

KSCB Annual Report 2013

Safeguarding
the children
of Kent



FOREWORD

A FOREWORD FROM THE INDEPENDENT CHAIR Maggie Blyth

The Kent Safeguarding Children Board (KSCB) is a partnership working to safeguard and promote the welfare of children in Kent.

This annual report describes the main achievements of the Board and partners during 2012/13 and outlines the priority areas on which the KSCB will focus in 2013/14.

Our aim has been to concentrate our attention on the safety of children who are most vulnerable and at risk of harm and ensure that positive outcomes for children remain a priority. During this year we focussed on necessary improvements to the child protection system looking at the numbers of children on child protection plans, reducing the numbers of re-referrals into Specialist Children's Services and concentrating on increasing the numbers and quality of different agencies' use of the Common Assessment Framework (CAF).

KSCB oversees a number of subgroups who deliver the workstreams of the Board.

These subgroups comprise:

Quality and Effectiveness
Learning and Development
Serious Case Reviews
Child Death Overview Panel
Health Safeguarding Group
Safeguarding in Education Advisory Group
Kent and Medway Trafficking Children and Sexual Exploitation
Subgroup



“I would like to thank members of KSCB and its sub-groups for their continued energy, hard work and commitment to safeguarding children, both individually and collectively as we look forward to the next 12 months.” *Maggie Blyth*

The work of each of these subgroups and their achievements during 2012/13 are described in the body of this annual report.

A FOREWORD FROM THE INDEPENDENT CHAIR

Maggie Blyth



As in previous years we will focus our attention on selected areas to support continued improvement. KSCB will monitor these through the strategic priorities set out in its new plan for 2013/14; to improve outcomes for all vulnerable children in Kent and ensure that partnership arrangements for child protection are truly fit for purpose.

We will continue to hold all agencies to account through audit of cases, analysis of data and visiting front line settings to ensure children are protected and action is taken by staff working in health, social care, police, probation and education settings. We will also be extending our Section 11 audit (Children Act 2004; regarding arrangements for safeguarding and promoting the welfare of children) to include voluntary sector organisations in Kent.

OUR MAIN TASKS:

Develop policies and procedures to guide the day to day safeguarding practice in line with the revised statutory guidance 'Working Together' 2013.

Embed the quality assurance framework which will enable the KSCB to have a better overview about the quality of front line practice and the impact of those services in helping families to achieve positive outcomes and keep children safe.

Scrutinise front line practice by undertaking multi-agency audits and deep dives, exploring in depth the management information about the child protection system and asking children and families their views about how helpful they have found the services they have received.

Learn from reviews of individual cases, whether through Serious Case Reviews, other management reviews or from exploration of good practice.

Focus on the safeguarding needs of those children at risk of child sexual exploitation or trafficking.

Evidence improvements to outcomes for children in need across the partnership.

Ensure that child and adolescent mental health services are well co-ordinated and able to help children not just when their needs become severe, but also at an earlier stage when difficulties are emerging.



CHAPTER 1



HOW SAFE ARE OUR CHILDREN & YOUNG PEOPLE IN KENT?

There are 322,700 children and young people (0-17 year olds) living in Kent, making up 22% of the population. It is impossible to offer a complete picture of the children whose safety is at risk in Kent because some abuse or neglect may be hidden, despite the best efforts of local services to identify, step in and support children who are being harmed. In Kent, trafficked children who arrive at British ports to be transported throughout the country are vulnerable because their traffickers work hard to keep them 'invisible'. In other cases, families themselves mask abuse or neglect and neighbours may turn a blind eye to a child's need for protection.

KSCB places a statutory responsibility on agencies in Kent to provide assurance that they are working hard to ensure that all children and young people in Kent stay safe and are adequately protected.

Many groups of children in Kent are vulnerable. They include children who are privately fostered, children missing from home and children missing from education; children who live in households where there is domestic violence, substance misuse and/or parents are mentally ill; children whose offending behaviour places them at risk of significant harm; children in custody who are at risk of significant harm; and children for whom the release of an offender places them at risk of harm.

This Annual Report of the work of KSCB starts by looking at the categories of children and young people in Kent who have been identified by the Local Authority and other agencies as in need of protection.

CHAPTER 1

HOW SAFE ARE OUR CHILDREN & YOUNG PEOPLE IN KENT?

Children with a Child Protection Plan

Children who have a Child Protection Plan (CPP) are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of one or more of these factors.

The CPP details the main areas of concern, what action will be taken to reduce those concerns, how the child will be kept safe, and how we will know when progress is being made.

During 2012/13 the numbers of children on CPPs have stabilised. After dropping significantly from 1,621 in March 2011 to 959 in March 2012, they currently sit at 994 in March 2013. KSCB requires regular analysis of this information to ensure that the figures reflect statistical neighbours. KSCB is satisfied that currently cases are reviewed with care and children provided with a range of interventions if they are no longer considered in need of protection.

Children in Care

Children in Care (CIC) are those looked after by the local authority. There are currently 1,831 Children in Care in Kent, (included in this figure are 190 Unaccompanied Asylum Seeking Children (UASC)). Kent also has 1,194 CIC from other Local Authorities placed within its boundaries.

Only after exploring every possibility of protecting a child at home will the local authority seek a court decision to move a child away from his or her family. Such decisions, while incredibly difficult, are made when it is the best possible option to ensure the child's safety and wellbeing.

The number of CIC has remained reasonably static during the year. All of these children are subject to regular independent review to ensure their situations are being constantly evaluated.

In addition, during 2012/13 there were 143 UASC who arrived at Kent ports and for whom agencies in Kent provided a service.

The work of supporting Kent's 1,831 looked after children (including 190 unaccompanied asylum seeking children), as well as the 1,194 looked after children placed by other local authorities in the county, is placing massive pressures on public agencies responsible for supporting vulnerable children in Kent, including children's social services, schools, police and health services.



Trafficked children and asylum seekers

Some of the most vulnerable children in Kent arrive in Dover each year seeking entry into the UK. Most turn up seeking asylum whilst others have been trafficked for exploitation. Where the UK Border Agency identifies unaccompanied children, they pass responsibility for these children to Kent County Council. There are significant child protection implications in how the local Immigration Team in Kent organises the processing arrangement for these children, and also for the police and the local authority in how they deal with or receive these highly vulnerable children.

KSCB remains concerned that this group of children must be seen as a high priority and during 2012 commissioned a follow up to the Children's Commissioner's report on children's experiences 'Staying in Kent'. KSCB has identified that some children and young people are going missing from care and are never found.

Between 1 April 2012 and 31 March 2013, 18 UASC (under 18 year olds) went missing and have not returned. KSCB has established a specialist group to understand why some children go missing and how this might be prevented.

