



# Annual Report 2013/14



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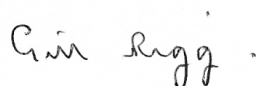
## Foreword by Independent Chair - Gill Rigg

As the recently appointed Independent Chair of Kent Safeguarding Children Board (KSCB), I am delighted to introduce the annual report of the Board to inform you of what the Board has done from April 2013 to March 2014. The report identifies the significant progress that has been made to improve the safeguarding of the children and young people who live in Kent and who number over 322,000. I hope that you find this report helpful and interesting. I took up the role of the Independent Chair in March 2014, and feel very privileged to be your Chair.

It is of note during the year, that the Improvement Notice to Kent County Council, from the Department for Education was lifted, and the LSCB was seen as being competent to oversee the ongoing safeguarding agenda. This is, in no small measure, down to the commitment, dedication, and hard work of the very many partners who make up the membership of the Board, and was a significant step forward.

As ever in safeguarding activities, it has been a busy and challenging year. April 2013 saw the introduction of Working Together 2013, and we particularly welcomed the freedom to move away from a prescribed way of undertaking Serious Case Reviews to a more learning culture. We also saw the piloting, and then the introduction of the new Ofsted framework of inspections, and the new approach of Ofsted reviewing the work of the Boards.

The work of the Board, its Executive and the sub groups continues to drive the safeguarding agenda forward, and I am immensely grateful to you all who work so hard to keep children and young people safe in Kent.



Gill Rigg  
Independent Chair, KSCB



## Introduction

All of the work of the Kent Safeguarding Children Board is aimed at making Kent as safe a place as possible for children and young people to grow up in as we can. This report summarises the Board's structure, activity and progress during 2013/14, with a focus on what has been undertaken as required by the Department of Education to lift the Improvement Notice.

There are just over 322,000 children and young people 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 and step in to support children who are being harmed.

In Kent, trafficked children who arrive in 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.

That is why the Department for Education 'Working Together' guidance (2013) emphasises the shared responsibility we all have in keeping children safe.

## Role of the Board

### What is Kent Safeguarding Children Board (KSCB) and what does it do?

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.

KSCB provides a vital link in the chain between various organisational activities, both statutory and voluntary, to protect children and young people in Kent. Our aim is to ensure that these activities work effectively in the provision of a joined up service.

KSCB is responsible for scrutinising and challenging the work of its partners to ensure that services provided to children and young people are effective and make a difference.

We are also responsible for raising awareness of child protection issues in Kent so that everybody in the community can play a role in making Kent a safer place for children and young people.

Our message is – **Protecting Children From Harm is Everyone's Business**

## Government Guidance

**Working Together 2013** outlines the statutory objectives and functions of LSCBs as:

An LSCB must be established for every local authority area. The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. The statutory objectives and functions of the LSCB are:

**Section 14 of the Children Act 2004** sets out the objectives of LSCBs, which are:

- A) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- B) to ensure the effectiveness of what is done by each such person or body for those purposes.

### **Regulation 5 (1) of the Local Safeguarding Children Boards Regulations 2006:**

- a) developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
1. the action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
  2. training of persons who work with children or in services affecting the safety and welfare of children;
  3. recruitment and supervision of persons who work with children;
  4. investigation of allegations concerning persons who work with children;
  5. safety and welfare of children who are privately fostered;
  6. cooperation with neighbouring children's services authorities and their Board partners;
- b) communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- c) monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- d) participating in the planning of services for children in the area of the authority; and
- e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

Regulation 5 (2) relates to the LSCB Serious Case Reviews function and **Regulation 6** relates to the LSCB Child Death functions.

**Regulation 5 (3)** provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

In order to fulfil its statutory function under Regulation 5 an LSCB should use multi-agency data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations set out in Section 11 of the Children Act 2004;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains their own existing line of accountability for safeguarding.

A structure chart, including the links to the Health and Wellbeing Board and Children and Young Persons' Joint Commissioning Board and list of Board members can be found at **Appendices A and B**.

A summary of agency attendance at Board and Sub Group meetings is published on the KSCB website – [www.kscb.org.uk](http://www.kscb.org.uk)

## 2013 to 2014 – What did we do?

The main focus of KSCB and Partner activity throughout 2013/14 was to ensure that in its follow up Inspections, Ofsted witnessed evidence of practice improvements and better outcomes for children and young people and have confidence to lift the Improvement Notice issued in 2011. As is explained later in this Report, this was achieved in December 2013.

Since July 2013, the KSCB has aligned itself to Improvement Board meetings and agenda, in order to ensure a holistic oversight and scrutiny of all areas of the Council's performance. KSCB is now in a position of considerable strength, with robust partnership arrangements.

### Evidence of Improvement

The establishment of robust governance arrangements which has supported the efficient execution of board business including the effective running of streamlined sub groups that have become the hub of LSCB activity. Evidence of improvement is supported by the following:

- Chairing of each sub group by Executive Member of Board, ensuring senior management/chief officer oversight of all key work streams
- Regular and consistent attendance at Board, Executive and Sub Group meetings (over 90%) by senior managers from across the partnership
- A memorandum of understanding with the Children and Young Persons Joint Commissioning Board and Health and Wellbeing Board regarding respective reporting on system improvement.
- A re-structure of the Board support functions to focus on programme management and performance reporting against the KSCB Business Plan.
- The establishment of a Health Safeguarding Sub Group to ensure that the new Clinical Commissioning Groups, NHS Local Area Team (LAT) and all health providers working across Kent are able to demonstrate how they discharge safeguarding duties. This group is chaired by the LAT Director of Nursing.
- The establishment of an Education Advisory Group to ensure that the education sector is fully represented across KSCB. This group is chaired by the Corporate Director for Education Learning and Skills.

All key building blocks of QA activity report regularly to the Executive and full Board allowing meaningful challenge and scrutiny of partnership activity. Evidence of improvement is supported by the following:

- Quarterly reporting to the Board from individual agencies with exception reporting where challenges remain in relation to safeguarding improvement i.e. Child and Adolescent Mental Health Services (CAMHS), Common Assessment Framework (CAF), Children in Need (CiN) activity, repeat Child Protection Plans (CPPs) and re-referrals;
- The development of a comprehensive multi-agency data set providing regular information and analysis;
- The completion of an annual multi-agency audit plan, including deep dives of multi-agency activity, reported through the Quality Assurance Framework with a particular focus on threshold application and work with children in need;
- The establishment of Executive/Board walkabouts to front line settings

The development of a learning and improvement framework which outlines the KSCB approach to Serious Case Reviews (SCR) and Management Reviews of cases where children and young people have been the subject of significant harm. Evidence of improvement is supported by:

- The commissioning of regular reviews where the criteria for a SCR is not met but significant learning is considered important to support system improvement;
- The development of KSCB's immersive learning suite to ensure dissemination of learning to front line practitioners following relevant SCR/Management Reviews.
- The absence of any newly commissioned SCR in a 12 month period.

There has also been a focus from KSCB in responding to local challenges for the child protection system in Kent as part of its integrated support to system improvement. This has led to specific pieces of work in relation to tackling risks associated with Child Sexual Exploitation (CSE) and Trafficking and in supporting those children placed in residential care. Evidence of improvement in relation to local needs is supported by:

- The successful completion of the workplan of the Trafficking and CSE Sub Group;
- The establishment of a new focus on children going missing.

