

Kent Safeguarding Children Board

# Annual Report 2010 -2011



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## Section 1

### The Kent Context

This section provides a picture of the characteristics of the population of Kent that are relevant to an understanding of safeguarding issues. There will be some geographical areas in local authorities where there will be a higher incidence of safeguarding concerns. This picture of “safeguarding need” is used to inform strategic planning and service development.

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## Section 2

### Safeguarding Activity

This section presents quantitative data regarding the main forms of statutory safeguarding activity in Kent within the context of the population characteristics described in Section 1.

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The figures used in this section (and Section 1) are the most recent available. This means, though, that they do not all cover the same time frame.

## Section 3

### Serious Case Reviews

Local Safeguarding Children Boards undertake Serious Case Reviews when children die or are seriously injured, and abuse and/or neglect are suspected or known to be a factor, and/or there are concerns about how local agencies worked together. This section reports on the progress in respect of Serious Case Reviews in Kent and the lessons learnt that improved local practice.

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## Section 4

### Child Death Review Process

LSCBs have a responsibility – through the establishment of a Child Death Overview Panel – for reviewing the deaths of all children in their area (whatever the cause of death). The aim is to determine whether the deaths were preventable and whether there are any lessons to be learnt or issues of concern. This section summarises developments in respect of the Kent CDOP.

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## Section 5

### Learning and Development

LSCBs have a responsibility for ensuring that inter-agency training on safeguarding is provided to meet local need and for evaluating its impact. This section provides an overview of safeguarding learning and development undertaken in Kent over the last year.

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## Foreword by the Independent Chair

As the newly appointed Independent Chair of Kent Safeguarding Children Board I welcome the opportunity to work with key partners in rising to the challenges that lay ahead in improving outcomes for the most vulnerable children and young people in Kent. This Annual Report 2010/11 has been superseded by improvement activity to ensure that the child protection system in Kent is fit for purpose. As the new Independent Chair for KSCB I am a member of the Improvement Board established in Kent to drive up performance across all areas of multi-agency activity to ensure children are adequately protected.

During 2010/11 heavy criticism was directed by inspectors at the child protection system in Kent and for the failure of partner agencies to adequately protect children most at risk of harm. Taking up my new role in April 2011 I have been pleased with the progress KSCB has made in establishing itself as the partnership board with overall scrutiny of the child protection system. This has involved children's social services, education, health and criminal justice agencies working with the voluntary sector and district authority representatives to put in place stronger quality assurance of the child protection system, clearer understanding of the thresholds in place for children to access specialist support, more effective information exchange between partners and an overall focus on how to provide the right help at the right time.

As the annual report 2010/11 outlines, Kent is a large, complex and diverse county with a wider range of safeguarding concerns. As a port authority there are additional challenges for front line staff, associated with child trafficking. Moreover, a substantial number of children are placed in Kent by other local authorities seeking short term residential placements, which adds pressure on statutory and voluntary sector agencies. Recent Serious Case Reviews have continued to show the need for agencies to strengthen the ways in which they work together with a focus on quality assessment and intervention.

I have been reassured by the progress made by children's services in Kent as a result of the problems identified in 2010/11. Health, education, social care and criminal justice partners have responded swiftly to changing the way they assess children in need. And as a consequence services at the 'front door' are stronger and more accountable. But there is still much to be done to make sure that the most vulnerable children in Kent are adequately protected.

Firstly, there is recognition of the importance of valuing professional expertise, and as a consequence agencies in Kent have worked hard to strengthen the child protection workforce. This is supported by the findings of the national review of child protection services undertaken by Professor Eileen Munro in May 2011.

Secondly, children should be protected from abuse and neglect in the first place and local arrangements are being put in place in Kent to identify those children most at risk with offer of 'early help' through a new early intervention programme.

Thirdly, the 'challenge' role of Kent Safeguarding Children Board has been strengthened to ensure the ongoing statutory, multi-agency oversight of safeguarding. The government has stated that LSCBs have a 'unique, system-wide, role to play in protecting children and young people'.<sup>1</sup> KSCB must ensure that it performs this important role. I welcome the opportunity as Independent Chair to work with all partners in Kent to improve outcomes for the most disadvantaged young people

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<sup>1</sup> Munro, E. (2011) *The Munro Review of Child Protection: Final report, A child-centred system*, London: The Stationery Office

in this County. I also look forward to hearing from you about how well you think services are doing and the challenges you face in safeguarding children.



Maggie Blyth,  
Independent Chair

## Introduction

This report of the work of the Kent Safeguarding Children Board (KSCB) meets the requirement under the Apprenticeships, Skills, Children and Learning Act 2009 for LSCBs to produce and present to the Children's Trust Board (CTB) an annual report on the effectiveness of safeguarding arrangements in the local area.

This is the fourth Annual Report of the Kent Safeguarding Children Board (KSCB), covering the period of 2010-2011. The report covers a year that has been characterised by the implementation of significant change and development in the governance, structure, membership, and operation of the KSCB. This has been against a backdrop of substantially increased safeguarding activity in the County, a significant trend seen nationally.

The report summarises the activity of the KSCB during 2010/11, and its multi-agency work streams which report to the KSCB on a regular basis.

The aim of the Annual Report is to inform the staff of the KSCB partner agencies, their service users and the public, of its work. Moreover, it provides accountability to those who fund and support the KSCB; Kent County Council's Lead Member for children and the agencies represented on the Kent Children's Trust Board. This report will focus not only on achievements of the Kent Safeguarding Children Board during 2010/11, but also clearly identify where more progress needs to be made in 2011/12.

The Annual Report will be distributed and made available to all key agencies/stakeholders and is a public document. It will be accessible through the KSCB website [www.kscb.org.uk](http://www.kscb.org.uk)

## Section 1

### The Kent Context

Geographically, Kent is one of the largest local authorities in the United Kingdom. The total population is currently estimated to be in excess of 1.4 million. The general population is growing at a rate significantly in excess of the regional and national average. The child population is currently 350,000.

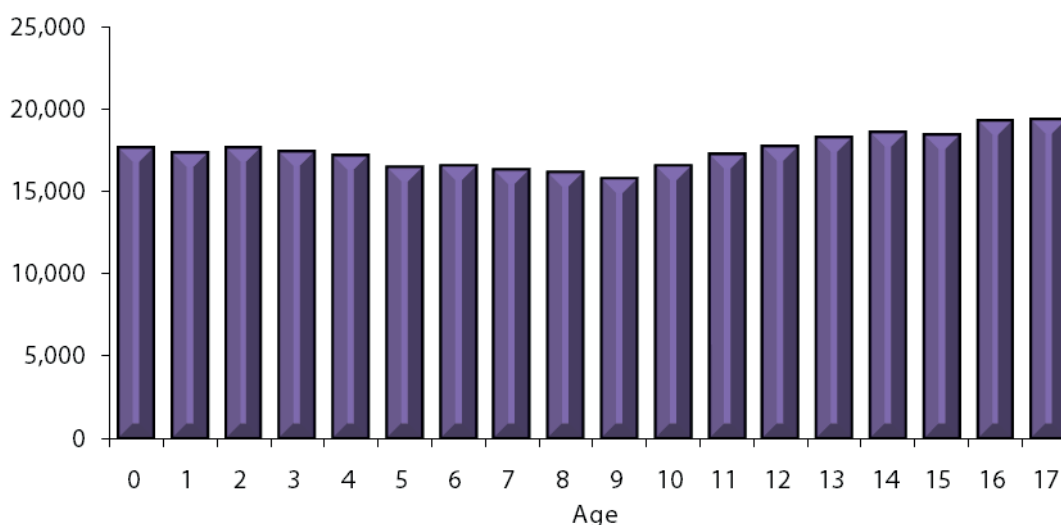
The County displays remarkable diversity and contrasts, including ethnic and linguistic diversity and wide socio-economic disparities. 77% of Kent people live in urban areas and towns and 23% in rural areas. Although the County is affluent with income levels and property values which are significantly higher than national averages, this disguises the fact that there are pockets of high deprivation. The most deprived areas of the county are the coastal fringes of Thanet, Dover/Deal, Shepway and Swale in the East, but also Dartford and Gravesend in the West. Kent is below the regional average for skills - 28% of the working population have no qualifications. The average household income in Kent is lower than in the rest of the South East.

#### Ethnicity

Based on the January 2011 pupils census, Kent has a predominantly White population of children, with 84.2% White British and 4.7% Any Other White. 3.6% were from Mixed/Dual Background, 3.1% Asian or Asian British, 1.4% Black or Black British. Some districts have greater variation of ethnicity, most notably Gravesham with a 12.3% Asian or Asian British pupil population.

There are an estimated 346,810 children and young people under the age of 19 in Kent; making up 24% of the population.

Children in Kent by age at mid-year in 2010



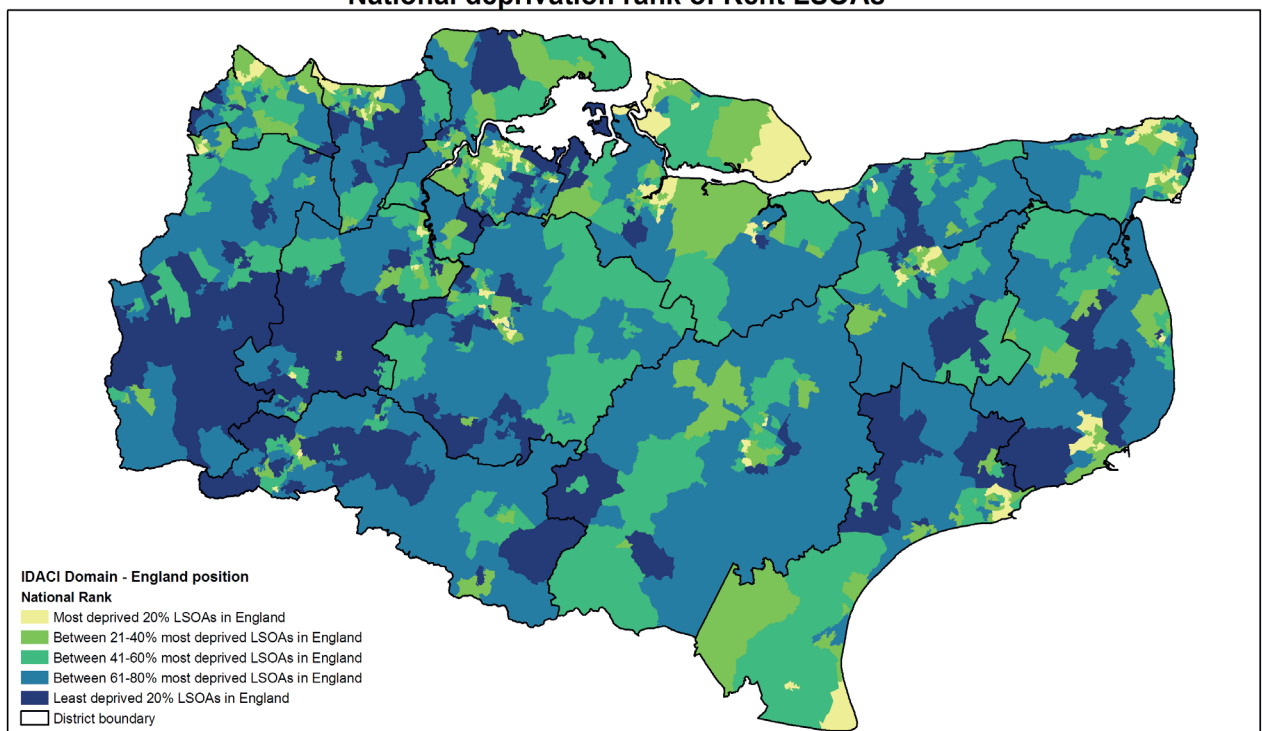
## Child Poverty

There were 52,870 Kent children living in poverty in 2010, which is the equivalent of 17% of all children. Almost 90% of these children were under the age of 16. Whilst this is lower than the national percentage of children living in poverty, which currently stands at 21%, figures for Kent were significantly higher than the South East region as a whole where 14.5% of children were living in poverty.