Child Sexual Exploitation

KSCB has responded to the risks highlighted by the Children's Commissioner during 2012 to children at risk of Child Sexual Exploitation (CSE). KSCB has through its Trafficking Sub Group launched a new Toolkit for staff and has provided training on CSE to front line practitioners.

Funding from the government has allowed KSCB to develop some innovative training materials including a podcast for use with front line staff in understanding how to work with children at risk of CSE.

Achievements during 2012/13 have been

- Distributing the CSE Toolkit to front line staff working in all services with children across Kent
- Producing publicity material drawing attention to the signs that may indicate young people are at risk of CSE
- Independent Chair and Lead Member speaking at a national conference about the challenges facing local agencies in understanding the extent of CSE in any area
- Commissioning the report 'Staying in Kent'

Child and Adolescent Mental Health Services

KSCB has remained concerned during the year that many young people, particularly those resident in West Kent, have had to wait a very long time before being assessed or being given treatment through Child and Adolescent Mental Health Services (CAMHS). Some waiting lists are well over 20 weeks and this is unacceptable.

KSCB is seeking reassurance from the NHS that these waiting times are being reduced and has requested the partnership review the different referral pathways for children with a wide range of mental health or emotional wellbeing needs. Between August 2012 and March 2013 there has been improvements but this remains an area of concern for KSCB.

CHAPTER 1

HOW SAFE ARE OUR CHILDREN & YOUNG PEOPLE IN KENT?

The downturn in the economy has had a marked effect on young school leavers looking for work, leading to a continuing increase in the numbers of young people not in education, employment or training in Kent, rising to 6.33% in November.

Children who are adopted

During 2012/13 105 children have been adopted in Kent, compared to 70 in the previous year. KSCB has been assured that the partnership between KCC and a voluntary organisation, CORAM, has worked well to help achieve this success. An Ofsted inspection of adoption services in March 2013 concluded that significant progress has been made in Kent in achieving positive outcomes for children awaiting adoption.

The Early Offer in Kent

Kent agencies have invested in a new early intervention strategy during 2012/13 which aims to provide swift support to children before a referral to Specialist Children's Services is required. Ofsted found this new service to be working well and KSCB has been assured that the early offer has helped keep the overall number of child protection referrals to Specialist Children's Services from some agencies steady.

Disabled Children

During 2012/13, KSCB introduced new guidance for professionals working with children with disabilities.

Following concerns that this group of children were not having their safeguarding needs met, KSCB and The Children's Society hosted a conference in September 2012 for front line staff.

From January 2012 the Disabled Children's teams, including the Sensory team, have managed Child Protection investigations for disabled children, ensuring that their specialist knowledge of factors that impact disabled children are fully taken into account. Joint working and training between multi-agency partners continues to be undertaken to raise the awareness of all professionals of the particular vulnerabilities of disabled children and how they should be protected. National evidence shows that disabled children are three times as likely to suffer harm as a result of neglect or abuse.

Adolescents at Risk

The Youth Offending Teams across Kent have an average caseload of 430 of whom 40% are likely to be also supervised by Specialist Children's Services and the 16 plus Leaving Care Service. Those in custody / leaving custody will frequently have profound safeguarding needs which may have been unmet. During 2012/13 the downward trend in the numbers entering custody at either the remand or sentencing stages continued, with the average in the Secure Estate at any one time being approximately 25, the majority of whom will be young males aged 15+ years. KSCB is supportive of the requirements of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 which mean that all children and young people remanded to Youth Detention Accommodation have the status of a "child in care" and that as a result youth offending teams and Specialist Children's Services have joint responsibility for their welfare.

CHAPTER 1

HOW SAFE ARE OUR CHILDREN & YOUNG PEOPLE IN KENT?

Children exposed to domestic abuse

Evidence from analyses of serious case reviews nationally in 2012 revealed that domestic abuse was present in almost three-quarters of families whose children died or sustained serious injury due to maltreatment.

Children are likely to suffer damaging effects on their health and development if they live in households where there is domestic abuse.

The number of repeat incidents of domestic abuse where a child or young person was present has decreased recently; to 25.2% at the end of December 2012 from over 35% at the end of June 2011.

Agencies in Kent are funding a number of Independent Domestic Abuse Advisors and KSCB believes this may see the numbers of children identified at risk of domestic abuse increasing.



Who is responsible for protecting Kent's children and young people?

Everybody has a part to play in protecting children. Local communities can help by identifying what is happening in their areas. Safeguarding is everybody's business.

But ultimately when there remain serious concerns about harm to a child, a referral is made to Specialist Children's Services.

Most contacts and referrals into Specialist Children's Services come from all sorts of other professionals such as police officers, teachers, health visitors, midwives, nurses, GPs, mental health professionals or other specialist services. Specialist Children's Services, to make their decisions, need lots of information from the person making the referral. All professionals have a responsibility to ensure that accurate information is provided swiftly and shared promptly.

We are developing a common understanding of the levels of need in Kent – or what is sometimes known as agreement over 'thresholds'.

During 2012/13 KSCB has offered training to all staff in establishing a common understanding of levels of need in Kent.

On-going audits undertaken by KSCB suggest that much more inter agency collaboration could have taken place before some referrals were made to satisfy the referrer of the best course of action to take before a specialist intervention from Specialist Children's Services was considered essential.

Re-referrals into Specialist Children's Services are about 23% which, although a reduced number from the year before, suggests that there are still different views amongst professionals about what constitutes a child at risk.

During 2012, Kent Specialist Children's Services, Education, Police and different health professionals have worked closely to form Kent's first Central Referral Unit - where front line professionals are now working together to improve communication and joint working in how best to respond to children in need in the County.

Central Referral Unit

"The Central Referral Unit facilitates more consistent threshold application between agencies, reduces duplication, promotes more effective information sharing and thereby promotes more timely and targeted intervention for children and their families."

*Mairead MacNeil,
Director, Specialist Children's Services*

CHAPTER 2

WHAT IS THE KENT SAFEGUARDING CHILDREN BOARD?