## Department for Education Improvement Plan:

In response to the Ofsted Inspection of KCC's arrangement for the protection of children, published in January 2013, which rated the arrangements as 'adequate', one of the key outstanding actions was to manage the transition towards the Kent Safeguarding Children Board taking on the role of the Improvement Board for driving further improvements in Kent. In order to do this, KSCB were required to provide evidence on a number of key areas:

1. KSCB must in particular ensure that services to children in need provided by the Council and all relevant parties are timely and effective, driven by accurate and timely assessments and clear and effective and outcome focused plans. KSCB must seek quarterly reports on this work from June 2013 onwards which should then be presented to and scrutinised by the Improvement Board.
2. Both the Improvement Board and KSCB must seek regular reports on developments in the Children and Adolescent Mental Health Services service across the County. These reports must not only identify work being done to reduce waiting times for assessment (down to an average of not greater than 6 weeks) and increased treatment timetables, they must also identify impact of the treatment on children and young people, emerging identification of therapeutic themes and proposed future service developments.
3. KSCB must demonstrate to the Improvement Board an **increasing effectiveness in its role especially in relation to performance challenge and scrutiny across the partnership**. The Improvement Board Chair and the KSCB Chair must work together to effectively plan the handover of future challenge and scrutiny from the Improvement Board and the KSCB. The plan must be presented to the Improvement Board for scrutiny.
4. KSCB must ensure it is compliant with the terms set out in Working Together 2013.
5. Ensure that multi-agency audits are undertaken by the LSCB and reported to the Improvement Board outlining the key lessons to be learnt and improvements to be made.

Evidence was provided to the Independent Chair of the Improvement Board and subsequently to the Government Minister and on 11<sup>th</sup> December 2013, Kent received formal notification of the lifting of the Improvement Notice.

## KSCB Strategic Priorities 2013/14:

### 1. Positive outcomes for all children and young people in Kent;

- We know we will have made a difference when we can evidence a multi-agency understanding of the Thresholds for accessing services for children resulting in a reduction in the number of 'inappropriate' contacts and referrals to Specialist Children's Services.

*KSCB have reviewed the Threshold Criteria and have continued to deliver specific multi-agency Threshold Workshops. Thresholds have been integrated into all other training sessions, including Early Help and Common Assessment Training provided by KSCB, and also by designated staff in single agency training. This will continue to be a focus in the KSCB Strategic Priorities and Business Plan for 2014/15.*

*Multi-agency referrals into the Central Duty Team have risen from 14,301 in 2012/13 to 19,751 in 2013/14. This is reflected in the increase of Children in Need and Children under Child Protection Plans (see below).*

### 2. Holding partner agencies to account for their part in improving safeguarding of all children in Kent;

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

***There has been a noticeable improvement in the findings from both single and multi-agency audits. There are however, some continuing themes that need to be continually monitored, e.g. record keeping, using the voice of the child to influence outcomes and greater case supervision. KSCB will ensure that these remain at the forefront of its priorities for 2014/15.***

### 3. Demonstrating a robust safeguarding partnership that can effectively undertake the work of Kent's Improvement Board.

- We will know we have made a difference when the Chair of the Improvement Board is confident that KSCB is in a position to take over the role of the Improvement Board.

*The evidence of success in this area is demonstrated by the withdrawal of the Improvement Notice.*

#### **Aisha Paulose – Named GP**

Understanding the importance of Safeguarding children has improved and progressed a great deal over the last 3 years. The training of GPs and GP trainees has been heavily supported by KSCB and active plans are in place to continue this training and development. During such training, multiple links and contacts have been made within agencies helping to further the links when delivering and making training plans for the future across Kent. This has a significant and positive knock on effect and front line working GPs feel more linked with other agencies and are keen to improve practice.

KSCB have worked in a consistent and enthusiastic manner with the clinical designated leads for child safeguarding.



## How safe are Children and Young People in Kent?

Whilst we can never ensure that no child is hurt, all our efforts are to try to minimise any risk to children. The following show some of the figures for children helped and supported in Kent. The figures included below are provisional snapshot figures taken at the end of each performance monitoring year (March 31<sup>st</sup>).

### Children in Care (CiC):

CiC are those looked after by the Local Authority. A decision to take a child away from his or her home without the parents' agreement is an extremely difficult one and can only be taken following a court decision. It is only taken after every possibility of protecting the child at home has been explored and where the decision really is the best option of ensuring the child's safety and wellbeing. There are, however, other cases where some children are in voluntary care. The key governing Board for the local Kent Children in Care is the Corporate Parenting Panel. This has the responsibility for ensuring that their safety and wellbeing is promoted. In December 2013, following evidence provided in the Children in Care Action Plan, the Ofsted Improvement Notice was lifted. Specialist Children's Services (SCS) are continuing in their efforts to ensure that having achieved 'satisfactory', the aspiration was to provide 'good' services. In order to do this, they will focus on supervision, participation, child focussed practice and good quality care plans. Performance against these areas will continue to be monitored by the Corporate Parenting Panel.

The year on year figures show very little change with **1842** CiC in Kent at the end of March 2014, **11** more than at the same time as last year.

### Unaccompanied Asylum Seeking Children (UASC):

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. Support for these young people is delivered by the UASC Service, but in a complex operational environment.

The issue of asylum seekers receives high profile media and political attention prompting frequent legislative changes that affect Kent's protection arrangements for these children. In the last year, there were **229** UASC. This is an increase from **190** in 2013.

This continues to be a serious concern as these children are especially vulnerable to exploitation. The KSCB's Trafficking and Child Sexual Exploitation Sub Group will closely monitor progress across agencies in tackling this problem. This key priority will continue into 2014/15.

### Children in Care placed in Kent by Other Local Authorities:

As of the end of March 2014, there were over **1,200** children placed in Kent by other local authorities, with two thirds of them placed by London councils. This high number of other local authority Children in Care placed in Kent has been consistent for many years. This places massive pressures on public agencies responsible for supporting vulnerable children in Kent, including SCS, Schools, Police, and Health Services.

Following the recent high profile conviction of those involved in sexual exploitation networks across the Country, all councils must make sure they can properly safeguard teenagers placed in residential children's homes, particularly those placed many miles from home, which increases their vulnerability. These are young people at particular risk of being sexually exploited by criminal networks and gangs and it is extremely difficult for other local authorities, as the corporate parents, to properly safeguard these young people when they are placed so many miles away.

With Kent placing **212** of its CiC out of County (snapshot as at 31<sup>st</sup> March 2014), KSCB will also want assurance from local agencies that Kent children placed out of the County are appropriately safeguarded.

## Children with a Child Protection Plan (CPP):

Children who have a CPP are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of these factors.

Evidence nationally shows that children who grow up in families where there is domestic violence, mental illness and/or parental substance misuse are most likely to be at risk of serious harm. There continue to be low levels of children with plans relating to sexual abuse both nationally and in Kent.

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.

At year end, 2013/14, the number of children on CPPs was **1,177**. This compares to **1,025** at the last year end. This is an increase of **152**. KSCB is provided with regular analysis of this information to ensure that the figures reflect statistical neighbours. We are satisfied that currently, cases are effectively reviewed and children are being provided with a range of appropriate multi-agency interventions in support of their needs.

## Children in Need (CiN):

Children in Need is an area that all partner agencies are continuing to work closely to address the issues of 'drift' identified in the Improvement Notice. At year end, 2013/14, there were **3,162** CiN cases that had been open for 12 months or more, this compares to **3,061** the previous year, an increase in **101** cases. For CiN cases open for 6 months or more (not reaching 12 months) the figures were **4,110** for 2013/14 against **3,786** for 2012/13, an increase of **324**.

Significant work is being undertaken to examine CiN cases, both by Specialist Children's Services, through in depth on-line quality assurance audits, and by KSCB's Quality and Effectiveness Sub Group by way of multi-agency audits. Early indications show that where there is strong supportive supervision of CiN cases, there is little 'drift' and the CiN plan is more likely to be effective and obtain positive outcomes for the child or young person.

