitment by agencies to focus on the **wider safeguarding needs** of children and young people in addition to child protection. This is reinforced by the increasing integration of children's services and the shared framework provided by Every Child Matters. However:

- a shared, consistent understanding of safeguarding is still lacking, particularly between social care services and the criminal justice system
- there is a lack of a common approach to safeguarding across secure establishments (secure training centres and youth offender institutions), where the focus is largely on containment rather than on applying a proper balance between security and welfare needs.

112. The majority of settings where children are cared for or educated comply with requirements and regulations for **keeping children safe**. Inspections also found examples

of good partnership working to prevent accidents to children. However:

- some children and young people continue to express significant levels of concern about their personal safety and about being bullied, particularly in institutional and secure settings
- there are concerns about standards of safety for children and young people in some fostering services, 10% of children's homes and most of the youth offender institutions that hold boys.

113. There is better identification of needs at an early stage and increasingly effective provision of **preventive and earlier intervention services**. These include services provided by children's centres and preventive services to tackle substance misuse by children and young people. Key areas for improvement include the following:

- The continuity of funding for some preventive services, such as sex education, is uncertain, which constrains service provision.
- Dedicated programmes have started to reduce the incidence of teenage pregnancy, but have yet to make a significant impact on teenage pregnancy rates.
- Drug and alcohol misuse remains a significant factor in offending behaviour but young people leaving custody may fail to access mainstream substance misuse services since work carried out in custody is not consistently available or always followed up in a timely way.

114. Most areas consider that they are making progress towards comprehensive provision of CAMHS. Service provision is increasingly appropriate to the age of the children concerned and children's centres are helping to promote mental and emotional health. There remain significant shortcomings:

- a shortage of suitable hospital beds for children in some areas and long waiting times for access to services
- limited access to secure mental health beds for children and young people in custody, who often have to wait several months to be assessed
- a continuing lack of adequate provision for children and young people with learning difficulties and/or disabilities.

115. Many areas have identified **domestic violence** as a high priority area for action. Joint working arrangements

to combat domestic violence have been strengthened, particularly between the Crime and Disorder Reduction Partnerships, children's services, the police and health services. The police, NPS and CPS have clear arrangements for dealing with cases of domestic violence. However:

- a fifth of LSCBs identify combating domestic violence as a high priority but have yet to demonstrate the impact of their work on outcomes for children and young people
- responses by the probation service to the needs of children and young people whose parents/carers commit offences and who have a background of domestic violence were judged inadequate in half the cases reviewed
- practitioners in Cafcass, which has a role in identifying and safeguarding children who are affected by domestic violence, vary significantly in their knowledge and understanding of domestic violence.

Recommendations

Government

- The DCSF, the Department of Health and the Ministry of Justice should increase and better target CAMHS in order to improve access to these services for children and young people with learning difficulties and/or disabilities and those who are in the criminal justice system.

Government, agencies providing services to children and young people and relevant inspectorates

- All government departments, agencies and relevant inspectorates should specifically include the impact of domestic violence on children and young people within their risk assessments for planning, delivering, evaluating or inspecting safeguarding services.