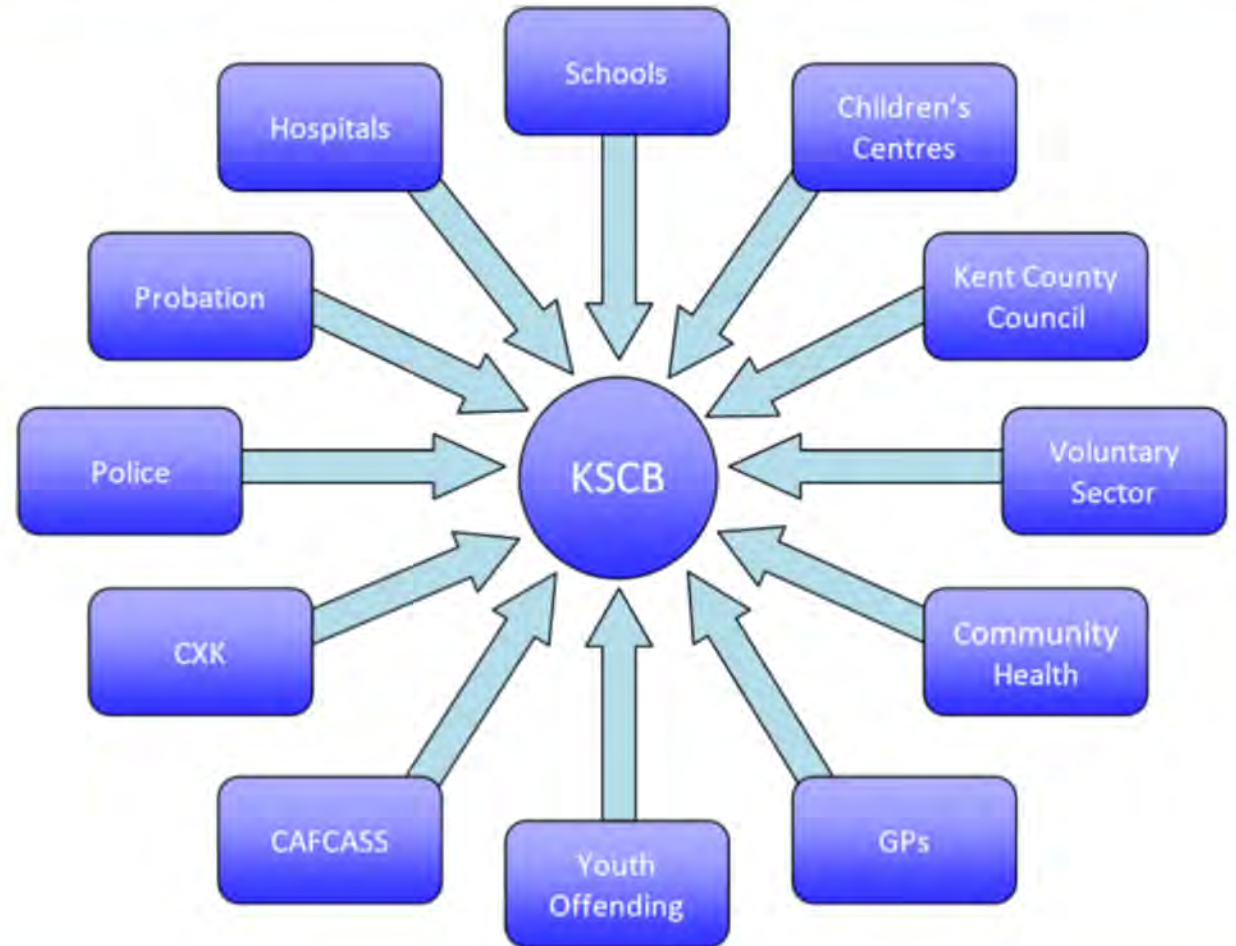
The Kent Safeguarding Children Board

The KSCB is the partnership body responsible for coordinating and ensuring the effectiveness of Kent services in protecting and promoting the welfare of children and young people.

The Board is made up of senior representatives from all the main agencies and organisations in Kent concerned with protecting children.

What is the purpose of the KSCB?

The Kent Safeguarding Children Board provides a vital link in the chain between various organisational efforts, both statutory and voluntary, to protect children and young people in Kent. Our aim is to ensure that all these efforts **work effectively in coordination** so that children and their families experience a harmonious and 'joined up' service.



MAPPING THE MULTI AGENCY JOURNEY FOR CHILDREN

The KSCB is responsible for scrutinising the work of its partners to make certain that the services provided for children and young people in Kent are effective and actually make a difference. The effectiveness of KSCB relies upon its ability to champion the safeguarding agenda through exercising an independent voice.

KSCB is responsible for raising awareness of child protection issues in Kent so that everybody in the community can play a role in making our county a safer place for children and young people to grow up. Our message is that protecting children from harm really is everyone's business.

CHAPTER 2

WHAT IS THE KENT SAFEGUARDING CHILDREN BOARD?

What are the main roles for the Kent Safeguarding Children Board?

The roles for the KSCB are set out in its constitution, which was updated in March 2013 and includes the following:

- Developing policies, standards, and procedures for safeguarding and promoting the welfare of children
- Monitoring and evaluating the effectiveness of what is done by agencies and organisations both collectively and individually, to protect children and young people
- Recommending areas and priorities for the commissioning of children's services
- Raising awareness of, and communicating, child protection issues to individuals and organisations
- Establishing and carrying out a review in cases where a child has died or has been seriously harmed in order to advise on lessons that can be learned (known as Serious Case Reviews)
- Ensuring the provision of single agency and multi-agency training on safeguarding to meet the need of local staff

See Chapter 3 for more information on KSCB's work in each of these areas.

Membership and structure of KSCB

Having explained the main priorities for safeguarding children in Kent, this section contains information about who is involved on the board and how it is organised.

KSCB has three tiers of activity:

1. Main Board

This is made up of representatives of the member agencies, as outlined in statutory government guidance. Board members must be sufficiently senior so as to ensure they are able to speak confidently and sign up to agreements on behalf of their agency and make sure that their agency abides by the policies, procedures and recommendations of KSCB.

[A full list of KSCB's membership for 2012/13 is available in Appendix A.](#)

2. The Executive Board

The Executive body is made up of chief officer representatives from the statutory member agencies. The Executive has strategic oversight of all Board activity and takes the lead on developing and driving the implementation of the Board's main activities and 'Business Plan'. It is also the body responsible for holding to account the work of sub-groups and their chairs.

3. Subgroups

The purpose of KSCB subgroups is to tackle the various areas of concern to the KSCB on a more targeted and thematic basis. The subgroups report to the Executive Board and are ultimately accountable to the main Kent Safeguarding Children Board.

[A diagram of the structure of KSCB – including information on its subgroups - is available in Appendix B.](#)

CHAPTER 2

KEY ROLES

Independent Chair

All Local Safeguarding Children Boards (LSCB) appoint an Independent Chair who can bring expertise and a clear guiding hand to the Board to make sure that the LSCB fulfils its roles effectively. The Independent Chair also frees up the Board members to participate on an equal footing, without any single agency having the added influence of chairing the Board.

Maggie Blyth was recruited to this position in April 2011 and during the last year was employed by KSCB for approximately 6 days a month. The Chair is subject to an annual appraisal to ensure the role is undertaken competently and that the post holder retains the confidence of the KSCB members. WT 2013 states that Independent Chairs should be accountable to the Chief Executive of a local authority and in Kent, the role is accountable to Andrew Ireland, the Corporate Director of Families and Social Care.