This will continue to be a priority for KSCB to monitor throughout 2014/15.

## Early Help:

A significant amount of multi-agency effort has been put in to the offer of Early Help. There has been an increase in the number of Common Assessment undertaken over the last two years with last year showing an increase of **53.5%** on the previous year (**3,754** CAFs completed).

With numbers on the increase, the emphasis has moved to the outcomes of the Team Around the Family (TAF), actions. The number of TAFs closed with their outcomes recorded as achieved in 2013/14 was **1,554**, compared to **702** the previous year, an increase of **121.4%**.

The number of Team Around the Family closed with their outcomes recorded as requiring single agency support in 2013/14 was **904**, compared to **352** the previous year, an increase of **156.6%**.

The impact of Early Help and the outcomes of TAFs will continue to feature as a priority and the longer term effect on referrals to Specialist Children's Services will be monitored.

## Report on the Voice of the Child

We on the Board very much recognise the importance of hearing the voice of children and young people in Kent and have been seeking different ways of ensuring that their voice is heard and influences the Board priorities and work that is undertaken.

A young person, currently in care in Kent, jointly opened our Annual Conference with our Independent Chair, and spoke to the conference on issues that were relevant and important to all young people in Kent.

The Board actively supports Kent Youth County Council (KYCC) through their identified campaigns. For the third year running the campaign which has received the most votes has been on anti-bullying, with a particular emphasis on cyber-bullying. As part of this, the KYCC have developed an anti-bullying policy for schools to support them in addressing the issues of cyber-bullying. Representatives from KYCC were invited to launch this policy at the annual conference in November. The group also showed a video clip that they had written, filmed and produced to show the effects of bullying.

In addition KYCC run a safeguarding interest group, which is working on a project to reduce the stigma attached to mental health issues. This project is currently underway with the results expected over the next few months.

The Board also invited another group of young people, the Young Health Champions, who work within schools as part of Kent Integrated Adolescent Support Services (KIASS) to present their work at the Conference. Liaisons with these young people will continue to support the identification of health issues which are key for young people.

The Board are keen to understand issues which are pertinent to young people and have engaged with a Young Evaluators Group from the Dartford and Gravesham area to develop a survey which will be rolled out to children and young people later this year. This group have ensured that the context and wording of the survey is appropriate and 'young people friendly'.

Work has begun in Gravesend with a particular group of schools who have concerns around young people becoming involved in exploitative relationships. This is a peer led programme which will encourage vulnerable young people to discuss issues around positive relationships and where to turn to for help if they have any concerns. Once this project has been piloted in Gravesend it will be available to all schools across the County.

### **Kerry Sildatke - Joint Chair of the KSCB Annual Conference 2013**

*My name is Kerry Sildatke and I am 17 years old. I have been in care since the age of four, in both foster and residential placements. During this time I have attended both special needs and mainstream schools so will be speaking from both personal and professional experience.*

*Professionally my journey started at the age of 11 as a peer mentor for children with special needs in a mainstream school. When I then transferred to a special needs school, due to my autism, I began peer mentoring there, and am now a Heart Mentor meaning I help new students settle in. Through this I spent a year as an online mentor for Beat Bullying with a special interest in mental health, however have had to give this up due to other commitments.*

*I am currently a part of Kent Youth County Council, where I chair the Safeguarding and anti-bullying group both of which work closely with KSCB.*

## Views of Practitioners

### Practitioners Survey

The KSCB Practitioners Survey was developed by the Business unit in 2013 to gain an understanding of the issues that practitioners were facing whilst working with children and their families in Kent. The survey also gave practitioners the opportunity to feedback to the board regarding training gaps and their knowledge of designated safeguarding roles within their organisations.

The Survey was launched in February 2014 and was distributed across a wide range of agencies across all sectors. The survey was live for a month and closed in March 2014. A total of 740 respondents completed the survey from across the county, from a wide range of agencies including many from the voluntary community sector. The data was evaluated and grouped into district data so that the findings from the survey could be shared with Team Managers on District levels to inform practice and ensure local training needs could be met.

Some of the main findings from the survey were as follows:

#### Thresholds:

- 33% of practitioners were not aware of the Kent and Medway Thresholds and Tiers of Intervention

#### Knowledge of specialist staff:

- 56% of practitioners did not know the role of the Designated Nurse
- 36% of practitioners did not know the role of a Local Authority Designated Officer (LADO)

#### Multi-agency working:

27% of practitioners did not feel that they have a good working relationship with other agencies / organisations in their area. The main reasons that were suggested were:

- Poor information sharing between agencies, lack of consistency around information sharing between agencies (20%)
- Lack of understanding of other agencies/organisations in the area and their remit (17%)
- Lack of understanding of who the key contacts are in relation to safeguarding (14%)
- Lack of multi- agency networking opportunities (11%)

#### Multi-Agency Training:

- 19% of practitioners said that they had not had any child protection or safeguarding training in the last three years
- 23% of practitioners said that they were unable to access training easily; the practitioners said that the main barriers were:
  - The cost of training (34%)
  - They were unaware of the training that was available (15%)
  - They were unsure of how to access/book onto the training (14%)

#### Next Steps:

KSCB, together with partners, are using this information inform the targeting of staff awareness-raising workshops, marketing of key safeguarding messages, passing on information on the roles and responsibilities of designated professionals and details of the comprehensive KSCB multi-agency training programme that is available.

## Views of Board Members

### **Mike Stevens – Lay Member**

As a Lay Member of the Board I have the privileged position of being able to have an overview of the Boards activities without being committed to any particular statutory or voluntary body. There is no doubt in my mind that 'safeguarding' has played and is playing an increasing role during the last twelve months in the day to day running and management of those bodies. Evidence of personnel working more closely together, sharing advice, expertise and confidence has grown and is to be welcomed. More however needs to be done as further co-operation and understanding between agencies is secured. Priority areas have been identified and inter agency work is taking place to deal with these issues.

Safeguarding within Kent has a firm foundation on which it is growing in both depth and strength.

### **Julie Pearce - East Kent Hospital University Foundation Trust (EKHUFT)**

EKHUFT are confident that there has been an improvement in safeguarding children by having robust safeguarding processes in place with effective feedback mechanisms in order to ensure quality and improved outcome for children and their families.

### **Roger Sykes – Lay Member**

The vast spread of safeguarding issues and the geographical and population size of Kent combine to ensure that there will always be significant challenges to safeguarding in the county. Since I became a lay member of KSCB in April 2011, I have seen definite progress in many areas, particularly within Specialist Children's Services, but nevertheless much remains to be achieved among which I would highlight the following –

- The board needs to be more effective in ensuring that appropriate members attend board and subgroup meetings;
- Minutes of all meetings need to be sufficiently detailed to demonstrate that agencies were appropriately challenged regarding processes and outcomes;
- The voices of the children do not adequately permeate the processes that the board and its member agencies design and operate;
- In common with the rest of the country, the provision and availability of mental health services for Kent children are poor.

Views from more Board members can be found throughout this Report

## Reports from each Sub Group – activity and outcomes

### The Quality and Effectiveness Sub Group

The Quality and Effectiveness (QE) Sub Group's main function is to co-ordinate quality assurance and evaluate the effectiveness of what is done by KSCB partner agencies, individually and collectively, to safeguard and promote the welfare of children. It has oversight of multi-agency and single-agency audits, Section 11 audits and analysis of performance data about safeguarding from the key statutory agencies in Kent.

QE has been working hard this year to improve KSCB's approach to performance management, along with its role of professional scrutiny and challenge, by implementing a local Quality Assurance Framework alongside adopting principles from the South East Regional Framework.