74.9% of children in poverty in Kent live in households claiming Income Support (IS) or Job Seekers Allowance (JSA). The majority of these children live in lone parent households. However, the largest increase in child poverty has been amongst children living in couple households where at least one adult is in work. This is in line with national figures.

The picture of poverty is illustrated on the map below. The spread of child poverty impacts across the county.

**IMD2010: Income Deprivation Affecting Children Index Domain (IDACI)  
National deprivation rank of Kent LSOAs**



Source: English Indices of Deprivation 2010, Communities and Local Government (CLG)  
LSOAs are Lower Super Output Areas

Produced by Research & Intelligence, Kent County Council. © Crown Copyright and database right 2011. Ordnance Survey 100019238



As can be seen, there is significant variation in deprivation across districts. Swale, Shepway and Thanet have over 20% compared to 11% in Sevenoaks, Tunbridge Wells and Tonbridge & Malling. However, there are also pockets of deprivation within areas of apparent affluence. This means that a coordinated approach to sharing practice and promoting change is essential as we know the outcomes for children living in poverty are much worse than for their peers.

## Education

There are 560 maintained schools within Kent, comprised of 446 primary schools, 72 secondary schools, 24 special schools, and 18 pupil referral units. A number of schools have recently acquired academy status, bringing the total number of academies to 32 as at January 2011, with further schools becoming academies next year. There are also 97 children's centres and a further 861 early years settings. In the most recent school census (January 2011), there were a total of 213,432 pupils attending maintained schools and academies.

Attainment at Key Stage 2 improved, with 70% of pupils achieving level 4 or higher in 2010, an increase on the previous year (68%). There were, however, areas of strength and weakness with the highest performing district achieving 79%, and the lowest performing only 63% during 2010/11. Key Stage 4 (GCSE level) results were also generally good, with the overall percentage of children achieving five or more GCSEs at grade A\*-C including English and Maths (NI75) at 56.8%. Again, the range at district level was significant, from 48.8% to 71.3%.

The proportion of young people Not in Education, Employment or Training (NEET) has remained consistently better than the national average. In 2009/10 4.9% of 16 to 18 year olds were NEET in Kent, compared to 6.4% nationally. Despite pressures from the downturn in the economy, NEET performance for Kent continued to improve during the first quarter of 2011. However, falling employment levels have impacted on 17 and 18 year olds which now make-up nearly half of the total (47.5% and 46.1%) NEET cohort in Kent, followed by 16 year olds (6.4%).

## Health and Wellbeing

The Joint Strategic Health Assessment (JSNA) is compiled annually by health professionals to give an overview of health and health related issues across the county. Whilst the majority of health outcomes for children and young people were good in Kent compared to nationally, there are a number of areas of specific need.

There was an increasing and above national rate of mothers smoking during pregnancy (17%) and at the time of delivery, particularly in more deprived areas. The rate of mothers' breastfeeding was below national average. Immunisation rates for young children were too low to provide adequate protection.

The proportion of children classified as obese in reception and year six in Kent has slightly increased in line with the national trend. However, obesity in both the reception year and year six has remained slightly below the national average for the last 3 years.

The emotional and mental health of young people in Kent was poorer than expected, with particular concern for older girls, young people from low income families, and children in care. Teenage conceptions remained high in some districts.

Excessive alcohol consumption by some young people remains a concern.

## Crime and Disorder

The trend of the county, and nationally, in the number of first time entrants to the youth justice system continued to be downward, although Kent remains higher than the national average. Kent Youth Offending Service was involved in the supervision of 133 Looked After Children in March 2011, over half of whom had been placed in Kent by other Local Authorities.

## Section 2

# Safeguarding Activity, Performance Monitoring and Evaluation

### Improving and Promoting Best Safeguarding Practice and Procedures

The KSCB has a role in co-ordinating and ensuring the effectiveness of local individuals' and organisations' work to safeguard and promote the welfare of children and young people. The Board consists of senior representatives from all the key agencies concerned with the safeguarding of children, including Kent County Council, Youth Offending, Police, Health, Schools, Probation, CAFCASS, Connexions and the Voluntary Sector. During 2010/11 KSCB was chaired by an Independent Chair, David Worlock, from November 2009 until his resignation, effective from the 1<sup>st</sup> November 2010. From November 2010 the Vice Chair, Oena Windibank, Operational Director, Eastern Coastal Kent Community Health, chaired the Board until the end of March 2011.

### External Inspections during 2010/11

#### Offender Management Inspection

An inspection of Kent Probation took place in June 2010. Whilst noting areas of positive practice the inspection report concluded: "Overall, we consider this a disappointing set of findings – our scores indicate that sufficient quality of practice is not currently being achieved often enough." Key comments included:

- "The Risk of Serious Harm (to others) screening was completed on time at the start of the order or licence but was incorrect in too many cases. This resulted in a full analysis not always being done when required".
- "Management oversight of Risk of Harm to others was ineffective in too many cases and not provided in half of the cases involving child safeguarding. Where the case was eligible for Multi-agency Public Protection Arrangements the correct management level was allocated and referrals were timely".
- "Few offenders were meaningfully involved in the development of their sentence plan".
- "Multi-agency child safeguarding procedures were not always used effectively, with insufficient contributions by offender managers and other staff. On the other hand, the Multi-agency Public Protection Arrangements were used well".
- "Staff reported high workloads and insufficient time to produce good quality assessments and plans".

The inspection identified that Kent Probation had focussed its attention on achieving transition to trust status, on re-organising its internal structure to meet government requirements and on achieving its performance objectives. These were achieved, but at some cost in terms of quality. Kent Probation had recognised the quality issues before the inspection, and had started the process of refocusing on quality and outcomes.

## **Emotional Wellbeing and Mental Health**

The children and young people's emotional well-being and mental health National Support Team (NST) from the Department of Health visited Kent in September 2010. One of the key issues identified was the large number of young people referred to a specialist CAMHS service at Tier 3, who could have been seen earlier and more effectively in Tier 2 services. Part of this is due to a lack of clarity for the current system of referral. The NST recognised that the challenge for Kent Children's Trust is to develop a strategic 'whole system' vision which maximises this, and provides a framework for commissioning and planning of all services, both local level and County-wide, and at every Tier.

The NST concluded that a whole system re-design was required to address these issues. Action is now being taken to ensure the improvement required through the CAMHS Action Plan and the Ofsted Improvement Plan.

## **Unannounced Inspection of Initial Contact, Referral and Assessment**

Ofsted conducted this inspection in August 2010 and found that the services were not meeting the statutory standards and identified a number of priority actions. Remedial action has been taken through the Ofsted Improvement Plan to address all deficits.

## **Safeguarding and Looked After Children Services**

The Ofsted inspection conducted in October 2010 and reported in November, judged safeguarding and Looked After Children services in Kent as inadequate. It highlighted a number of weaknesses in the way services were organised, managed and supported. Ofsted judged there to be limited development of preventative and early intervention services across the partnership, and a lack of consistent understanding of thresholds and eligibility for specialist social work services, with limited implementation of the Common Assessment Framework (CAF) and the team around the child (TAC) approach. It found that agencies did not ensure that their referrals contained accurate and sufficient information to enable informed responses to be made. In relation to Looked After Children it found that educational achievement needed to improve, school exclusions must be reduced and attendance be improved.

At the same time, the inspection by the Care Quality Commission (CQC) found that Health providers and commissioners needed to secure health assessments for Looked After Children; screen for substance misuse; and improve CAMHS support, particularly for young people aged between 16 and 18.

Following Ofsted's Improvement Notice Kent County Council and the NHS put in place an Improvement Board to work collaboratively to secure the impacts set out in the 'Putting Children First' Kent County Council Safeguarding and Looked After Children Improvement Plan and to embed the changed practices designed to ensure better and sustainable life chances for the children and young people of Kent.

Partnership members and agencies have developed new approaches to ensure:

- Effective multi-agency early intervention and prevention support for vulnerable children and their families
- Targeted support to narrow the educational gap of LAC and the health needs of LAC and other vulnerable groups
- Strengthened joint commissioning and increased levels of pooled and aligned budgets
- Workforce development to ensure improved levels of understanding and engagement in relation to thresholds, eligibility, assessment processes (including CAF) and pathways between universal, targeted and specialist services

A review of KSCB infrastructure and sub-groups was commissioned in 2010/11 and concluded in June 2011.

The key elements included:

- Review of governance and accountability arrangements
- The appointment of a new independent chair of the KSCB who would be a member of the Children's Trust and Improvement Board
- The E-safety and Communication sub-group would be disbanded
- The appointment of 2 lay members
- The appointment of a representative from the voluntary sector
- Development of a multi-agency performance framework

The KSCB fully endorses the areas for improvement identified by the Ofsted announced inspection in November 2010 and the multi-agency improvement plan that has been developed in the authority following the inspection. The KSCB is monitoring the progress against these plans.

## **Preventative Practice**

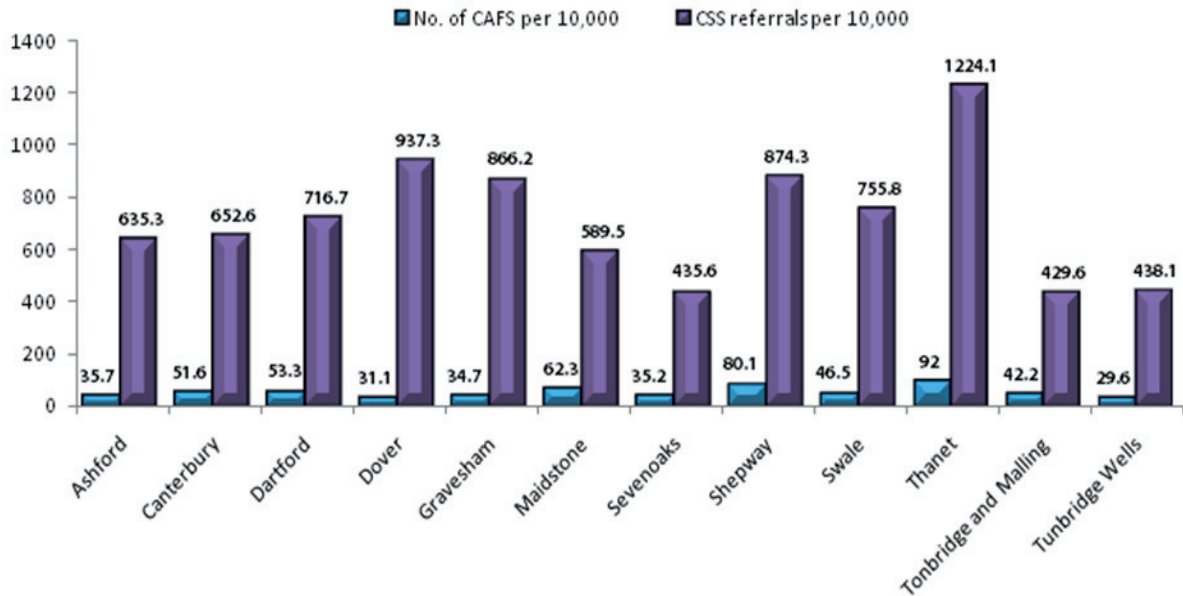
### **The Common Assessment Framework**

The Common Assessment Framework is a process to help identify and assess, at the earliest opportunity, if a child or young person needs some extra help. CAFs are important because they are a means of getting help to children early, before problems get worse. All agencies which have safeguarding responsibilities for children – including adult-focused services – have a responsibility to initiate CAFs. A CAF is a standardised assessment that can be undertaken by anyone who works with the child or young person and is used to identify a child or young person's needs and strengths, based on discussions with the child or young person and their family as appropriate. It uses a standard form to help record, and where appropriate, share with others, the information given during the assessment, and to plan the help needed.