WHAT IS THE KENT SAFEGUARDING CHILDREN BOARD?

Director of Children's Services

The Families and Social Care Corporate Director in Kent is required to sit on the main Board of KSCB as this is a pivotal role in the provision of adult and children's social care within the Local Authority. This post is held by Andrew Ireland and he has a responsibility to make sure that the KSCB functions effectively and liaises closely with the Independent Chair who keeps him updated on progress.

Leader of Kent County Council

The ultimate responsibility for the effectiveness of the KSCB rests with the Leader of Kent County Council, Paul Carter. The Families and Social Care Corporate Director is answerable to the Leader, who forms the final link in this chain of accountability.

Lead Members

The Lead Member for Specialist Children's Services is the name given to the councillor elected locally with responsibility for making sure that the local authority fulfils its legal responsibilities to safeguard children and young people. In Kent, during 2012/13 Cabinet Member Jenny Whittle held this role. Councillor Whittle contributes to the KSCB as a 'participating observer'. This means that she takes part in the discussion, asks questions and seeks clarity, but is not part of the decision-making process.

Lay Members

KSCB has appointed two lay members – that is local residents – to support stronger public engagement in local child protection and safeguarding issues and contribute to an improved understanding of the LSCB's work in the wider community. In Kent, Roger Sykes and Mike Stevens play this role. From 2013 these roles will be advertised bi annually.



CHAPTER 2

WHAT IS THE KENT SAFEGUARDING CHILDREN BOARD?

KEY RELATIONSHIPS

Children and Young People's Joint Commissioning Board

The KSCB reports annually to this body on the matters facing children and young people at risk in Kent and we hold them to account to ensure they commission the services that are needed based on what we have highlighted as safeguarding priorities.

The Health and Wellbeing Board

The Health and Wellbeing Board (HWB) took on new responsibilities in April 2013. Clear lines of accountability have been developed with KSCB who will report annually to the HWB and will hold it to account to ensure that it too tackles the key safeguarding issues for children in Kent.

Member Agencies' Management Boards

KSCB Board members are senior officers within their own agencies providing a direct link between KSCB and the various agencies' boards.

During 2012/13 Kent agencies have been subject to major public sector reform – particularly the NHS – and communication lines sometimes change. It's essential that the management boards of each statutory agency in Kent cement a close connection with the Safeguarding Children Board and invest in its work.

Clinical Commissioning Groups

During 2012/13 the arrangements in Kent for new GP commissioning were developed. There are now 8 Clinical Commissioning Groups (CCGs) across Kent and Medway and they will be important contributors to the KSCB in the coming year. Safeguarding responsibilities remain inherent to all CCGs but Medway CCG will host the NHS designated safeguarding team.

Police and Crime Commissioner

KSCB has welcomed the focus of the new Police and Crime Commissioner's (PCC) drive to support young people at risk and her commitment to protecting the most vulnerable children.



CHAPTER 2

FINANCIAL ARRANGEMENTS

During 2012/13 contributions from partners remained steady at £300,672. The variable income available to the Board this year was £264,050 which included residual funds of £674,879 brought forward from 2011/12.

With a total income of £1,275,154 and expenditure of £673,885 this ensured the overall costs of running KSCB were met as they could not have been covered solely by the contributing partners.

THE FULL FINANCIAL BREAKDOWN CAN BE FOUND AT APPENDIX C.

WHAT IS THE KENT SAFEGUARDING CHILDREN BOARD?

Working Together 2013

In April 2013 the government published new guidance for all agencies working to protect children. While this document was not in place for the period of this Annual Report, KSCB has worked hard during the year to enhance its scrutiny role in preparation for the new guidance. Particular emphasis has been placed on learning from work with children where partnership working has gone well in addition to a focus on system improvement where tragically children have suffered harm.



..... a summary

In February 2013 Ofsted published the results of its unannounced inspection of safeguarding arrangements in Kent.

Two years on from stating that services were failing children, the inspectors announced that all standards of child protection in Kent were 'adequate'.

They found no children at risk in the cases they observed.

Inspectors concluded that partnership work with children in need was still variable.

- The number of referrals to Specialist Children's Services has continued to fall during 2012/13. In March 2013 figures indicated 442 per 10,000 population (14,267) from 534.8 per 10,000 population at end of March 2012. KSCB has sought assurance from partner agencies that agencies continue to apply a common understanding of thresholds before contacting Specialist Children's Services with concerns over cases.

- The numbers of re-referrals continues to be higher than statistical neighbours at 22.8%. However, there has been a sustained downward trajectory during the year.

- The number of children with a child protection plan has risen slightly from 959 in March 2012 to 994 in March 2013 but has fallen to about half what the numbers were two years ago. KSCB is satisfied that the numbers have stabilised in line with statistical neighbours.

- The numbers of children on a child protection plan for the second or subsequent time is 19.5%. This remains high and a priority for KSCB to monitor during the coming year.

- Services for the 1,831 children in care have improved. Dental and health checks sit respectively at around 90% completion. For asylum seeking children in care 85% have had relevant health checks completed within the required timescales.

- There are an additional 1,194 children placed in Kent by other local authorities.

- S11 returns completed in December 2012 for agencies working with children across Kent found that all organisations were compliant with the requirements of this audit. To further test these self assessments KSCB has put in place a peer review procedure.

- KSCB audits undertaken through the year emphasise that the voices of children are well represented at child protection conferences and that the majority of parents taking part believe any review of their circumstances to have been a positive experience. There is evidence that improvements can be made to ensure all key agencies are represented at conferences.

- There have continued to be improvements in the timelines with which children are assessed and seen within set timeframes across all districts. All children are allocated a qualified social worker.

- Children with specialist mental health needs in West Kent continue to wait several weeks before being assessed for treatment. A target has been set to reduce this to no more than 4/5 weeks by June 2013.

Increasing scrutiny, quality and effectiveness

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

During 2012/13 the Quality and Effectiveness subgroup has been responsible for leading KSCB's work in this area, with the aim to drive the quality of service improvement and delivery of outcomes vigilantly, transparently and consistently across the partnership.

Key achievements included:

- The Quality and Effectiveness Framework has been accompanied by training for all agencies
- A dedicated performance analyst post commenced employment in January 2012
- A programme of multi agency audits has continued throughout Kent

Listening to the voice of children

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

This year we have launched our new KSCB website and information about safeguarding and the work of the Board is now easily accessible. We have continued to listen to the views of children and young people about what they see as priorities for safeguarding.