The QE examine quarterly performance indicators supplied by a range of partners in order to satisfy KSCB that the arrangements in place to safeguard and promote the welfare of children are good. A wealth of information is available to the QE and the focus this year has been on partners contributing to the analysis of these statistical measures, commenting on whether outcomes have improved. We are in an improved position but the sub group still has a lot more work to do to ensure valuable contributions are available at these meetings.

#### KSCB Audits:

The QE carry out an annual programme of multi-agency audits and in 2013/14 these were:

#### Application of the Inter-Agency Threshold Criteria:

Professionals make assessments on levels of need for children and families utilising an agreed document, the "Kent and Medway Inter-Agency Threshold for Children in Need". Regular auditing of partners' understanding and use of these levels is essential in assuring the KSCB that children's welfare is being considered and safeguarding practice is of high-quality. This audit highlighted the importance of good quality information included at the referral stage and of the need to share information appropriately and promptly. In addition more work is required among partners to utilise help as early as possible in order to negate the need to escalate cases to statutory interventions.

#### Section 11 Self Assessments:

Following a full round of assessments collected in 2012/13, KSCB piloted a newly revised tool with the seven new Clinical Commissioning Groups in Kent and with the Sussex Partnership responsible for Child and Adolescent Mental Health Services. Prisons in Kent were also requested to submit a shorter self assessment tailored to their level of responsibility. Moving forward, KSCB are looking at ways the oversight of these self assessments can be improved, ensuring partners adherence to this statutory function are fully met.

#### 'Child in Need' Deep Dive Reviews:

A new way of auditing was piloted this year focussing on involving practitioners and their managers in an in-depth discussion regarding one of their cases. Eight of these were undertaken across the County with extremely positive feedback and outcomes. Practice clearly showed a strong link between one or two professionals providing consistent and relevant support and improved outcomes for the child or young person. QE is continuing to monitor practice surrounding Child in Need as an ongoing priority, as part of KSCB's focus on early intervention and prevention.

The QE has a planned audit programme for the forthcoming year which will focus on KSCB strategic priorities, some areas to be covered are: children on Child Protection Plans; practice regarding children affected by repeat incidents of Domestic Abuse; Section 11 self assessments.

## 2013/14 Performance Summary:

The number of Common Assessment Frameworks completed for families in Kent has improved over the year from 75.7 completed per 10,000 children in March '13 to 116.3 in March '14. This increase is positive and QE is now focussing on the quality of these assessments by following up monthly auditing.

Referrals made into Specialist Children's Services (SCS) have increased over the year from March '13 at 442 per 10,000 children to 611.8 in March '14, a significant workload increase. This is in part down to improved recording processes implemented over the year, but also a reflection of additional workflow. The percentage of children and young people being re-referred into SCS has also increased over the period, standing at 26.6% in March '14 compared to 22.8% in March '13.

These increases are also reflected in Child in Need numbers and some of the Child Protection figures, depicted in the table below:

Performance Measure	March 2013	March 2014	Target / Benchmark March 2014
Number of Children in Need per 10,000 population under 18 (snapshot)	287.3	330.1	323.8
Number of Section 47 enquiries per 10,000 population under 18 (rolling 12 months)	109.6	130.8	103.6
Number of children with a Child Protection Plan per 10,000 population under 18 (snapshot)	30.8	36.5	34.9
Percentage of Child Protection plans lasting 2 years or more at the point of de-registration (year to date)	8.0%	4.9%	6.0%
Percentage of children becoming subject to a Child Protection Plan for a 2 <sup>nd</sup> or subsequent time within 24 months (year to date)	10.8%	8.0%	7.5%

These rises are teamed with the potential added pressures of average caseloads rising (22.6 in March '14 from 18.4 in March '13 for non Child in Care teams) and agency staff in case holding posts sitting at 18.8% in March '14 from 15.0% in March '13. KSCB will monitor this closely through the QE to ensure performance and practice does not deteriorate.

Health, Police and Education data into the QE has changed over the period, due in part to the changes in NHS and Kent County Council structures and Police identifying performance indicators that better reflect safeguarding practice, thus making comparisons from last year impractical. All partners are committed to providing high quality performance information and are valuable members of the QE.

## Upcoming Challenges:

KSCB are working hard to update existing policies relating to Missing Children and are committed to overcoming barriers presented by this potentially very vulnerable group. Children missing from their home or placement could be at risk of: sexual exploitation; missing education; engagement in criminal behaviour and be more exposed to other risk-taking behaviours. Following National guidance, KSCB aims to provide a unified multi-agency approach where the needs of these children and young people are met more appropriately and effectively.

QE aims to continue to improve its effectiveness, in order to ensure the Board receives relevant and timely information that enables children in Kent to get the right help at the right time.

## Child Death Overview Panel (CDOP)

This panel has the responsibility for reviewing all deaths of children in Kent. The panel is chaired by Kent's Director of Public Health and its work is supported by two Designated Doctors for Unexpected Death; a Child Death Coordinator, partner representatives (including the Police and Social Care) and LSCB Officers. This mandatory panel works in close partnership in order to monitor trends in child death nationally and locally, analyse data relating to specific child deaths, identify modifiable factors and to promote any learning from them. Whilst there are a host of other factors that are also considered as part of this work, environmental effects and parenting issues are key and these are subject to careful deliberation in each case.

The primary aim of the CDOP is to reduce the number of preventable child deaths through systematic multi-disciplinary review, education of professionals and the general public and to make recommendations for legislation and public policy changes. These recommendations are based on panel reviews and circumstances surrounding individual causes of child death. The data is used to identify trends that require systematic solutions. In order to improve the way in which partners collect and respond to the necessary information KSCB and Health colleagues are progressing the development of a bespoke CDOP database that will provide an enhanced level of efficiency and reporting to this important process.

### Key findings and learning from child death reviews

During the period 1 April 2013 – 31 March 2014 the Kent CDOP reviewed 74 child deaths. It should be noted that there are still sudden deaths that occurred during this period that are outstanding for review due to coroner inquests or outcomes of enquiries still pending. Data relating to these reviews will be carried forward for inclusion in the 2014-2015 CDOP Annual Report. The gender and presence of modifiable factors are identified at Table 1 and the age of the child at Table 2.

	Number of child deaths with <u>modifiable factors</u>	Number of child deaths with <u>no</u> modifiable factors
Male	16	27
Female	5	26
TOTAL	21	53

Table 1: Child Deaths in Kent 2013-14

Age	Number of child deaths with <u>modifiable factors</u>
< 5	15
6 - 9	0
10-14 years	<5
15-17 years	<5
TOTAL	21

Table 2: Ages of children whose deaths featured modifiable factors

The data confirms that the highest proportion of child deaths in Kent during this period relate to those children who are under 1 year old. Cases with modifiable factors are further considered in the context of ten separate categories at Table 3 with the likely cause of death confirmed in Table 4.



Category	Definition	Number
1	Deliberately inflicted injury, abuse or neglect	0
2	Suicide or deliberate self-inflicted harm	<5
3	Trauma and other external factors	6
4	Malignancy	0
5	Acute medical or surgical condition	<5
6	Chronic medical condition	<5
7	Chromosomal, genetic and congenital anomalies	0
8	Perinatal/neonatal event	<5
9	Infection	<5
10	Sudden unexpected, unexplained death	8
	TOTAL	21

Table 3: Categories of Cases with Modifiable Factors

The cause of death is defined at Table 4, which information confirms that sudden unexpected death in infancy/ neonatal death accounts for over 50% of child deaths in Kent.