During 2010/11 there was a 54.9% increase in the use of common assessments across Kent, from 947 in 2009/10 to 1467 in 2010/11 but these figures remain low for the size of the Kent population and number of referrals received by Children Social Care.

Schools continue to be the main initiators of common assessments, accounting for 84%. The number of common assessments completed by Children's Centre staff across the county, was a total of 43 from April 2010 to March 2011.

### Number of CAFS and CSS Referrals per 10,000 by District 2010/11



The number of CAF's completed by partners was very poor in 2010/11.

Information about how Kent compares with its statistical neighbours or nationally in terms of the implementation of the CAF was not available for this period.

The information also does not tell us about the quality of the assessments and whether the completed assessments resulted in children and young people's needs being met by services. A framework developed and endorsed by the Children's Trust to quality assure CAF assessments would help this analysis.

Inter-agency threshold criteria for services for children have been reviewed and, following extensive consultation, a new threshold document was drawn up and agreed by KSCB in January 2011. The document provides a framework for professionals and service users (in both Kent and Medway) to clarify thresholds for accessing different types and levels of children's services based on the degree of need. Effective operation of these criteria went live on 1st March 2011 to contribute to the early intervention agenda and effective implementation of CAF.

## Policies and Procedures

**Desired Outcome: processes are fit for purpose and promoting positive outcomes for vulnerable children**

### What did we do? How well did we do it?

The Policy and Procedure sub-group reviewed the entire contents of the Kent and Medway Safeguarding Children Procedures 2007 in light of the re-issued Working Together to Safeguard Children Guidance in March 2010.

A number of new Procedures and Protocols were introduced during the year, namely:

- Adolescent Risk Management Strategy (January 2011)
- Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services (June 2010)
- Kent and Medway Eligibility Criteria (January 2011)
- Pharmacological Management (January 2011)
- Risk Management for Adolescents

All of these have been widely disseminated and are available to view or download from the Kent Safeguarding Children Board website: [www.kscb.org.uk](http://www.kscb.org.uk).

During the year, the KSCB received briefings and/or was actively involved in consultations on the following areas:

- Working Together to Safeguard Children Consultation
- Munro Review

### On-going issues and challenges

The missing children procedure required review to encompass children missing from home and to update sections covering children missing from education and children missing from care.

The third edition of the Kent and Medway Safeguarding Children procedures will be published by the end of 2011/12 and will reflect the new national statutory guidance Working Together which is due to be reissued in December 2011. This will be a joint venture between both the Kent and Medway Safeguarding Children Boards and will ensure consistency in policy and practice across the area.

The Final Munro Report sets out strengths and weaknesses in the use of procedures to manage practice, and is mindful that too much prescription of practice can undermine professional's capacity to make judgements, to deal with exceptional scenarios, and develop expertise. The KSCB and the Policy & Procedures sub-group will need to respond positively to the Munro Report and the revised Working Together Guidance during 2011/12, and seek to ensure that safeguarding policies and procedures promotes as well as regulates practice.

## Safer Recruitment & Employment

### **Desired outcome: The Kent children's workforce is competent and safe**

The statutory guidance Working Together to Safeguard Children (2006: Chapters 3 and 12 and Appendix 5) places a duty on the KSCB to have effective arrangements in place to deal properly and quickly with all allegations of harm made against professionals who work with children. It should coordinate the investigations into these allegations and ensure that safer recruitment practices are established.

Dealing with allegations made against professionals is the role of individual employing agencies. All member organisations of the Safeguarding Board have a named senior officer with responsibility for dealing with allegations. However, the Local Authority is required to provide a co-ordinating role through the provision of a Local Authority Designated Officer, or 'LADO'. Individual agencies are required to notify the LADO of any allegations made.

### **What did we do? How well did we do it?**

The Local Authority Designated Officers (LADO's) received 500 allegations/concerns in relation to people who work with children between 1st April 2009 and the 31st March 2010. Of these 232 (46%) involved staff in schools. The DfE is currently finalising the annual reporting requirements (anonymous) with the development of a revised data set. Although the number of allegations against staff in schools appears high, this needs to be considered within the context of the size of the workforce. Kent has more than 550 schools (including Academies) and more than 100 Independent schools and the figure represents approximately 1% of the workforce.

49% of all allegations were physical in nature and this is recognised by the DfE as a consistent feature of allegations against teachers. This is being addressed with new guidance on behaviour management due to be published during 2011.

During the last year there were 17 cases of Risk by Association where the suitability and judgement of the professional had to be assessed due to their decision to remain with a convicted sex offender.

There were also 55 cases (11%) reported to the LADO involving allegations of a sexual nature and these primarily stemmed from professionals developing relationships with young people for whom they had a duty of care. Most of these cases were deemed to be an abuse of trust under the Sexual Offences Act 2003 as the age of consent is immaterial in such cases.

The data also identifies that there were 52 cases (more than 10%) of external factors affecting suitability. Examples of this include staff abusing their own children leading to those children being subject of a child protection plan or professionals perpetrating serious domestic violence

to a partner.

Category of Outcome	Dismissal	Resigned	Management Action	NFA	Total
Substantiated	26	17	92	0	135
Unsubstantiated	0	4	58	54	116
Unfounded	0	1	5	59	65
Malicious	0	0	0	6	6
Other (e.g. deceased)	0	0	0	63	63
Ongoing Case	0	0	0	115	115
<b>Total:</b>	<b>26</b>	<b>22</b>	<b>155</b>	<b>297</b>	<b>500</b>

## Missing Children

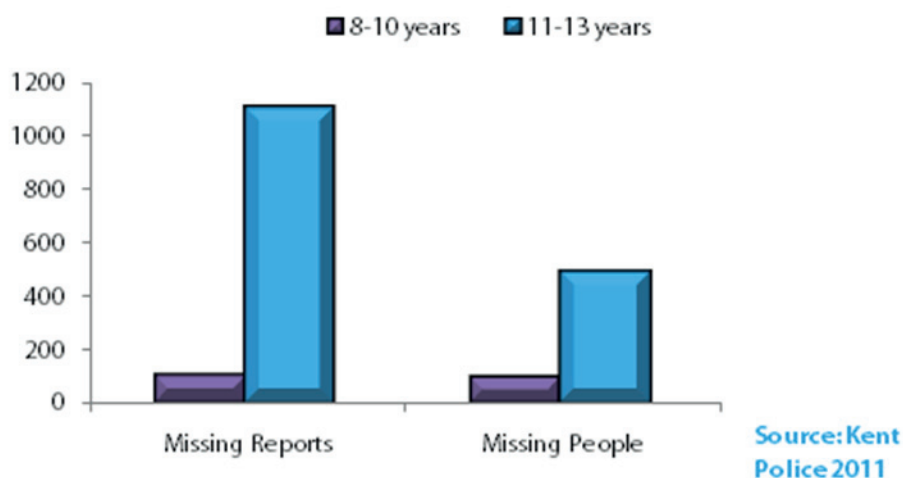
**Desired Outcome: Services are effective in establishing the identity and whereabouts of all children and young people aged 0-16**

Kent County Council leads the 'Missing Children Work Group'. This ensures effective multi-agency working between schools, Kent Police and a wide range of children's services and monitors the effectiveness of policy and guidance currently in place. This group also has a broader remit to monitor vulnerable groups of children, such as minority ethnic groups and travellers, and ensure the effectiveness of policy addressing children missing education.

### What did we do?

Following the introduction of COMPACT and the Storm interface, Kent Police improved their ability to conduct analysis of missing person reports. Of the 9246 reports made between April 2010 and April 2011, 74% related to children and concerned 2748 individual children<sup>2</sup>. Examples of data from this time period with regard to missing children can be seen below:

Reported Missing between April 2010 and April 2011 within Kent



<sup>2</sup>McKeeman, A. (2011) Missing Persons Reported to Kent Police

Between April 2010 and April 2011 575 separate children aged 8 to 13 years were reported missing and these were responsible for 1191 missing person reports<sup>3</sup>. Within current policing areas the majority of missing person reports made by Kent Police occur in East Kent (28%) and South Kent (28%). West Kent (9%) and North Kent (9%) have comparably few reports. The disparity in the volume of missing children between areas can in part be explained by the high numbers of children's homes in East and North Kent compared to other areas in the county.

Following the introduction of the COMPACT system, Kent Police now record all episodes when a child goes missing via the interface. This ensures that missing episodes are not viewed in isolation but rather as part of a recurring pattern allowing for a more holistic overview, a more comprehensive record of Returner Interviews and a better understanding of the individual child's situation and needs. This should enhance the ability of the police and other agencies to put the appropriate safeguarding responses into place.

KSCB is responsible for the completion and approval of a quarterly return to government to report on the new National Indicator NI71, which provides a self assessment on the extent to which local Children's Services and Police are collecting, sharing and analysing information regarding children who are reported missing, and establishing effective joint protocols and service delivery arrangements.

Kent Police's COMPACT system will automatically populate a NI71 return to assist Police and partner agencies to work more closely together in developing problem solving approaches in safeguarding vulnerable children. This information was not readily available before the introduction of Kent Police's COMPACT system. It allows for a more comprehensive understanding of the missing person's situation, particularly with regard to children and young people across the county. These figures can be used to inform policy and procedure

At present there are well established mechanisms for dealing with vulnerable children such as the Public Protection Unit referral process. However, the perceived 'streetwise' quality held by young people and the large amount of work created has often led to a lack of completion of these processes. Multi-agency training should be used to address this issue.

Children who do not meet the eligibility threshold criteria for Children's Social Services but are still considered at risk should be the subject of notification and engagement with Kent Police's Preventative Services Managers.

### **On-going issues and challenges**

There are a number of challenges that all agencies face when addressing the issue of missing children. 87% of missing person reports are resolved within 24 hours<sup>4</sup> and this has led to differing opinions on the best way to deal with reports, particularly within the Police. Similarly, opinion has differed as to the best way to deal with children that go missing regularly and for whom an 'absence' is not out of the ordinary.

For Kent Police, the introduction of the COMPACT system has resulted in a dramatic increase in the number of reports taken due to the interface and the recording of reports originally classified as an 'unauthorised absence'.

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<sup>3</sup> McKeeman, A. (2011) Missing Persons Reported to Kent Police

<sup>4</sup> McKeeman, A. (2011) Missing Persons Reported to Kent Police

## Private Fostering

### **Desired Outcome: Private fostering arrangements are strengthened through coordination and effective implementation of statutory guidance**

Private fostering occurs when a child under the age of 16 years (or 18 years if a child is disabled) is cared for on a full-time basis, and provided with accommodation for more than 28 days, by an adult who is not a direct blood relative. It does not include children looked after by the local authority. It is usually arranged by the birth parent and is a private arrangement.

Examples of private fostering include:

- Child living with a family friend following family breakdown, divorce etc
- Child whose parents' study or work arrangements mean they are unable to care for the child
- Teenagers staying with a friend or boyfriend/girlfriend's family
- Asylum and refugee children
- Children brought to England by a friend of the family for the purposes of education

If such an arrangement comes to the notice of a professional it is the responsibility of that professional to inform the carer of the need to notify the local authority and if necessary follow this up by informing Children's Social Care themselves.

Nationally the number of children referred as privately fostered remains low and this is the case in Kent.