The challenges ahead

Continuing the work to improve KSCB's approach to performance management and quality assurance in a way that strengthens the scrutiny and challenge role of KSCB is our main priority. This year has shown that data surrounding children at risk of sexual exploitation or trafficking is not sufficiently robust to indicate trends. We are putting this right.

The data also shows KSCB that concerted effort needs to remain in holding all partners to account in improving outcomes for children in need, to ensure they get the right help at the right time.



NB Detail on findings from all multi agency audits can be found on the KSCB website.

Kent County Council's Education, Learning and Skills Directorate plays a crucial role in ensuring that the statutory duties placed on schools and local authorities (education functions) are carried out effectively.

Section 175 of the Education Act 2002 and related statutory guidance places specific responsibilities on schools to safeguard children and promote their welfare. It is the role of the local authority to provide support, training and challenge to schools (including academies) and early years settings.

The level of safeguarding activity carried out by the Education, Learning and Skills (ELS) Children's Safeguarding Team is reported to the KSCB's Quality and Effectiveness subgroup on an annual basis. This includes information on the number and nature of consultations with schools and settings, allegations against teaching staff and the volume of child protection training rolled out across the county.

Although Ofsted Inspections of schools no longer apply a limiting judgement to safeguarding arrangements this is still scrutinised as part of the school's Leadership and Management function.

Support and intervention for schools is provided when weaknesses are identified in inspection reports, but safeguarding in schools and early years settings is now rarely judged to be weak. The safety and welfare of children is a priority as a child who does not feel safe in school will not be motivated to learn. Work is ongoing to establish what additional data reporting to KSCB from Education is required to enhance the multi-agency perspective on how we are doing in terms of keeping children safe.

KSCB oversees an Education Sub Group (Chaired by the ELS Corporate Director) which has a number of representative Headteachers and Heads of Education Services involved in carrying out the work of the Board at a local level.

In the past year there has been good progress in reviewing and agreeing the ELS Policy Statement on safeguarding; completing the Education Section 11 audit; and procuring a secure e-mail system that allows schools to submit reports online prior to Child Protection Case Conferences as required as part of the Ofsted improvement plan.

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

During the year the Health Safeguarding Group (HSG) has reviewed critical safeguarding children areas including the work in health services on the common assessment framework, monitoring the progress of the new CAMHS provider, updates on serious case reviews and action plans and responding to the NHS reforms. 2012/13 has been a year of preparation for the implementation of NHS reforms, the most significant change in the NHS since its inception. The HSG has been seen as a stabilising factor during these rapid changes, a forum where health leaders for safeguarding children can continue to challenge and review the safeguarding issues for children who access health services. The HSG will continue to focus and respond to the NHS Safeguarding Accountability Framework.

Clinical Commissioning Groups (CCGs) have taken on the majority of the safeguarding responsibilities previously held by Primary Care Trusts (PCTs), along with the development of National Commissioning Board (now known as NHS England). During 2012/13, CCGs operated in 'shadow' form and needed training and development to ensure that they were ready for their statutory responsibilities. Sally Allum (now Director of Nursing, NHS England: Kent and Medway) will continue to chair the HSG during 2013/14 in partnership with CCG Chief Nursing Officers.

KSCB set a target to increase the total numbers of CAF by 15% during 2012/13. This has been achieved. The establishment of Early Intervention Teams in each district has been central to the increase in CAFs and building relationships across multi agency partners to increase confidence in the use of CAF. In March 2013 there were 2424 families in Kent supported with a Team around the Family (TAF) in place. Out of these cases, 61% were closed (1054 cases) with a positive outcome with just over 17% escalated to children's social care (301 cases).

Kent Community Health NHS Trust (KCHT) reported that an audit of how their staff applied thresholds showed that they used them appropriately. During 2012/13 KCHT completed 229 CAFs which meant that early and often intensive support was made available to children and families.

Kent is on target to achieve the growth in Health Visitor numbers set out in the Health Visitor Implementation Plan, which recommends that numbers are increased from 154 in 2011 to 342 in March 2015.

A KCHT school nurse sought advice about a 5 year old boy who appeared to be neglected at home. Concerns were raised about domestic abuse towards the mother from a new partner, just released from prison. The School Nurse liaised with the Health Visitor and a referral was made to Specialist Children's Services when bruising was seen on the mother's face and she was identified as suffering from postnatal depression. The boy was not taken to see a GP despite worsening health problems.

Following a case conference where more information was shared between front line staff the boy and sibling were taken into foster care.

Update on the Department for Education intervention in Kent and the Improvement Plan'.

Strategic Priorities for 2013 / 14

During 2012/13 KSCB reported on its progress to the Kent Improvement Board.

KSCB is assured that all aspects of the second phase of Kent's Improvement Notice were achieved and that services for children in Kent have been steadily improving.



The Kent Safeguarding Children Board has three priorities for the coming year, as agreed in its business plan endorsed by members in February 2013.

1) **positive outcomes for all children and young people in Kent.**

KSCB will continue work in 2013-14 to reduce the number of 'inappropriate' contacts and referrals to Specialist Children's Services. Guidance and policies have been issued to partner agencies and members across the KSCB, offering greater clarity on how to make use of the Common Assessment Framework.

We will know we have made a difference when thresholds for access to services for children in need are understood across all agencies and cases of 'inappropriate' contact and referrals, including re-referrals, are reduced. We will monitor this through a series of audits and through regular reporting of the Quality Assurance Framework.

2) **holding partner agencies to account for their part in collectively improving safeguarding of all children in Kent.**

We will know we have made a difference when our audits show that assessments are robust, responsive and facilitate multi-agency working.

We will expect to see robust plans for children involving effective risk management across the partnership at all levels of intervention.

3) **demonstrating a robust safeguarding partnership that can effectively undertake the work of Kent's Improvement 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. The Common Assessment Framework (CAF) is designed to ensure professionals across the sector – be they teachers, GPs, police or health visitors – carry out precise and detailed assessments of risk in every child's case and work together with other agencies to help build as complete as possible a picture of a child's needs.

Part of this is working to ensure children's needs are met at the earliest opportunity and families get the support they need quickly.

We will know we have made a difference when strategic plans and priorities of partner agencies reflect targets relating to CAF and when children and families are receiving the support they need in the community when they are closed to Specialist Children's Services.

Multi Agency Training

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

In November 2012 we held a Kent wide conference to which over 320 front line staff from different agencies attended. Speakers included the Children's Commissioner, Dr Maggie Atkinson, CEOP lead on missing children, Charlie Hedges and representatives from the DfE Safeguarding Unit (Jeanette Pugh).

We also organised a Safeguarding Summit in December 2012 for chief officers across Kent to understand the key challenges for the most vulnerable children in Kent.