Cause of death	Numbers
Neonatal Death	<5
Known life limiting illness	<5
Sudden unexpected death in infancy	9
Road traffic accident/collision	<5
Drowning	<5
Other non-intentional injury/accident/trauma	<5
Substance miss use	<5
TOTAL	21

Table 4: Causes of Death where Modifiable Factors were Present

Full information relating to child deaths in Kent is regularly considered by the CDOP panel and is used to bring about improvements in local working processes and practice whenever appropriate and to inform KSCB's learning and development. As a result of emerging information from the CDOP during the period in question new Self Harm training was developed at Level 2 and 3. Further, the regular analysis of national statistical data in respect of child death 'trends' has highlighted some new areas of concern and KSCB has taken preventative action by making new baby safety information available to parents on its website in respect of the dangers of nappy sacks, hair straighteners, baby bath seats and baby slings: ([http://kscb.org.uk/kscb\\_resources\\_and\\_library/baby\\_safety.aspx](http://kscb.org.uk/kscb_resources_and_library/baby_safety.aspx)).

The Panel has also identified issues relating to co-sleeping and the need to provide enhanced bereavement support to parents. Joint partnership work has resulted in active preparation and development of material for these two local initiatives.

## Serious Case Review Sub Group

The Serious Case Review Sub Group has fully embraced the guidance from Chapter 4 of Working Together 2013. The Group has developed a Case Review framework, identifying the criteria for undertaking the various types of reviews, (see below).

Review Type	Criteria
Serious Case Reviews	Regulation 5 (2) of the Local Safeguarding Children Boards Regulations 2006 defines a Serious Case Review as one where: abuse or neglect of a child is known or suspected; and either (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child In addition, an SCR <b>should always</b> be carried out when a child dies in custody, in police custody, on remand or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children's home, or where the child was detained under the Mental Health Act 2005. This includes cases where a child died by suspected suicide.
Critical Incident / Serious Incident Reviews	Criteria for an SCR not met, however, it is felt by agencies, that due to the circumstances, an alternative multi-agency review should be undertaken (the decision will be that of the SCR Sub Group based upon the information recorded and submitted on the 'Referral Form for Consideration of a Case Review')
Best Practice Reviews	There cannot be any tight criteria for this type of review. Where an agency feels that there are examples of good multi-agency practice demonstrated in a particular case which would provide good learning opportunities and positive outcomes for children, the case should be submitted to the SCR Sub Group for consideration of a good practice review.

The Group has also introduced a Case Review Notification Process where, in line with the above criteria, agencies can notify the Group of cases they feel warrant a case review. The Group are then presented with the outline circumstances of the case and make a decision as to whether a case review is required. This process has an audit trail in order to record not only the decision but also the rationale.

In 2013-14, the Group received 12 notifications from which no Serious Case Reviews were recommended or undertaken, 7 management reviews were undertaken and in the other 5, the outcomes were not to review as the issues presented were themes that were already being addressed through findings from other recent or ongoing reviews.

The decision on the type or style of review undertaken is taken by the Chair of the Sub Group and takes into account the nature of the case and the agencies involved. The outcome will be proportionate to the case presented.

The key themes from the findings of the case reviews are signed off by the Sub Group and, in line with the KSCB's Learning and Improvement Framework, are shared with the Learning and Development and Quality and Effectiveness Sub Groups. They are also circulated to Board members and cascaded to operational staff. The findings assist in informing the development of the KSCB Training Programme and themed multi-agency audits to check if practice is changing as a result of the training. Findings from Case Reviews have been used to inform the KSCB Strategic Priorities and multi-agency audit programme and are published on the KSCB website.

## Learning and Development Sub Group

KSCB has a responsibility to develop policies and procedures in relation to: "... training of persons who work with children or in services affecting the safety and welfare of children ... to monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children". (*Working Together, 2013*)

### What We Did

With oversight from the Learning and Development Sub Group, a comprehensive multi-agency training programme was developed and delivered by KSCB during 2013/14. Issues from local and national Serious Case Reviews (SCRs) and other case reviews were analysed, considered and incorporated to ensure that the content of the training programme related to emerging issues of concern, as well as to core safeguarding learning, that all practitioners working with children and their families need to understand.

Number of E-Learning sessions offered	18	No of attendees	2,037
Number of Face-to-Face sessions offered	87	No of attendees	1,765
Number of Bespoke sessions delivered	74	No of attendees	1,664
KSCB Annual Conference		No of attendees	266
<b>Total number of training sessions offered</b>	<b>179</b>	<b>Total attendees</b>	<b>5,732</b>

Although safeguarding children is everyone's business, it can be difficult to reach all professionals in the county who require training. In order to meet the needs of our diverse workforce across all Districts, the training programme for 2013/14 was differentiated to incorporate:

### E-learning

KSCB's suite of 14 modules can be used as stand-alone learning or as a pre-learning tool to maximise the effectiveness of face-to-face training so that learners acquire a good understanding of the subject matter. All courses are certificated and evaluated. In 2013/14, 2,037 practitioners successfully completed this learning and new topics that support and relate to existing learning are being identified.

### Face-to-Face Training

KSCB has an established 'College of Trainers' comprising a range of multi-agency practitioners who have successfully completed the KSCB 'Train the Trainer' Course. Sixteen new trainers were recruited in 2013/14 to support the delivery of face-to-face training. 87 training sessions covering 18 topics were delivered to 1,765 practitioners from 36 different agencies in this period, including voluntary sector partners and foster carers.

In addition, KSCB delivers 'bespoke' single agency training to organisations at their own premises on request. In this way, all stakeholders are encouraged to develop the safeguarding knowledge of their staff. During the period in question, KSCB delivered 74 safeguarding training sessions to 54 individual organisations.

## Immersive Learning

MAX Immersive Learning is a computer-based training simulation that is unique to KSCB in which participants interact with each other to discuss and deal with emerging issues in an evolving scenario. This innovative training gives delegates the opportunity to collectively decide the most appropriate course of action in relation to a safeguarding scenario and to understand the priorities and decision-making processes of partner agencies.

In 2013/14, 8 training sessions took place, enabling practitioners to explore the subjects of Child Abuse and Neglect, and Child Sexual Exploitation and Online Safety in some depth. Additionally KSCB worked in partnership with NHS England to develop and deliver a bespoke Safeguarding session for members of Kent's Clinical Commissioning Groups. Feedback from these courses has been extremely positive and new topics are currently under development.

## Additional Learning Opportunities

KSCB further enhanced the learning and development of local practitioners by:

- hosting 7 Area Workshops on Domestic Abuse and Learning from SCRs
- offering formal and informal learning opportunities at KSCB's Annual Conference
- developing the content of KSCB's website so that Practitioners can use it to access safeguarding information and advice.

A summary of KSCB learning and development activity and overall attendance figures from 2013/14 appears at Appendix C

## What was our impact?

All KSCB training is evaluated by participants and an evaluation summary produced for both KSCB and the Trainer. Evaluation forms have been revised to determine not only the quality of the training but also the level of learning of those concerned before and after the session and any additional training required.

Although at an early stage of development, this amalgamated information has already helped us to adjust the content of courses and to target specific audiences. Information shared by participants during training in respect of additional support required is shared with relevant agencies.

KSCB also commissioned Christ Church Canterbury University to research how best its new immersive learning can be evaluated. The resulting report was presented to the Learning and Development Sub Group in February and recommendations will now be implemented.

### **Angela Slaven – Director of Service Improvement Education and Young People's Services**

The Youth Offending Teams across Kent during 2013/14 continued to prioritise the ambition of reducing the number of young people entering the criminal justice system and the downward trend supports this effort. This has been achieved through strong collaborative work with the Kent Police with the establishment of restorative justice practice at the heart of interventions with young people.