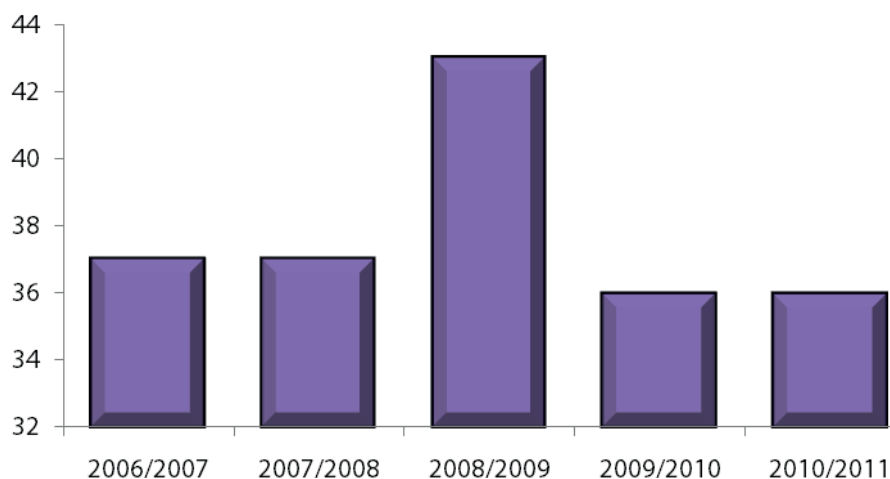
KSCB has received briefings from Children's Social Services on the status of private fostering arrangements in Kent. This is a key area of safeguarding performance and one that KSCB monitors closely.

Data collected between April 2010 and March 2011 gives a good overview of private fostering across the county and can be compared to data collected in previous years. All data is taken from Children's Social Services' Annual Report on Private Fostering 2010-2011.

During 2010/11 there were 56 new private notifications of private fostering compared to 69 the preceding year in Kent. This is opposite to the trend currently shown in England and the South East. Of these 56 notifications, 91% progressed to placement.

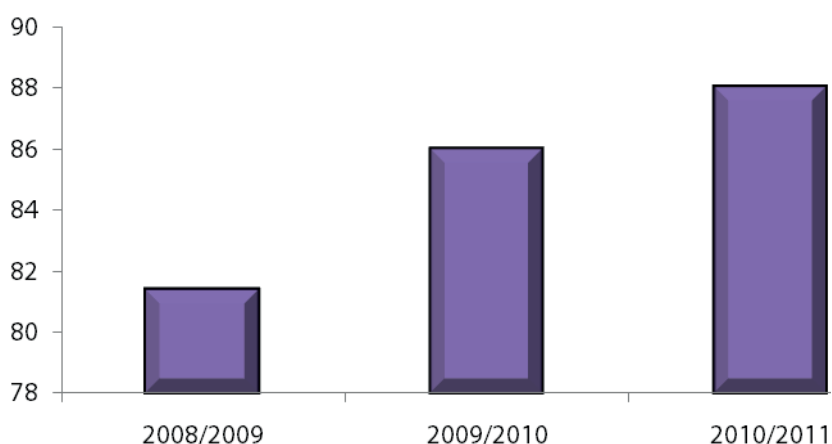
As a snapshot, on the 31<sup>st</sup> March there were 36 private fostering arrangements across the county. There has been little change in this figure over the last five years.

### Number of Placements on 31st March



Using the data compiled on the 31st March 2011, the cohort of children entering private fostering arrangements is dominated by older children, especially those in adolescence. Children aged 10 or more represent 88% of all new private fostering placements. This is an increase on the two previous years.

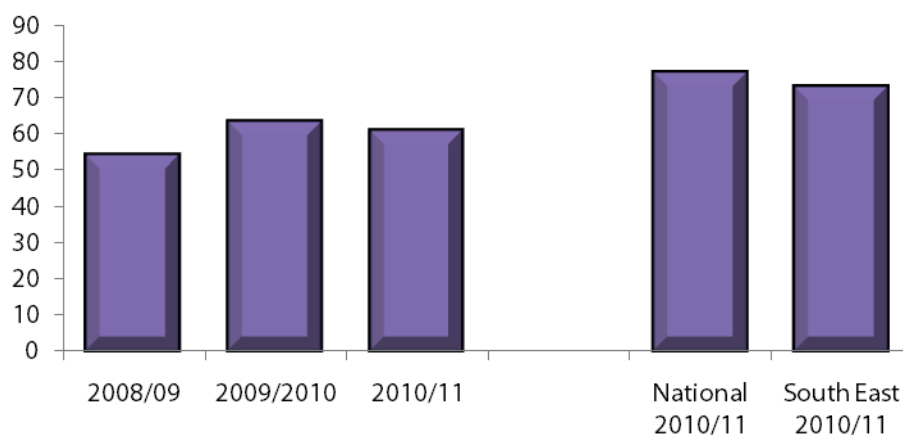
### Percentage of new notifications where children are aged 10 years or more on 31st March



The majority of children in private fostering arrangements across the County were born in the UK (82%). This is comparable to last year's figures.

The number of initial assessment visits undertaken within the required timescales has fallen slightly during 2010/11 to 61%, which is less than the national figure of 77%. This is an area that needs improvement and an action plan has been drawn up.

### Percentage of initial assessments undertaken within required timescales in Kent



Significant improvement has been made in the number of continuing visits in the first year of placement during 2010/11. 80% of visits during 2010/11 were made within the required timescales compared to 37% the previous year.

#### On-going issues and challenges

An action plan has been formulated to address the fall in meeting the timescale for visits following notification that a private fostering arrangement has commenced. An interim system has been put in place, which should ensure that all private fostering referrals or notifications are passed to the social worker on the same day. Procedures will also be improved with regard to social worker sick leave and subsequent delegation of responsibilities.

Little improvement was made in raising the profile of private fostering and response rates for publicity events were poor. To combat this, awareness raising will take place at more targeted events e.g. Children's Centres, Family Liaison Officer conferences, district network meetings and education steering groups.

The continuing low notification of private fostering arrangements for children under 10 years of age is a concern. A more detailed cross-partner analysis is required to ensure a true reflection of the current situation for all privately fostered children in the County.

KSCB will report on the outcome of this analysis in 2011/12.

## Domestic Abuse

### What did we do? How well did we do it?

Domestic abuse is a high risk factor for the well-being and safety of children. It is therefore essential that partners have a good understanding of the nature and impact of domestic abuse and the effectiveness of responses to address it. A high proportion of Specialist Children's Services referrals are as a result of concerns about domestic violence where children are living in the household.

The Kent and Medway Domestic Violence Strategy Group was formed for the purpose of researching the multi-agency response to domestic violence and to make recommendations for the way forward. The 2010–2013 Strategy sets out a vision for effectively addressing the issue of domestic violence in the county and details the steps that will be taken to achieve this within individual agencies as well as on a multi-agency basis.

This includes a detailed delivery plan to:

- reduce domestic abuse and change attitudes;
- provide support to victims of domestic abuse;
- protect victims of domestic abuse; and
- improve multi-agency working arrangements

Kent has introduced Multi-Agency Risk Assessment Conferences (MARAC) to discuss cases of domestic violence where risk is escalating. These conferences identify ways to intervene and in particular safeguard children and young people who may be caught up in violent relationships.

During 2011/12 KSCB will report on the work undertaken between Kent Police and Children's Social Services to assist in the quality of referrals made as a result of domestic violence incidents.

### On-going issues and challenges

In partnership with the Kent and Medway Domestic Violence Strategy Group KSCB will update the training resource to address consistency issues and quality check the training that is delivered on domestic abuse across Kent. The training pack includes many training chapters including: Overview and Dynamics of Domestic Violence; Children and Young People and Domestic Violence; Perpetrators of Domestic Violence; Domestic Violence and Substance Misuse; Specialised Needs and Issues; Multi-agency Roles; Domestic Violence in the Workplace; What Health Professionals Need to Know about Domestic Violence; Domestic Violence and the role of Education; and Domestic Violence and Housing.

## Section 3

### Serious Case Review Processes

**Desired Outcome: SCR recommendations are effectively implemented to improve child safety, with reviews completed within time and judged to be of good quality.**

Local Safeguarding Children Boards are required to consider holding a Serious Case Review (SCR) when a child dies and abuse or neglect is known or suspected to be a factor in the death. In addition, Local Safeguarding Children Boards should always consider whether a Serious Case Review should be conducted where:

- a child sustains a potentially life-threatening injury or serious and permanent impairment of health and development through abuse or neglect
- or a child has been subjected to particularly serious sexual abuse or a parent has been murdered and a homicide review is being initiated
- or a child has been killed by a parent with a mental illness
- or the case gives rise to concerns about multi-agency working to protect children from harm

#### What is the purpose of a Serious Case Review?

The purpose of a Serious Case Review is to:

- establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children;
- identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result; and
- as a consequence, improve multi-agency working and better safeguard and promote the welfare of children.

Serious Case Reviews are not inquiries into how a child died, or who is culpable, that is a matter for coroners and criminal courts to determine as appropriate.

#### What did we do? How well did we do it?

During 2010/11, three SCRs have been completed. Two reviews were commenced jointly with a London LSCB.

Independent consultants were commissioned to write all the overview reports and in all cases, the parents were offered the opportunity to contribute to the report. KSCB monitors all actions arising from Serious Case Reviews.

During 2010/11 all of the Serious Case Reviews were evaluated by Ofsted, two were awarded 'good' and the other outstanding.

Key themes arising from the SCRs undertaken during 2010/11 were:

- Understanding the significance of hard to reach individuals and families
- Assessment and engagement with families with multiple and chronic difficulties
- Information sharing

- Compliance with procedures including professional disagreements, lead professionals and working with young people who are sexually active.
- All professionals will follow the requirements set out in the KSCB procedures regarding the “Resolution of Professional Disagreement”, whenever they are not satisfied that a child is being effectively safeguarded.
- Management and supervision within all agencies should be in place to ensure practitioners are able to discuss complex cases providing clarity on safeguarding, managing risk, methods of intervention and adequacy of progress.

The Board has maintained a focus on learning from these tragic cases and is committed to identifying how we can improve practice and share this across agencies. There is strong commitment from Serious Case Review core panel members and the agencies they represent within the Serious Case Review process.

It has to be remembered that the majority of children who have an agreed and co-ordinated multi-disciplinary child protection plan are generally well served by the child protection processes and the services involved. There are over 1200 children in these circumstances at any one time in Kent, out of the total child population of 327,000. The numbers of Serious Case Reviews constitute, therefore, a small but significant proportion of the child population being safeguarded. Furthermore, not all will have been identified as children about whom agencies have had safeguarding concerns or been assessed as children in need under the Children Act 1989 and therefore in receipt of services.

The Kent Safeguarding Children Board is clear that there must be a continuing focus ensuring that the findings of Serious Case Reviews are rigorously implemented, and on tackling the practice issues that this report has highlighted.

### **On-going issues and challenges**

During 2011/12 KSCB will respond to the expectations put forward by the Munro Review to implement a systems approach to completing Serious Case Reviews. KSCB is also committed to ensuring that SCRs are published and placed on the KSCB website to ensure accountability to the wider public over lessons learned.

## Section 4

### Child Death Review Processes

**Desired outcome: KSCB is compliant with statutory requirements and multi-agency collaboration reduces preventable child deaths in Kent**

#### What did we do? How well did we do it?

Child Death Reviews has been a statutory requirement since April 1st 2008. As part of the Children Act 2004 (Section 11) Safeguarding Children Board Functions Regulation, LSCB's are required to review the circumstances of all child deaths (up to the age of 18 years).