The KSCB has a responsibility to ensure that appropriate child protection training is available to meet the multi-agency and Voluntary Sector training needs across Kent. It covers a variety of currently topical areas. We oversee training provided by single agencies to their own staff (monitored through the Section 11 audit); and multi-agency training offered through the Board and tailored to their specific needs. This also includes bespoke training offered to single agencies through the Board and tailored to their specific needs. KSCB's multi-agency basic awareness training delivered through the current KSCB College of Trainers (17 multi-agency and Voluntary Sector staff) continues to be an effective model of delivery.

The development of the 2012 -13 training programme was based on emergent themes from SCR's, operational good practice and Ofsted recommendations. Due to the developing nature of some of these themes, flexibility and evaluation of the training are important in order to produce a programme that is reflective of current topics. In total 100 courses were delivered in 2012-2013 with 2255 staff attending.

Training on the Eligibility and Threshold Criteria continued to be a priority for 2012-13 with 30 workshops delivered across the County to 1017 members of staff.

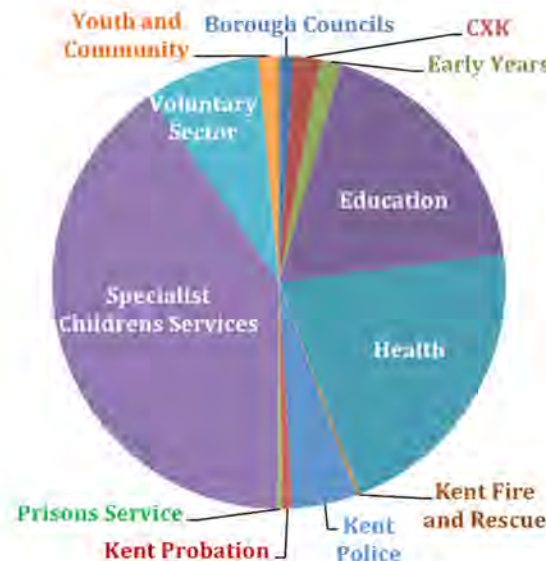
A new and developing learning programme this year has been the Immersive Learning sessions. Following the successful pilot of our first event, covering Child Abuse and Neglect, further courses are being developed and integrated into the 2013-14 training calendar.

Bespoke Training

The KSCB delivered 25 bespoke training sessions to a total of 355 staff working in Health, Childrens Services, District Councils, Kent County Council, Fostering Services and charities. The number of Voluntary Sector Staff receiving training is increasing, with 15 sessions delivered to 228 staff.

E-Learning

In 2012-13 a total of 1632 users registered to use the KSCB E-Learning training courses; this is an increase by over 300% compared to 505 users signing up in 2011-12.



There are 2 processes for responding to a child death in Kent, depending on whether abuse or neglect is known or suspected to be a factor in the death:

The FIRST is called a Child Death Review Process.

Since 2008, Child Death Reviews have been a statutory requirement for Local Safeguarding Children Boards who are expected to review the circumstances of all children's deaths (up to the age of 18). In Kent the Child Death Overview Panel (CDOP) has oversight of the processes, ensuring that:

- reviews occur in a timely fashion;
- the information, support and investigation of each death is appropriate and compassionate;
- there is appropriate investigation or referral of any deaths where there are safeguarding or criminal issues;
- where issues or lessons emerge that have broader relevance, or public health implications, they are effectively disseminated;
- information is collated and reported to the Department for Education.

The SECOND is known as a Serious Case Review.

LSCBs are required to consider holding a Serious Case Review (SCR) when abuse or neglect is known or suspected to be a factor in a child's death and there are concerns about how professionals may have worked together.

The purpose of a SCR 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 when it comes to protecting children

KSCB takes seriously its responsibilities to ensure that lessons learned when children die or are seriously harmed are swiftly embedded and messages are used to support improvement across agencies.

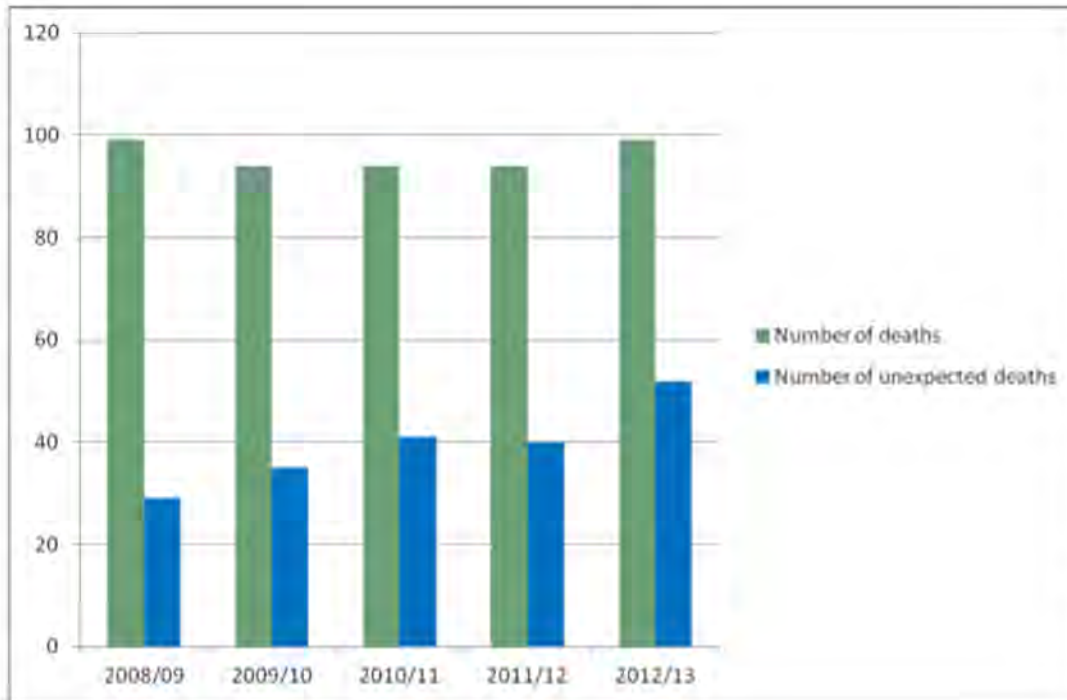
We are committed to publishing our Serious Case Reviews as part of our accountability to the wider community in Kent. During 2012/13 we published two SCRs and one management review.

CHAPTER 4

What happens when a child dies or is seriously harmed in Kent?

Child Deaths Reviews in Kent 12/13

The Child Death Overview Panel has a statutory responsibility to review the deaths of all children who are resident within KSCB's geographical area from birth up to the age of 18 years.