## What will we do next?

With a constantly evolving children's workforce in one of the largest Local Authority in the UK, KSCB will be further developing its training programme and working with partners to collaboratively deliver effective learning to all practitioners working with children, young people and their families. We aim to:

- Ensure that the KSCB Strategic Priorities and learning from the KSCB Case Reviews and multi-agency audits undertaken inform the future training programme content
- Increase the number of bespoke training sessions delivered by engaging new organisations
- Develop the range of face-to-face training topics in partnership with statutory and voluntary stakeholders
- Increase the skills and knowledge of KSCB's College of Trainers
- Extend our immersive learning offer
- Further diversify the means by which training is delivered, using technology to best effect
- Explore more opportunities to work collaboratively with partners
- Further develop collaboration with Early Help colleagues
- Develop our evaluation methods to inform the Training Cycle.

## Trafficking and Child Sexual Exploitation Sub Group

### Trafficking

Concerns for children and young people who are trafficked into the UK are high on our agenda. Because of additional vulnerabilities within Kent around our ports and international rail stations, we commissioned an independent review of our procedures to help us to identify areas of good practice and also to look for ways of improving our protection of unaccompanied asylum seeking young people who arrive at our border. As a result of this report we have made changes to our assessment procedures and are working with multi agency partners, including police, social care and UK Border Force to improve the service that we offer. We are also expanding our work and support for EU young people who can travel in and out of the country with fewer restrictions, but may lead to increased vulnerability.

During the year we recorded 229 as at 31<sup>st</sup> March 2014 UASC who entered the UK and needed our support.

We have an ongoing awareness-raising training programme for frontline staff around the issues of Trafficking.

### Child Sexual Exploitation (CSE)

Following the well-publicised cases from other local authorities, Kent has taken the learning from these reports to inform its own response to CSE. Kent commissioned Barnardos to explore CSE in Kent and develop an informed approach to address specific issues within Kent. As a result of this, a risk assessment toolkit and CSE awareness training programme has been developed, for frontline staff across Kent to support them in identifying the signs of CSE and what to do when it is suspected.

So far 350 practitioners have received this training, with regular ongoing events being offered. Kent Police are working towards producing a CSE profile for Kent.

### **Tim Smith - Kent Police.**

Safeguarding children is the responsibility of all Police officers. Particular responsibility falls to the Kent Police Public Protection Unit (PPU). The PPU manages the safeguarding of children on a number of levels. The multi-agency Central Referral Unit (CRU) coordinates the response to initial safeguarding referrals and notifications. Combined Safeguarding Teams on each police Division are responsible for joint working to protect children and investigate abuse.

PPU resources are available 24 hours a day and provide advice and guidance on child protection issues to other staff. PPU has developed improved practices for Child Sexual Exploitation (CSE) investigations, missing children and in particular information sharing regarding children involved in domestic abuse.

The coordination of the response to missing children between police, children's services, other agencies and voluntary partners remains a challenge for the Board in 2014/15. Police are in a position to share information on a daily basis but the management of that information and response by other key partners, particularly regarding the return interviews of missing children and the associated intelligence capture, is an area for development in 2014/15.

## **Missing Children**

In response to the Ofsted Thematic Report, 2013, and the Department for Education Statutory Guidance, 2014, Kent has set up a dedicated Missing Children Task and Finish Group to undertake a comprehensive review on the reporting, recording and response to children and young people who go missing in Kent. Following a comprehensive self assessment using the recommendations from the earlier mentioned reports, multi-agency work is underway to address those areas identified as falling short of expectations as well as ensuring best practice is implemented. This work links to that being undertaken on Child Sexual Exploitation. Kent has signed up to The Children Society Runaways Charter and changes to policy and procedures are being planned and implemented for 2014/15, together with awareness raising for staff to ensure links to other areas of concern are identified and appropriate support is offered to all children and young people who go missing from home or care. This work will also provide us with a greater understanding of the countywide picture of children who go missing.

### **Patricia Denney – Assistant Director, Safeguarding Unit, Specialist Children's Services**

Following an Ofsted Inspection in 2010, Kent Safeguarding Services were graded as inadequate and an Improvement Notice was put in place. In 2013, Ofsted undertook two inspections looking specifically at Safeguarding and Looked after children. These inspections evidenced an improvement journey for children and their families that meant they were better protected and outcomes were vastly improved.

Action plans from the Ofsted inspections were developed. A number of actions have been completed and others remain part of ongoing work. Kent Specialist Children's Services continue on an improvement journey which will be further tested at the fourth improvement review due to be undertaken in June/July 2014. There is regular reporting to the Children Services Improvement Panel, Corporate Parenting Panel and the Kent Safeguarding Children Board.

## **Kent and Medway Domestic Abuse Strategy Group (KMDASG)**

To increase practitioner knowledge KSCB, together with the KMDASG, has developed and delivered multi-agency domestic abuse training for practitioners to improve their knowledge and understanding of the impact that domestic abuse can have on children and young people, and the way that they respond to and work with children who have been in households where there has been Domestic Abuse.

Multi-Agency Risk Assessment Conference (MARAC) provides a formal process, hosted by Kent Police, where confidential information can be shared appropriately to aid in the prevention, detection and reduction of crime, including the protection of vulnerable people; this includes victims of domestic abuse. Their reports are regularly presented to the KSCB Quality and Effectiveness Sub group and Domestic Abuse will continue to feature in the KSCB priorities. As part of its quality assurance role, KSCB will be undertaking audits on service involvement with families where there are repeat DV incidents and where children are present.

The KSCB Business Unit is represented on both the operational and strategic Domestic Abuse groups.

### **Karen Proctor - Kent Community Health NHS Trust (KCHT)**

We have continued to work closely with our partners in Kent Social Care services, to ensure that our staff, who work predominantly with children and their families, understand the multi-agency thresholds that have been developed to help them identify and manage safeguarding and child protection concerns.

The continued application of the Common Assessment Framework, by KCHT practitioners, ensures the timely assessment of children and families' needs, which may impact upon their health/wellbeing and, where required, early and intensive support being arranged to address their specific needs.

The Children in Care Nursing Service has continued to maintain the uptake of statutory review health assessments within the required timescale at 93%. Links with the Family Nurse Partnership, to identify children in care who are pregnant, has been established. Support and advice is given to the young and pregnant individuals which will facilitate the giving and receiving of information to enable the individual young and pregnant individual to make informed decisions and positive lifestyle choices.

### **Nick Sherlock – Adult Safeguarding**

All staff within Social Care, Health and Wellbeing recognise the need to focus on the welfare of any children involved when carrying out assessments.

## KSCB Finance Report

In line with the requirements of Working Together 2013, this report outlines the KSCB financial contributions from partners and its expenditure. Working Together states:

*“All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.”*

A breakdown of the 2013/14 finances and the projected expenditure for 2014/15 is attached at Appendix D.

During 2013/14, contributions from partners reduced to £250k from £300k in 2012/13. The variable income (grants, training and residual funds) totalled £865k, making the total income £1,111,000, a reduction of £174k on last year. With a total income of £1,111,000 and expenditure of £425k, this ensures that the overall costs of running KSCB were met as they could not have been covered solely by contributing partners.

With regard to the reserve, this has been raised with Board and Executive Group members and a programme was agreed on how this reserve is to be reduced. It is projected that, through an anticipation of a gradual reduction in Partner contributions and reduction in grants, the Board should have a break even working budget, (with a small reserve to cover the costs of any future Serious Case Review (s) ) within three years.

### **Sally Allum - NHS England**

NHS England is committed to partnership working to safeguard children, young people and adults at risk of abuse at all levels. We have worked closely with our CCG colleagues in providing professional leadership and expertise including the responsibility of named professionals for safeguarding children. We have and will continue to lead with partner agencies on the implementation of national policies to prevent child sexual exploitation, female genital mutilation, sexual violence and domestic abuse.