In line with Chapter 7 of Working together to safeguard children the Kent Child Death Overview Panel has oversight of the processes, ensuring:

- That reviews occur in a timely fashion
- That the information, support and investigation of each death is appropriate and compassionate
- That there is appropriate investigation or referral of any deaths where there are safeguarding or criminal issues
- That where issues or lessons emerge that have broader relevance, or public health implications, they are effectively disseminated
- That deaths are monitored so that trends or apparent associations can be identified and where appropriate investigated
- That information is appropriately collated and reported to the Department for Education (DfE) (formerly the Department for Children, Schools and Families)

During 2010/11 the CDOP met three times and attendance has been high. The Child Death Overview Panel is supported by an Expert Advisory Group (EAG) of practitioners who review all cases in detail. The CDOP was chaired by Oena Windebank, Vice Chair of KSCB and Operational Director of Eastern Coastal Kent Community Health Trust.

In 2010/11, there were 92 deaths of which 41 were unexpected deaths. This compares to 2009/10 when there were 94 deaths of which 35 were unexpected. The increase in the number of unexpected deaths is believed to be as a result of more accurate recording of the circumstances of the death and a better understanding of the process as a result of the training programme held during the year. In 2008/09 there were 99 deaths of which 29 were unexpected.

During 2010/11 the EAG met on 9 occasions and reviewed a total of 51 cases. These cases included cases from both 2009/10 and 2010/11. There are two cases still outstanding from 2009/10 which cannot be reviewed yet as they are still subject to inquests. This is in accordance with national guidance so as to enable the group to consider all the relevant information before coming to a conclusion regarding preventability.

The criteria provided by the DfE for the Panel to categorise deaths are:

<b>Modifiable factors identified</b>	The panel have identified one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths
<b>No Modifiable factors identified</b>	The panel have not identified any potentially modifiable factors in relation to this death
	Inadequate information upon which to make a judgement. <i>NB this category should be used very rarely indeed</i>

Of the 33 cases from 2009/10 that were reviewed by the EAG, 3 cases were deemed to be preventable.

### Key areas of progress and achievement during 2010/11

Significant progress has been made in embedding the Panel and its work. Kent CDOP benefits from active support across all agencies and has a standing membership bringing together representatives from:

- East Kent PCT
- East Kent Coastal Community health Trust
- West Kent PCT
- West Kent PCT
- South Eastern Coastal Ambulance Trust
- KCC Children, Families & Education Services
- 5 Consultant Paediatricians across Kent
- Kent Police
- Foundation for the Study of Infant Deaths

The child death review process is technically demanding, requiring the collection of sensitive data from across a range of services. Kent CDOP complies promptly with the reporting obligation placed on us by regional and national government: indeed it was recognised as the second best in the region in the year ending March 2009.

Work to develop a mechanism for informing bereaved parents about the work is nearing completion. This sensitive subject is necessarily taking some time to undertake properly. We have relied heavily on guidance from national organisations, such as the Foundation for the Study of Infant Deaths, to develop local information which will be shared with parents at the time of their loss by a lead professional supporting the family.

Five basic child death investigation and review courses have been held. The first course was of two hours duration. However, it was identified that this was insufficient time for the subject, so the remainder of the courses have been extended to three hours. These courses have been attended by 79 members of staff, the majority coming from Kent Police (31) Children Families and Education (18) and Health (28).

Seven intermediate training days have been held where 254 personnel have attended. The majority of staff attending this course has been from Kent Police (114) Children Families and Education (58) East Kent Health (33) and West Kent Health (42).

Three reflective sessions by the Child Bereavement Charity for the administrative staff involved in the CDOP process and members of the EAG and CDOP have been arranged. The administrative staff all concluded that the sessions were a good opportunity to reflect on their work and the impact that this difficult subject matter had upon them. There have also been 2 similar sessions for the members of the EAG and CDOP. Although the attendance by EAG and CDOP members has been poor with less than 50% attendance those that have attended have all been very positive about the sessions and found them beneficial. The Development Officer has spoken at a national conference organised by the Child Bereavement Charity regarding these sessions.

The KSCB Procedures for the Child Death Review Process and the Unexpected Death of a Child were re-written in light of *Working Together* (2010).

### **On-going issues and challenges**

At the time of reporting, there is some uncertainty about future child death review arrangements occasioned by the government's spending review and potential changes to national policy in light of the Munro review. The Panel will continue its work to review all child deaths in Kent in accordance with current guidance until any amendments emerge.

## Section 5

### Learning and Development

**Desired outcome: Ensuring that all staff serving children in public, private, voluntary, truth and community sectors are sufficiently trained in safeguarding awareness to play their part in protecting children from the risk of significant harm.**

#### What did we do? How well did we do it?

The assertion that 'safeguarding the children of Kent is everybody's business' must be supported by training. Staff within agencies and organisations need the opportunity to consider what this means for them, so that they can recognise when and how to intervene whatever their role.

Throughout 2010/2011, the multi-agency safeguarding children learning and development programme delivered a wide range of subjects including Raising Awareness, Keeping the Child in Focus, Advanced Course for Safeguarding Disabled Children, Supervision and Management of Complex Cases, Protection as a Need in Neglect and Emotional Abuse, Essential Children and Family Law for Non Social Workers, Lessons Learnt from Baby P, Risk: Analysis and Decision Making, Effects of Domestic Abuse on Children and Young People, Child Death Review Process and Understanding Fabricated and Induced Illness, to name a few. The programme is flexible and evolving, reacting to emerging issues, such as SCR's, as well as proactively identifying with the wider multi-agency children's workforce future training needs.

Over the last 5 years there has been a steady and significant increase in the amount and variety of individual training courses that KSCB has commissioned for the workforce within Kent. Since 2006, the amount of individual training courses that KSCB has facilitated has increased by 245%, from running 11 courses during 2006/07 to 44 different courses in 2010/11 (38 different courses during 2009/10). During 2006/07 the courses were scheduled 47 times during the year, whereas during 2010/11 the courses ran 100 times (95 times in 2009/10) in different areas of Kent, to cater for the varying needs of the workforce.

The expansion in the training provision in the 2010/11 period compared to the previous two years is therefore evident. This clearly demonstrates a year-on-year significant improvement for Kent in terms of both the opportunity to access training and also the rate at which available training is taken up.

Additionally, bespoke training has been provided to a total of twenty-five private and voluntary sector organisations delivering forty courses in comparison to the six the year before (covered below).

#### Bespoke Training

During 2010/11, KSCB has also delivered the following Bespoke Training to private and third sector organisations:

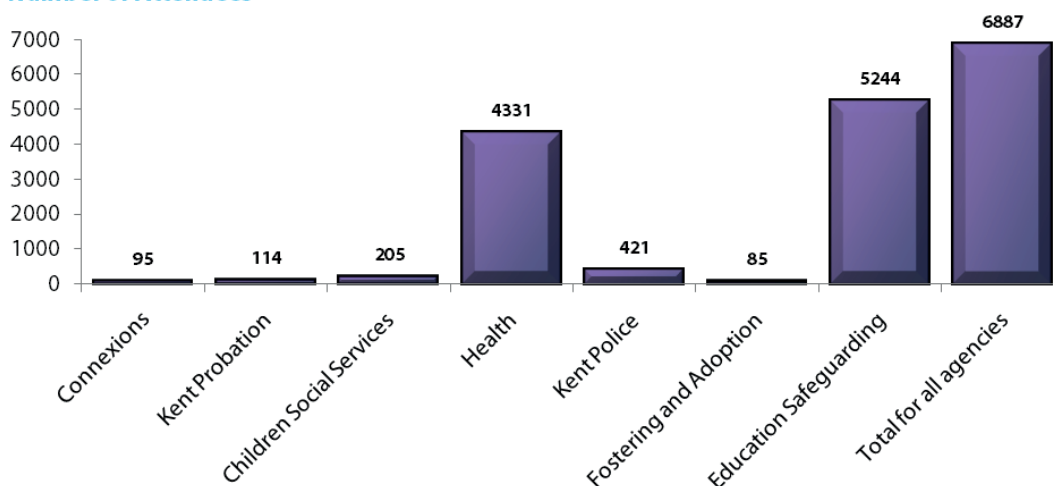
Number of Courses	40
Number of subjects	6
Number of attendees	936
Number of organisations	25

The number of private and voluntary sector organisations trained in 2009/10 was six.

## Single agency summary

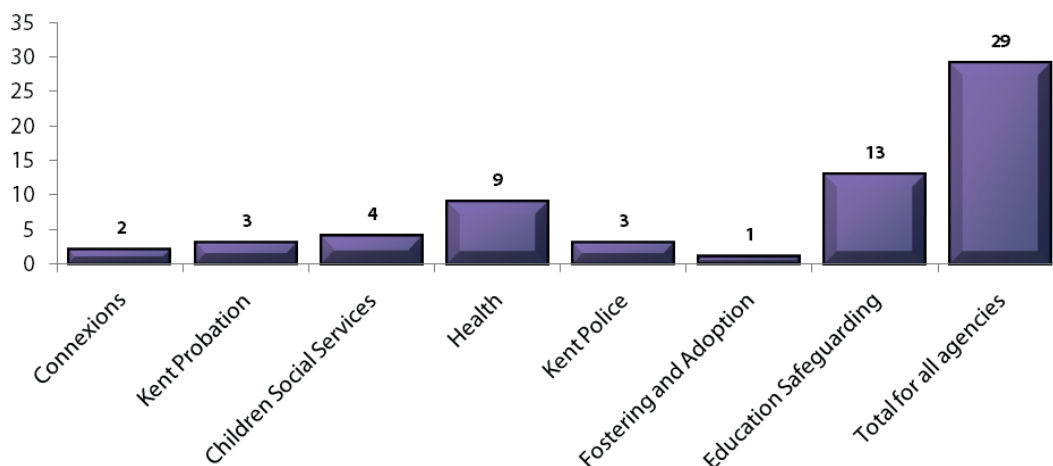
It is the responsibility of the KSCB Learning and Development sub-group to review, monitor and collate all single agency safeguarding training information. The graphs below show the single agency training figures as produced by those agencies represented on the Learning and Development sub-group. As a result of organisational changes, the agencies have been arranged under general headings.

### Number of Attendees



## E-Learning

### Number of Courses



In October 2010, KSCB and the Safeguarding Children e-Academy re-launched the e-learning programme with a multi-agency workshop re-advertising the existing modules and asking agencies to identify additional modules they would be interested in purchasing. As a result of this process, KSCB offer e-learning on the following subjects:

- Awareness of Child Abuse and Neglect – Introduction
- Awareness of Child Abuse and Neglect – Foundation
- Awareness of Child Abuse and Neglect – Core

- Awareness of Child Abuse and Neglect – Police
- Basic Awareness of Domestic Violence including the Impact on Children and Young People
- Early Child Development - Foundation
- Hidden Harm
- Parental Mental Health
- Safer Recruitment
- Safeguarding Children with Disabilities
- Safeguarding Children Refresher Training
- Safeguarding Children from Abuse by Sexual Exploitation
- E-Safety - Guidance for Practitioners
- Teenage Pregnancy