In 2012/13 there have been 99 deaths, of which 56 were unexpected. The number of deaths has remained fairly consistent over the previous five years. 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 ongoing training programmes which have been held throughout the period.

The definition of an unexpected death is the death of an infant or child (less than 18 years old) which:

- was not anticipated as a significant possibility, for example, 24 hours before the death; or
- where there was a similarly unexpected collapse or incident leading to or precipitating the events which led to the death.

The number of child deaths equates to 28.9 deaths per 100,000 children under 18 living in Kent.

CHAPTER 4

What happens when a child dies or is seriously harmed in Kent?

Child Deaths Reviews in Kent 12/13

Although the number of child deaths has remained consistent over the past 5 years, due to increases in population, the death rate per 100,000 is falling, and Kent remains below the national average.

Child death rate per 100,000 child population			
Year	Kent Rate	England rate	Difference between Kent and England (numbers)
2008	37.1	44.1	-20
2009	37.6	42.7	-14
2010	26.6	40.6	-43
2011	28.6	39.0	-32
2012	28.9	37.3	-25
2008-2012	31.7	40.7	-134

The CDOP process also looks at whether there were any modifiable factors which may help prevent similar deaths in the future, and seeks to identify any lessons to be learnt from the death, or patterns of similar deaths in the area. In the current year 85 deaths were reviewed, of which 15 were deemed to have modifiable factors.

All deaths are grouped into one of 10 categories. These are:

1. Deliberately inflicted abuse or neglect
2. Suicide of Self Harm
3. Trauma, external factors
4. Malignancy
5. Acute medical or trauma condition
6. Chronic Medical condition
7. Chromosomal Genetic disorder
8. Neonatal
9. Infection
10. Sudden Unexpected death

The most common reason for the death of a child is in the neonatal category, which includes premature births and is in line with national trends. Following that category, children born with chromosomal genetic disorders form the second highest number of child deaths. Only on rare occasions is death caused by abuse, neglect, suicide or safety at home.

Achievements

Following the identification of issues in Kent relating to safe sleeping, our campaign has been expanded to work with midwives and health visitors to ensure that a consistent and thorough message is given to all parents to raise awareness of the risks associated with cot deaths.

The panel has also looked at the quality of bereavement support and work is currently underway to ensure that families are given the best possible support throughout the bereavement process.

CHAPTER 4

What happens when a child dies or is seriously harmed in Kent?

Serious Case Reviews published in Kent 12/13

During this year there were no Serious Case Reviews commissioned. There was one SCR that concluded, known as 'AMY' and this was published in December 2012. Lessons from Amy also have focussed on improving how front line staff identify signs indicating children are at risk of sexual abuse.

AMY'S STORY

Amy was a 10 year old girl who died at home. A SCR was instigated because there were concerns that agencies did not share crucial information about Amy's situation - the neglect and alleged abuse she suffered.

There were poor examples of shared working between Amy's school, Kent Police and Specialist Children's Services.

ANTONIO'S STORY

Antonio was taken to hospital with multiple injuries. He was just a few weeks old. Neither Antonio nor his parents were known to any statutory agencies in Kent. Antonio has recovered from his injuries.

The review of this case recognised the impressive speed and thoroughness of the response from all agencies after the discovery of Antonio's injuries. They worked together to manage a distressing and difficult situation. This management review was published in January 2013.

ASHLEY'S STORY

Ashley died from being shaken badly. His father was convicted of causing Grievous Bodily Harm (GBH) and sentenced in 2012.

Agencies did not share information they knew about the family and the SCR concluded that in light of the risks presented by Ashley's father, children should not have been left in his care. Staff are now aware of the need for ongoing risk assessments when a new partner comes into a family

During 2012/13 KSCB considered a number of cases that did not meet the threshold for a SCR but warranted an independent review to consider learning and how to encourage improved practice across front line settings.

CONCLUSION

What next for child protection in Kent?

Messages for Local Politicians

- You can be the eyes and ears of vulnerable children and families in your ward making sure their voices are heard by KSCB. For 2012/13 Councillor Jenny Whittle was lead member for children and families, making sure their voices are heard by KSCB
- When you scrutinise any plans for Kent, keep the protection of children at the front of your mind. Ask questions about how any plans will affect children and young people

Messages for Clinical Commissioning Groups

- New CCGs in the health service have a key role in scrutinising the governance and planning across a range of organisations
- You are required to discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children

Messages for The Police and Crime Commissioner

- Ensure that the voice of all child victims are taken notice of within the criminal justice system, particularly in relation to listening to evidence where children disclose abuse
- Monitor what police and probation staff do to share information regarding high risk MAPPA and MARAC cases and the risks that some adults present to children
- Support the work of the independent domestic violence advisors in highlighting the maltreatment of children who witness domestic abuse

Messages for Chief Executives and Directors

- Ensure your workforce is able to contribute to the provision of KSCB safeguarding training and to attend training courses and learning events
- Your agency's contribution to the work of KSCB must be categorised as of the highest priority
- The KSCB needs to understand the impact of any organisational restructures on your capacity to safeguard children and young people in Kent



Messages for The Children's Workforce

- Ensure you are booked onto, and attend, all safeguarding courses and learning events required for your role
- Be familiar with, and use when necessary, KSCB's Thresholds Procedures to ensure an appropriate response to children and families
- Use your representative on KSCB to make sure the voices of children and young people and front line practitioners are heard

Messages for The Community

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them
- We all share responsibility for protecting children. If you are worried about a child, follow the steps on the KSCB website – www.kscb.org.uk

Messages for The Local Media

- Communicating the message that safeguarding is everyone's responsibility is crucial to the KSCB and you are ideally positioned to help do this
- The work of KSCB will be of great interest to your readers and listeners
- Your contribution to safeguarding children and young people in Kent

Messages for Children and Young People

Children and young people are at the heart of the child protection system. KSCB wants to ensure that children's voices are heard and during the year has consulted children about their views on how safe they feel. This has led to the development of a range of projects to properly review children's views of child protection arrangements in Kent.