Our strong engagement with partner agencies has supported partnership working in priority areas such as children and young people’s mental health. We have taken a collaborative working approach to sustain improvements and share learning from serious case reviews. We continue to actively work to improve and deliver training for GPs in order that they really understand what safeguarding means and how and when to raise a concern.



# What next? - Strategic Priorities 2014/15

## Priority 1

**Co-ordinate, monitor and challenge the effectiveness of local arrangements for the quality and appropriateness of early help and preventative services.**

To address this priority detailed actions will focus on:

- Ensuring there is an embedded awareness and understanding of the Kent threshold document
- Continuing to develop safeguarding policies and procedures in line with Working Together 2013
- Ensuring effective early help is provided at the CAF/TAF stage of support
- Undertaking consistent and holistic assessments
- How early help and early intervention features in mental health support for young people
- Effective participation of all partners
- Ensuring that the voice of children and their families are listened to, and influence practice and services

## Priority 2

**Ensure multi-agency and joined up working which protects and supports children with specific vulnerabilities, including the provision of timely and appropriate services.**

To address this priority detailed actions will focus on the following groups of vulnerable young people, although this is not an exhaustive list:

- Missing young people
- CSE young people
- Those being trafficked
- Those affected by gangs
- Those affected by 'on line' safety and those at risk of on line threats
- Those with emotional health vulnerability, at all levels
- Children with disabilities, including those with autism
- Victims of sexual abuse
- Victims/perpetrators of domestic abuse
- Those bullying or being bullied

### Priority 3

**Develop a family focused approach in relation to substance misuse, mental health problems and domestic abuse.**

This will be developed into an action plan to focus on:

- The impact on children and young people and what happens next as a result
- The impact of working between adults and children's services
- The knowledge of staff of these specialist areas

### Priority 4

**Provide evidenced assurance to the KSCB through robust monitoring, scrutiny and challenge, that multi-agency safeguarding practices are improving and there is ongoing learning and development for staff.**

To address this priority detailed actions will focus on:

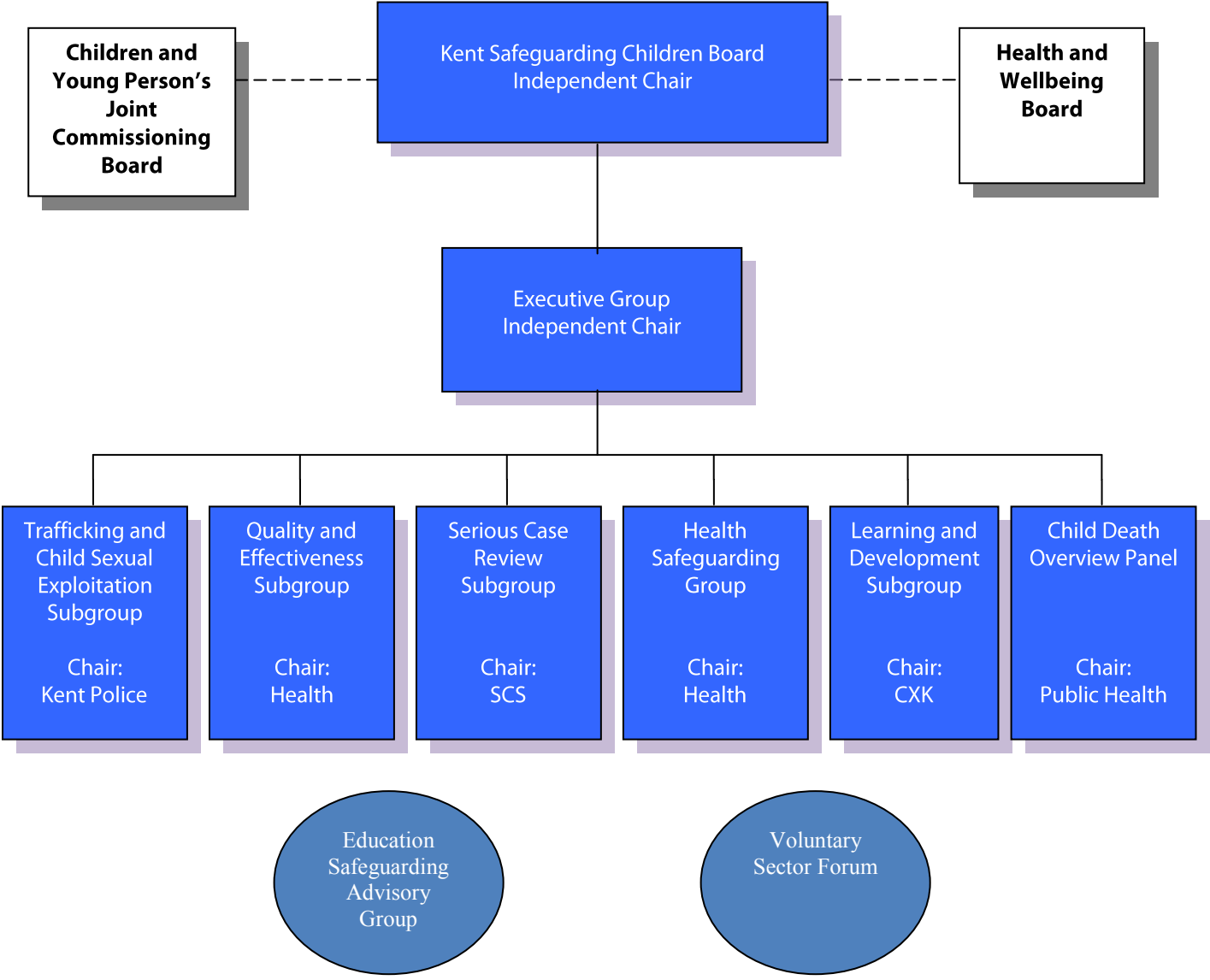
- Implementation of the Quality Assurance Framework
- Implementation of the Case Review processes
- Implementing a robust multi-agency audit programme
- Lessons learnt from case reviews and audits
- Learning from CDOP reviews
- Implementation of the Learning and Improvement Framework
- Response to Ofsted Review Framework
- Reporting from each KSCB Sub Group
- Feedback to staff

### Key threads that run through all priorities:

- Voice of the Child
- Multi-agency partnership working (including the voluntary and community sectors)
- Lessons are identified and learned from case reviews and multi-agency audits undertaken and the monitoring of the implementation of recommendations (Learning and Improvement Framework)
- Knowledge and understanding of the children's workforce

The KSCB Business Plan for 2014/15 outlines key activity that will be undertaken to address these priorities. This Business Plan can be found on the KSCB website [www.kscb.org.uk](http://www.kscb.org.uk)

**Structure of Kent Safeguarding Children Board (2013/14)**



This Chart reflect the Board structure and links from 2013/14.