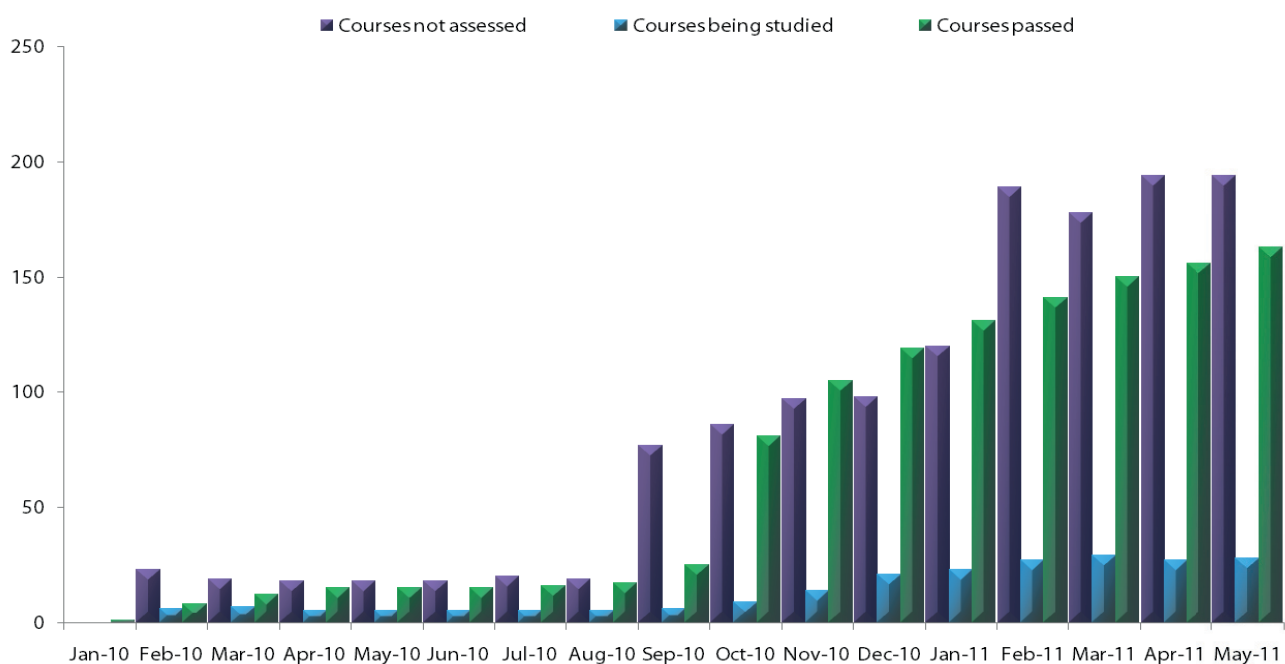
KSCB has also become a member of the development consortiums on Cultural Awareness and Leadership in Safeguarding, (this process gives us 5000 licences once each course has been published). We also have licences for the Section 11 Audit course although to date we have not taken up any of these.

The graph below shows the student progress of the Awareness of Child Abuse and Neglect modules.

Since the re-launch, the allocation of courses has improved, although more work is required in the chasing up of staff who have been allocated courses but who have not yet commenced the module.

KSCB Training subgroup is cautious about using e-learning as a stand alone solution to meeting safeguarding children training needs although it accepts this can have a place in a blended programme which includes class room based learning or managerial support.

**Safeguarding Children e-Academy - Kent SCB**  
**Student Progress - Awareness of Child Abuse and Neglect Modules**



## **KSCB Training College and External Consultant Trainers**

The Kent Safeguarding Children Board has continued to work on developing the 'KSCB Training College'.

In addition, working with Canterbury Christ Church University, we successfully applied for internal grant funding of £10,000 from the University to develop an accredited course for KSCB trainers, as well as a package of support for KSCB College of Trainers to enhance the quality, consistency and currency of safeguarding training. This included setting up trainer development meetings every 2 to 3 months, run jointly by academic staff from the university and members of the KSCB Learning and Development sub-group. Additional support is offered by way of annual refresher training days to provide policy, practice and training updates and a mentoring scheme.

This year with Christ Church University, we have accredited 10 members of the multi-agency workforce to become part of the KSCB College of Trainers to deliver Basic Child Protection Training on behalf of KSCB. The commitment undertaken by each person and their line managers was that the trainer would deliver 5 days of training on behalf of KSCB in repayment for the course. It was also accepted that the trainer could deliver in house safeguarding training for their own organisation.

The ongoing development of this project will have the potential to lead to further collaboration with the University and partner agencies.

Multi-agency training is monitored through feedback forms after each event, including an assessment of any changes needed to the materials and reflective feedback on the performance of facilitators/trainers.

Inter-agency training makes a substantial contribution to learning the skills and knowledge of the "Common Core" and therefore to the training of the children's workforce in general.

## **On-going issues and challenges**

The successes of the multi-agency training programme are set to continue into 2012/13 as a number of new developments have been added to the training schedule, for example:

- New e-learning courses, immersive learning events and podcasts;
- Identify further members to support the KSCB training college;
- Undertake a Training Needs Analysis to inform the updated Training and Development Strategy

## Section 6

### Assurance and Evaluation

This section of the annual report summarises Safeguarding activity in Kent between 1st April 2010 and 31st March 2011.

Working Together (2010) identified as a key function of a Safeguarding Children Board the need to “monitor and evaluate what is done by the Local Authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve”. Furthermore, they should “have a particular focus on ensuring that those key people and organisations that have a duty under Section 11 of the Children Act 2004 are fulfilling their statutory obligations about safeguarding and promoting the welfare of children”.

During 2011/12 KSCB will report on how the Munro Review has strengthened its performance and scrutiny role.

#### Performance Indicators

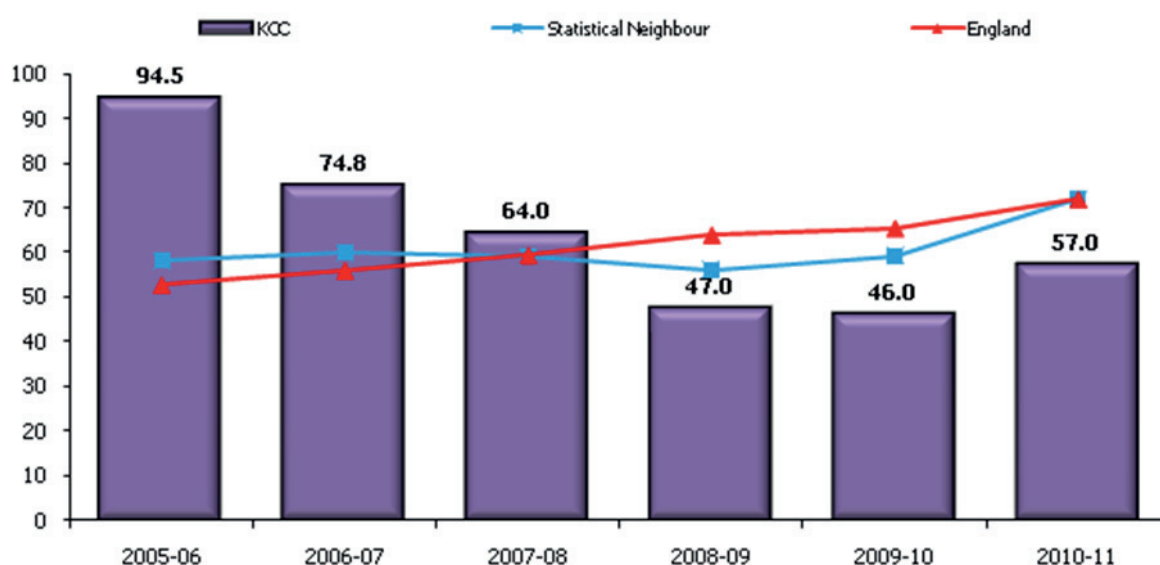
Ref	Title	2009/10	2010/11	Target
<b>NI 48</b>	Children killed or seriously injured in road traffic accidents (0-15 yr olds, positive figure shows a reduction compared to previous period) (year?)	9.8%	To be confirmed	N/A
<b>NI 59</b>	Initial assessments for children’s social care carried out within 7 working days of referral	69.0%	54.0%	69.0%
<b>NI 60</b>	Core assessments for children’s social care that were carried out within 35 working days of their commencement.	80.4%	72.2%	80.4%
<b>NI 62</b>	Stability of placements for looked after children: number of moves (percentage of children looked after with 3 or more placements during the year)	8.2%	8.0%	8.2%
<b>NI 63</b>	Stability of care placements of looked after children: length of placement	72.1%	72.8%	72.1%
<b>NI 64</b>	Child Protection Plans lasting two years or more	12.7%	11.3%	6.0%
<b>NI 65</b>	Children becoming subject of a child protection plan for a second or subsequent time	16.0%	14.5%	13.4%
<b>NI 66</b>	Looked after children cases which were reviewed within required timescales	94.6%	94.5%	94.6%
<b>NI 67</b>	Child Protection cases which were reviewed within required timescales.	97.9%	96.3%	97.9%
<b>N/A</b>	Percentage of children adopted	9%	8%	11%
<b>NI 68</b>	Referrals to children’s social care going onto an initial assessment.	46.4%	57.0%	65.0%
<b>NI 70</b>	Hospital admissions caused by unintentional and deliberate injuries to children and young people (Rate per 10,000)	113.1	107.2	N/A
<b>NI 71</b>	Children who have run away from home/care overnight (score out of 15, higher is better)	12	To be confirmed	N/A
<b>NI 69</b>	Children who have experienced bullying	2007/08 28%	2009/10 26%	N/A

## Numbers of children in need of protection

The national indicators which are used as quantitative measures of the responsiveness of child protection services relate to the number of referrals into Children Specialist Services, the percentage of those referrals which go on to initial assessment and core assessments and the rate per 10,000 child population of children subject to a Child Protection Plan (CPP). In addition, the indicators relating to child protection reviews in timescale, the percentage of children subject to a plan for over 2 years and the rate of children subject to a plan for a subsequent time are all indicators of the effectiveness of intervention.

The percentage of referrals leading to initial assessments was reported as 57% for 2010/11 compared with statistical neighbours, which stood at 71.9% for 2010/11, the most recent comparative data. The evidence from inspection and internal audit is that the thresholds for initial assessment are generally too high.

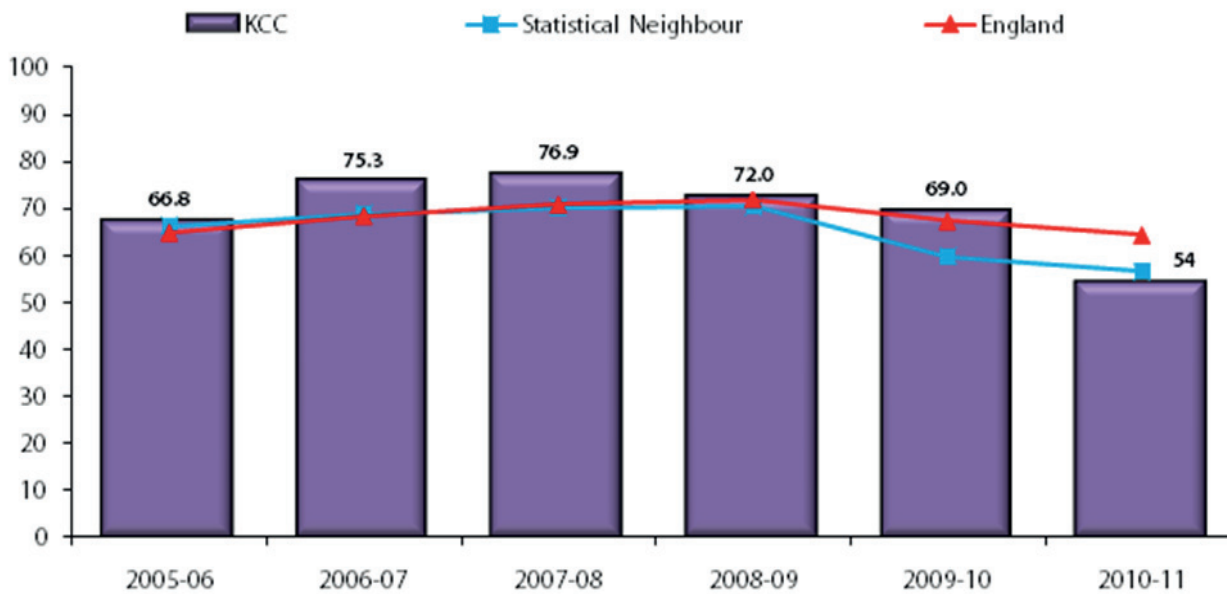
### Percentage of referrals of children in need that led to initial assessments



Initial Assessments are an important indicator of how quickly services can respond when a child is thought to be at risk of serious harm and indicates how well multi-agency working arrangements are established locally. Although, there had been a trend decline in timeliness since 2005/06, Kent is the 5th highest of its statistical neighbour group. Performance is better than both the national and statistical neighbour comparators. As of 1st April 2011 the timescale for initial assessment was within 10 days rather than 7 days.