APPENDIX A

MEMBERSHIP of KSCB

Maggie Blyth, *Independent Chair*

Maurice Reilly, *Director Kent Probation Trust*

Andrew Ireland, *Corporate Director Families & Social Care, KCC*

Angela Slaven, *Director of Service Improvement, KCC*

Nadeem Azim, *District Councils Representative ,CEO Dover*

Mark Gurrey, *AD Safeguarding & Quality Assurance, Specialist Children's Services, KCC*

Mairead MacNeill, *Director Specialist Children's Services, KCC*

Lorraine Goodsell, *Associate Director, Child Health & Maternity, KMCS*

Tim Smith, *Detective Superintendent Kent Police*

Mark Sheppard, *Director Kent Community Health NHS Trust*

Meradin Peachey, *Director of Public Health, KCC*

Mike Stevens, *Lay Member*

Nick Sherlock, *Head of Safeguarding Adult Services, KCC*

Patrick Leeson, *Corporate Director Education, Learning & Skills, KCC*

Roger Sykes, *Lay Member*

Sally Allum, *Director of Nursing & Quality, NHS Kent & Medway*

Sean Kearns, *Chief Executive, CXK (formerly Connexions)*

Stephen Bell, *Voluntary Sector Representative*

Steve Hunt, *Head of Service, CAF/CASS*

Lesley Ellis, *Head Teacher (Secondary)*

Jay Pye, *Head Teacher (Primary)*

Jenny Whitte, *Cabinet Member*

MEMBERSHIP of KSCB EXECUTIVE

Maggie Blyth, *Independent Chair*

Maurice Reilly, *Director Kent Probation Trust*

Andrew Ireland, *Corporate Director Families & Social Care, KCC*

Mark Gurrey, *AD Safeguarding & Quality Assurance, Specialist Children's Services, KCC*

Mairead MacNeil, *Director Specialist Children's Services, KCC*

Sally Allum, *Director of Nursing & Quality, NHS Kent & Medway*

Sean Kearns, *Chief Executive, CXK (formerly Connexions)*

Jenny Whittle, *Cabinet Member*

Patrick Leeson, *Corporate Director Education, Learning & Skills, KCC*

Che Choi Fung, *Senior Solicitor, KCC*

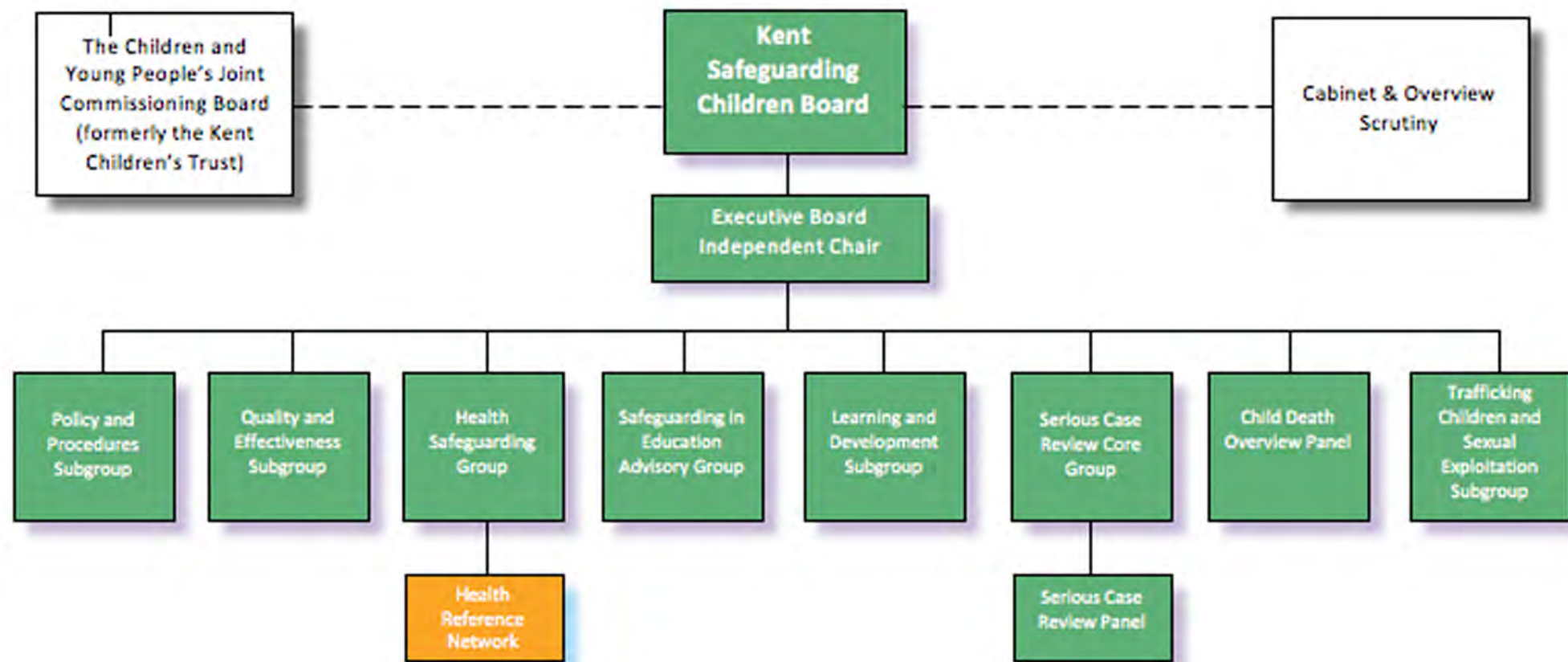
Mark Sheppard, *Director Kent Community Health NHS Trust*

Lorraine Goodsell, *Associate Director, Child Health & Maternity, KMCS*

Changed during the year: Tim Smith, *Detective Superintendent, Kent Police* replaced by Paul Brandon, *Assistant Chief Constable, Kent Police*

APPENDIX B

KSCB Structure Chart 2012/13



APPENDIX C

Budget Statement 2012/13

Expenditure	2012/13
Salaries	389,581
Travel	4,671
Staff training and development	1,744
ICT consumables, hardware, software, equipment	3,352
Direct staffing costs	399,349
Printing, publications and promotions	3,325
Room hire and refreshments – business meetings	1,785
Room hire and refreshments - SCR	239
KSCB web site & on-line procedure manual	9,342
Stationery	1,046
DCPP Grants	1,348
Independent Chair	46,714
Consultants	51,291
Audits (External Consultants)	8,659
Child Sexual Exploitation Project	5,050
Lay Members	146
Board support and development	128,944
Commissioning Case Reviews	66,619
Case reviews	66,619
E-learning, external trainers	18,075
Training College including trainer of trainer	3,745
Room hire and refreshments - Training	30,600
Annual Conference	8,592
CWDC - Implementing Munro & immersive learning	17,962
Learning and improvement	78,974
TOTAL EXPENDITURE	673,885

Income	2012/13
Income from contributing partners	300,672
under/over budget	-373,213
E-Learning Income	5,160
Non-attendance/Cancellation Income	20,731
Bespoke Training Income	9,662
Total Training Income	35,553
CWDC Grant	94,000
Child Death Grant	95,000
Training	35,000
Children's Improvement Board (National)	5,050
Strategic Health Authority	35,000
Total variable income	264,050
under/over budget	-109,163
Residual funds available	674,879
TOTAL INCOME	1,275,154
TOTAL EXPENDITURE	673,885
Residual funds to carry forward to next financial year	601,268