National guidance requires that initial assessments should be completed within seven working days of receipt of the referral. Kent performs below national levels and there has been a further decrease in output with 54% of initial assessments being completed within this timescale. Indeed there has been a significant trend decline in timeliness since 2008/09.

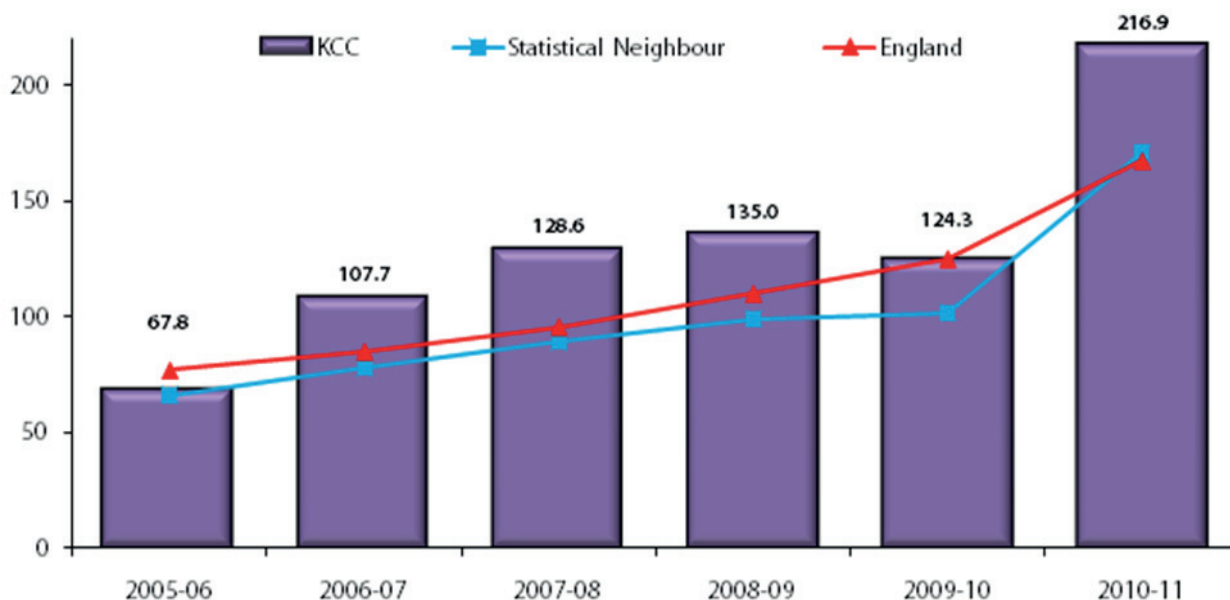
### Percentage of initial assessments completed within seven days of referral



A Core Assessment is a more in-depth assessment of a child or young person that addresses the most important aspects of a child's needs. The successful meeting of timescales can indicate effective joint working. Core Assessments are the means by which Section 47 (Child Protection) enquiries are undertaken.

The percentage of Core Assessments completed on time during the year was 72.2%, a decrease from 80.4% in 2009/10 and compared with 68.1% for statistical neighbours.

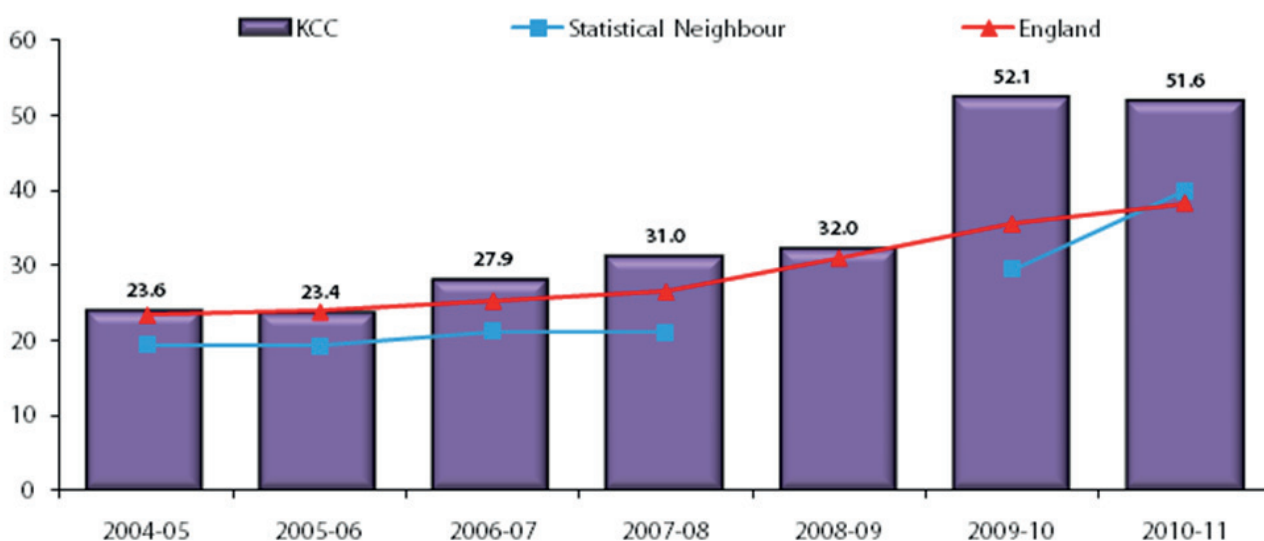
### Number of Core Assessments of children in need per 10,000 of the population aged under 18



Since April 2008 children are no longer placed on the child protection register but are referred to as children who are subject to a Child Protection Plan.

The graph below shows the number of Children and Young People who, as a result of a multi-agency child protection case conference, were considered to be in need of a formal multi-agency Child Protection Plan.

## Number of children subject to a Child Protection Plan at 31 March per 10,000 population aged under 18

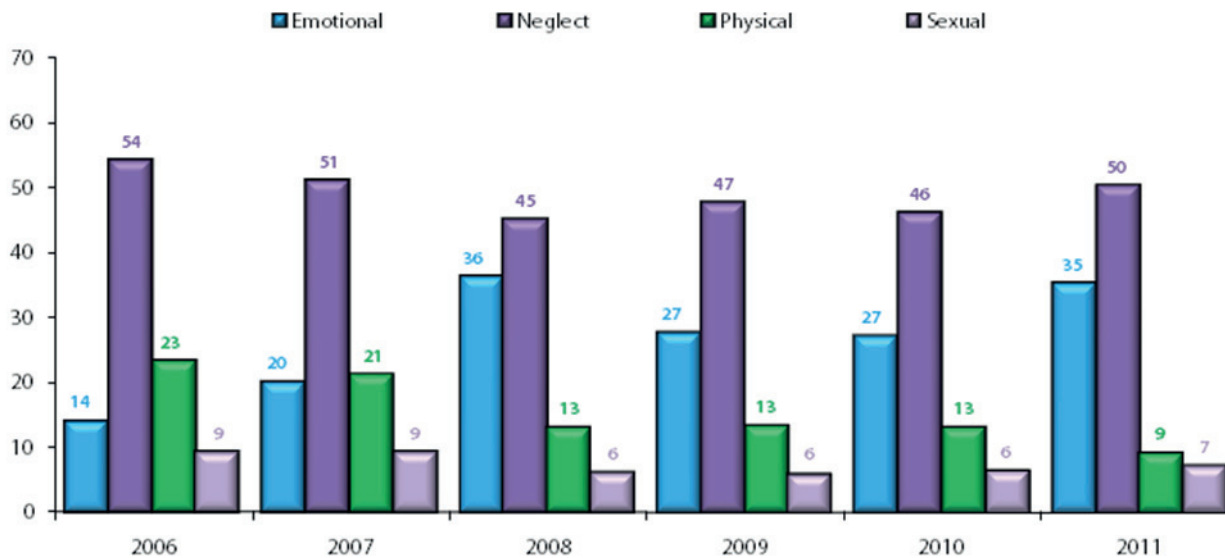


Plans for all such children are subject to statutory reviewing processes.

The 2010/11 year-end figure for the percentage of children who became subject to a Child Protection Plan during the year who had previously been registered was 14.5%, a 1.5% decrease from last year. We remain higher than our statistical neighbours for 2006/07 (14%) and the national average for 2006/07 (13.3%), which is 'acceptable'. It is recognised that there will be some situations where a second Child Protection Plan is required due to changing circumstances.

There are four categories of 'harm' as defined in the Children Act 1989 – Neglect, Physical Injury, Sexual Abuse and Emotional Abuse. The category children are placed under reflects the category professionals consider to most reflect the nature of the risks posed to them. Approximately 80% of all child protection plans are categorised by either emotional abuse or neglect. This reflects the increasing evidence base showing children who grow up in families where there is domestic violence and/or parental substance misuse are more likely to be at an increased risk of significant harm. There continues to be low numbers of children with plans relating to sexual abuse.

## Children subject to a Child Protection Plan as a percentage by category in the year



### Child protection reviews

In line with national guidance review, case conferences must be convened for all children subject to a Child Protection Plan initially after three months and then no less than every six months thereafter. During the period 1<sup>st</sup> April 2010 to 31<sup>st</sup> March 2011 initial reviews were held in relation to 107 children and there were a further 242 subsequent review conferences in respect of 143 children.

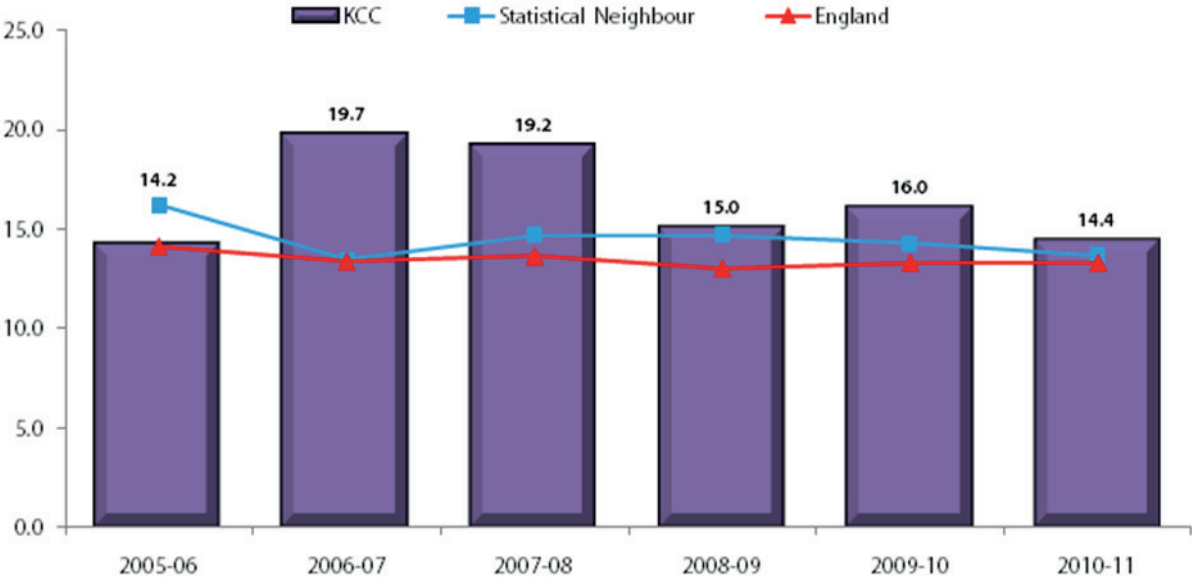
The DCSF measures the adequacy of review frequently by considering the reviews of children subject to a child protection plan at 31<sup>st</sup> March. 96.3% the children subject to a Plan at 31<sup>st</sup> March 2011 had been reviewed at an appropriate frequency.

Children and parents are actively encouraged to contribute their views and participate in the case conference process. For the period 1<sup>st</sup> April 2010 to 31<sup>st</sup> March 2011 the names of 1,515 Kent children were made subject to a Child Protection Plan following Initial Case Conference. Of those 219 (14.5%) had previously had their names subject to a plan. Being subject to a CPP should ensure that children are protected and that they and their families are receiving the necessary services to bring about specific outcomes set out in the Child Protection Plan. Planned outcomes should normally be delivered within two years but individual family circumstances may dictate longer duration where the best interest of the child can only be met by continued use of the Plan.

In the same period the names of 1,115 children were removed from a Plan of which 126 (11.3%) had been subject to a plan for longer than two years. As at 31<sup>st</sup> March 2011 of the 1,614 children whose names were subject to a Plan 112 (6.9%) have been on it for more than two years.

The percentage of children who have been re-registered to a child protection plan in the year measures whether children and their families are receiving the necessary services to bring about required changes. Implemented effectively, it should lead to children not needing to be subject to a Child Protection Plan for more than 2 years.

Percentage of children who have been re-registered to a Child Protection Plan in the year



## Section 7

### Analysis of 2010/11

It is clear that during 2010/11 there was a steep decline in performance in safeguarding children in Kent. The parlous state of safeguarding children in the County has throughout the year been exposed by a series of inspections including those of Children Social Services, Health, Probation and CAFCASS. It has become clear that the safeguarding children system had a number of defects. For example; high workload; inadequate appreciation of risk; assessments which lacked rigour and detail; processes not adhered to; and a lack of involvement by partner agencies.

Whilst the “Baby Peter effect” appears to have increased risk aversion amongst professionals across the country as a whole, it is possible that the high referral rate in Kent may also reflect an approach which appears to favour higher numbers of cared for children rather than “managing” them through a range of appropriate interventions. Possibly for similar reasons the number of referrals to Children’s Services has surged.

All agencies need to ensure that child protection concerns are referred in line with the KSCB procedures. However, opportunities for universal services to engage families and offer safeguarding support at an earlier stage are essential in order to reduce the need for child protection intervention. The KSCB believes that children have a right to be supported by universal services particularly if this will reduce the possibility of formal intervention in their lives – especially when this is not necessary.

Early intervention is key to the protection of children and young people. Successful application of the Common Assessment Framework is a crucial element in early identification of concerns. Much work has been undertaken to embed the CAF process across agencies. It is clear that staff in all agencies will only embrace CAF if this is driven and supported at all levels of management. It is apparent that further work is required before agencies can feel confident in its use and effectiveness. It highlights the need for effective leadership and regular monitoring by managers to measure impact.

During 2010/11 KSCB continued to deliver a well regarded multi-agency training programme and Serious Case Reviews have consistently been externally judged as ‘Good’.

The primary aim of the Board is to become clear about the effectiveness of arrangements for safeguarding children and then focus relentlessly on the necessary improvements. It is clear from all inspections that KSCB should develop a much more effective and comprehensive quality assurance framework to enable it to perform its scrutiny role.

A challenging Improvement Plan has been drawn up to tackle the deficiencies identified by the inspections which will be vigorously implemented by partner agencies over the coming months and monitored by the Improvement Panel and the Kent Safeguarding Children Board.

Enhancing the competence and confidence of professionals across the whole system of safeguarding children to accept responsibility for, and work with partners to manage risk is the single biggest challenge we face.

## Section 8

### Looking Ahead to 2011/2012:

A number of priorities for the future have been identified as a result of activity over the last year.

#### **Focus on Child Protection**

Given the problems identified within child protection services in Kent, KSCB is prioritising a work plan to ensure common understanding of thresholds and levels of need across agencies in Kent.

#### **Developing a Safeguarding Quality Assurance Framework**

KSCB has now developed an extensive and comprehensive quality and effectiveness framework which ensures that clear analysis is reported on a single agency basis to provide detailed and headline messages about safeguarding concerns in Kent.

The alignment of missing from care and missing from education policies with the missing children policy.

#### **Improved Governance and Accountability Arrangements**

KSCB has reviewed its constitution during 2011/12 and has put in place new governance arrangements. It will report on these in 2011/12 and respond swiftly to new expectations arising from the Munro Review and the government response.

#### **Recruitment of Lay Members**

Two new lay persons have been recruited during 2011 to ensure more effective public accountability of safeguarding performance in Kent.

#### **Strengthen engagement of KSCB with Voluntary Sector and Schools**

KSCB has worked with umbrella organisations to ensure that third sector representation is included in its membership and contains representation from early years, primary and secondary schools and further education establishments.

#### **Reform of the Public Sector**

Changes to the public sector, including the outcome of the reforms to the health economy and police commissioning will impact on safeguarding activity. KSCB will ensure that all new arrangements take account of these pressures and monitor carefully all associated risks.

## Section 9

### Financial Report 2010/11

The KSCB is funded under arrangements arising from Section 15 of Children Act 2004. The budget for each LSCB and the contribution made by each member organisation is agreed locally.

#### Income

KSCB is funded largely from agency contributions. These contributions were established during the days of the Kent Child Protection Committee in 2005 and have not increased since. Therefore there has been no annual uplift to contributions during the last five years.

In addition to agency contributions, KSCB receives a Child Death Overview Panel (CDOP) grant from the Department for Children, Schools and Families (DCSF). It has also attracted some income through its training functions.

<b>Kent Safeguarding Children Board</b>	<b>2010/11</b>
<b>Income</b>	<b>£</b>
CFE	241,327
CDOP Grants	185,000
EKPCT	39,664
WKPCT	50,710
Kent Police Authority	56,484
Kent Probation Service	6,276
Connexions	10,000
CAFCASS	750
YOS	8,000

#### Expenditure

During 2010/11 the biggest area of expenditure was on the board's establishment and infrastructure costs. There has been no increase in contributions from agencies since 2005 but the board has been able to secure some additional income from grants such as the Child Death Overview Panel and Safeguarding Grants to fund activity as well as generating income from training delivery.

<b>Kent Safeguarding Children Board</b>	<b>Actual Spend 2010/11</b>
KSCB Staffing	
Independent Chair	
Training programme (includes conferences, meetings, seminars & expenditure as a result of Phase 2)	
Serious Case Reviews	
Child Death Overview Panel	
Printing and publications (includes training materials, conference materials and leaflets, & reports commissioned externally)	
IT and other office equipment	
<b>TOTAL</b>	

### **What next?**

During 2011/12 KSCB will review its funding arrangements, establish a funding formula and ensure that the partnership is fit for purpose in delivering its strengthened scrutiny role. This will involve a greater focus on project management and business planning.

## Appendix 1

### Papers to the Board: 1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011

- Adolescent Risk Management Strategy (January 2011)
- An Overview of Safeguarding Issues (April 2010)
- Business Plan Objectives (September 2010)
- Children Young People's Plan (June 2010)
- Children's Services Restructuring Proposals (April 2010)
- Eligibility Criteria Dissemination (March 2011)
- How Safe are Looked After Children in Thanet? (January 2011)
- Impact of Domestic Abuse (April 2010)
- Inspection of Safeguarding and Looked After Children Services – Recovery and Improvement Plan (January 2011)
- Joint Guidance on Development of Local Protocols between Drug & Alcohol Treatment Services & Local Safeguarding & Family Services (June 2010)
- KCC Audit Report – Governance of Partnerships (January 2011)
- Kent & Medway Eligibility Criteria (January 2011)
- Kent and Medway Domestic Abuse Strategy 2010 – 2013 (September 2010)
- Kent Hidden Harm Strategy 2010 - 2013 (June 2010)
- KSCB Annual report, Review/Business Plan 2009 – 2010 (June 2010)
- KSCB Awareness Morning in November 2009 (April 2010)
- KSCB Current Aims & Objectives/Business Plan (March 2011)
- KSCB Proposals for KSCB Structure & Update on Independent Chair & Membership (January 2011)
- MARAC Information Sharing Agreement Policy (March 2011)
- Membership/Structure: Possible Models (April 2010)
- Messages from Kent's SCR's – Edinburgh Report (April 2010)
- Multi Agency Audit of Private Fostering Awareness in the Ashford 1 partnership area (June 2010)
- Needle Exchange Provision (January 2011)
- Pharmacological Management (January 2011)
- Putting Children First: Kent County Council Safeguarding and Looked After Children Improvement Plan (March 2011)
- Report of an Audit by KSCB of Referrals to Kent Children's Social Services by Health and Education Agencies (September 2010)
- Report of the Eligibility and Access to Children's Social Services (September 2010)
- Report on the working group's findings in relation to the development of secure referral processes for the inter-agency referral form (June 2010)
- Risk Management for Adolescents – The Northumberland Experience (January 2011)
- SCR'Daniel': Overview Report and Executive Summary (September 2010)
- SCR Child A – London Borough of Bexley – OR / ES / Bexley Action Plan & KSCB Action Plan (June 2010)
- Specialist Community Substance Misuse (January 2011)
- Think Child, Think Parent, Think Family: Adult Mental Health (April 2010)
- Think Family and Substance Misuse (April 2010)

## Board Attendance Figures

The following attendance figures are based on the minutes. Attendance and contributions to Board and Sub-Groups is a key demonstration of duties under Section 11 of the Children Act 2004.

### 1) Members Attendance during April 2010 – March 2011

- 19 April 2010
- 17 June 2010
- 9 September 2010
- 18 November 2010
- 14 January 2011
- 10 March 2011

Title	Representing	Present	%
KSCB Independent Chair	KSCB	4	67
Kent Safeguarding Children Board Manager	KSCB	6	100
Head of Service	CAFCASS	4	67
Acting Director Child Health	Children's Health	4	67
Chief Executive	Connexions	5	83
District Crown Prosecutor	Crown Prosecution Service	3	50
Director of Nursing	Dartford & Gravesham NHS	3	50
Chief Executive Tonbridge & Malling	District Council	4	67
Chief Executive Shepway	District Councils	3	50
Director of Nursing	East Coastal Kent PCT	6	100
KSCB Vice Chair / Operations Director	East Coastal Kent PCT	6	100
Head of Children's Services East Kent	KCC Children Social Services	5	83
Corporate Director, Children Social Services	KCC Children Social Services	4	67
Kent Adult Services	Kent County Council	6	100
Director of Children Social Services	Kent County Council	5	83
Safeguarding Manager, Children Social Services	Kent County Council	4	67
Head of Service, Community Service	Kent County Council	1	17
Head of Children's Services West Kent	Kent County Council	6	100
Performance & Standards Officer	Kent County Council	6	100
Kent Director of Public Health	Kent County Council	6	100
Deputy Cabinet Member for CFE	Kent County Council	5	83
Director of Youth & Community	Kent County Council	5	83
Head of Corporate Parenting	Kent County Council	5	83
Director of Commissioning	Kent County Council	5	83
Lead Member	Kent County Council	6	100
Head of Children's Services Mid Kent	Kent County Council	5	83
Head of Safeguarding	Kent Mental Health Trust	5	83
Superintendent, Police Public protection Unit	Kent Police	5	83
Director of Operations	Kent Probation	6	100

Consultant Paediatrician	Maidstone Tunbridge Wells NHS	5	83
Head Teacher	Primary Heads	1	17
Safeguarding Children & Adults Manager	South Eastern Coastal Ambulance Service	1	17
Strategic Lead of Children & Young People	Strategic Health Authority	4	67
Managing Director	West Kent Community Health	5	83
Director of Nursing and Quality	West Kent PCT	3	50

## Notes

## Notes



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