## Kent Safeguarding Children Board Membership (2013/14)

Member	Role	Agency
<b>Maggie Blyth/Gill Rigg</b>	<b>Independent Chair</b>	<b>KSCB</b>
Aisha Paulose	Named GP for Safeguarding Children	NHS England
Andrew Ireland	Corporate Director	Families and Social Care, KCC
Meradin Peachy	Director of Public Health	KCC
Angela Slaven	Director of Service Improvement	Education and Young People's Services, KCC
Bethan Haskins	Chief Nurse – NHS Ashford CCG and NHS Canterbury & Coastal CCG	Clinical Commissioning Groups
Jay Pye	Executive Headteacher	Loose Schools Federation
Jenny Whittle	Cabinet Member	Specialist Children's Services, KCC
Julie Pearce	Chief Nurse & Director of Quality and Operations	East Kent Hospitals University Foundation Trust
Karen Proctor	Director of Nursing and Quality	Kent Community Health Trust
Mairead MacNeil	Director for Specialist Children's Services	Specialist Children's Services, KCC
Mike Stevens	Lay Member	KSCB
Nadeem Aziz	Chief Executive	Dover District Council
Nick Sherlock	Head of Adult Safeguarding	KCC
Mark Gurrey / Mark Wheeler / Patricia Denney	Assistant Director of Safeguarding and Quality Assurance	Specialist Children's Services, KCC
Patrick Leeson	Corporate Director	Education and Young People's Services, KCC
Roger Sykes	Lay Member	KSCB
Sally Allum	Director of Nursing and Quality	NHS England
Sean Kearns	Chief Executive	CXK Limited
Stephen Bell	Director of Business Improvement	CXK Limited
Steve Hunt	Head of Service	CAFCASS Kent
Tim Smith	Detective Superintendent	Public Protection Unit, Kent Police
Tina Hughes	Acting Director North Kent LDU	National Probation Service

## KSCB Learning and Development activity from 2013/14

Training	Number of sessions/ modules	Topic
<b>E-Learning (Level 2)</b>	18	<ul style="list-style-type: none"> <li>• Awareness of Child Abuse and Neglect (Introduction)</li> <li>• Awareness of Child Abuse and Neglect (Foundation)</li> <li>• Awareness of Child Abuse and Neglect (Core)</li> <li>• Awareness of Child Abuse and Neglect (Police)</li> <li>• Basic Awareness of Domestic Abuse Including the Impact on Children and Young People</li> <li>• Child Development</li> <li>• Cultural Awareness in Safeguarding</li> <li>• Hidden Harm</li> <li>• Parental Mental Health</li> <li>• Safer Recruiting</li> <li>• Safeguarding Children from Abuse by Sexual Exploitation</li> <li>• Safeguarding Children with Disabilities</li> <li>• Safeguarding Children - Refresher Training</li> <li>• Teenage Pregnancy</li> </ul>
<b>Face-to-Face Level 2 (9 Topics)</b>	45	<ul style="list-style-type: none"> <li>• Child Protection Basic Awareness</li> <li>• Safeguarding Children with Disabilities</li> <li>• Attachment Theory – Introduction</li> <li>• Safeguarding Sexually Active Young People</li> <li>• E-safety – Basic Awareness</li> <li>• Understanding Thresholds and the Referral Process</li> <li>• Child Trafficking</li> <li>• Child Sexual Exploitation</li> <li>• Self-Harm - Introduction</li> </ul>
<b>Face-to-Face Level 3 (9 Topics)</b>	42	<ul style="list-style-type: none"> <li>• Drug User Screening Tool (DUST)</li> <li>• Participating in Child Protection Conferences, a New Approach</li> <li>• Safeguarding in Cases of Physical and Emotional Neglect</li> <li>• Child Protection for Designated Staff</li> <li>• Child Protection for Line Managers</li> <li>• Parental Mental Health and the Impact on Children and Young People</li> <li>• Self-Harm – Intermediate</li> <li>• Engaging with Hostile and Resistant Families</li> <li>• Fabricated and Induced illness</li> <li>• Transition from Early years to Adolescence</li> </ul>
<b>Immersive Learning (Level 3)</b>	9	<ul style="list-style-type: none"> <li>• Child Abuse and Neglect</li> <li>• Child Sexual Exploitation and Online Safety</li> <li>• Safeguarding - CCGs</li> </ul>
<b>Area Workshops</b>	3	<ul style="list-style-type: none"> <li>• Domestic Abuse &amp; the Impact on Children &amp; Young People</li> </ul>
<b>Area Workshops</b>	4	<ul style="list-style-type: none"> <li>• Learning from Serious Case Reviews</li> </ul>
<b>KSCB Annual Conference</b>	1	<ul style="list-style-type: none"> <li>• “Young People - Transition, Engagement and Resilience” Attended by 280 multi-agency partners</li> </ul>
<b>KSCB Website</b>	Information on a range of subjects for multi-agency partners	

## KSCB Annual Report 2013/14 – Finance Report

Expenditure	2013/14	Projected 2014/15
<b>Staff</b>		
Salaries	294,233.22	370,000.00
Staff expenses	4,479.83	5,000.00
Staff training and development	1,479.24	6,000.00
Equipment	6,491.38	2,000.00
<b>Total Staff expenditure</b>	<b>306,683.67</b>	<b>383,000.00</b>
<b>Business Unit support</b>		
Printing, publications and promotions	1,995.54	3,000.00
Room hire and refreshments – Board and Sub Groups	10,039.66	7,500.00
Stationery	404.85	500.00
KSCB website and on line procedures	5,283.50	6,000.00
<b>Total Business Support expenditure</b>	<b>17,723.55</b>	<b>17,000.00</b>
<b>Board expenditure</b>		
Independent Chair	24,325.85	28,000.00
External consultants	8,701.70	5,000.00
Lay members	200.00	200.00
Case Reviews	6,800.00	16,000.00
Audits	4,518.75	2,500.00
<b>Total Board expenditure</b>	<b>44,546.30</b>	<b>51,700.00</b>
<b>Training</b>		
Room hire and refreshments	5,913.22	10,000.00
External trainers	16,000.00	5,000.00
Annual conference	10,000.00	12,000.00
E-Learning subscriptions	10,000.00	12,000.00
Specialist Training	4,269.98	65,000.00
CPD subscription	9,994.00	12,000.00
<b>Total Training expenditure</b>	<b>56,177.20</b>	<b>116,000.00</b>
<b>Total expenditure</b>	<b>425,130.72</b>	<b>567,700.00</b>

<b>Income</b>	<b>2013/14</b>	<b>Projected 2014/15</b>
Residual funds	-600,679.08	-686,230.91
Partner contributions	-250,524.00	-248,134.00
<b>Total Partner Contributions/Residual Funds</b>	<b>-851,203.08</b>	<b>-934,364.91</b>
Training - Bespoke	-27,775.25	-30,000.00
Training – cancellations/non-attendance charges	-18,383.30	-9,000.00
<b>Total training income</b>	<b>-46,158.55</b>	<b>-39,000.00</b>
KCC base funding	<b>-199,000.00</b>	<b>-200,300.00</b>
Receipts in advance	<b>-15,000.00</b>	
NHS GP training funding		<b>-55,000.00</b>
<b>Total Income</b>	<b>-1,111,361.63</b>	<b>-1,228,664.91</b>

<b>Total Income</b>	<b>-1,111,361.63</b>	<b>-1,228,664.91</b>
<b>Total expenditure</b>	<b>425,130.72</b>	<b>567,700.00</b>
<b>Residual funds to carry forward to next financial year</b>	<b>-686,230.91</b>	<b>-660,964.91</b>

#### Partner Contributions - breakdown

<b>Agency</b>	<b>Contribution</b>
Education Safeguarding	40,167.00
YOS	8,000.00
CSS	40,157.00
Kent Probations Service	6,276.00
Kent Police Authority	50,000.00
CAFCASS	550.00
Connexions (CXK)	10,000.00
Kent CCG	90,374.00
Kent Fire and Rescue Service	5,000.00
<b>Total</b>	<b>£250,524</b>

The logo features a circle of five stylized human figures in red, purple, orange, yellow, and blue, arranged in a ring. To the right of this graphic, the text "Kent Safeguarding Children Board" is written in a green, sans-serif font.

# Kent Safeguarding Children Board



**Kent Safeguarding Children Board  
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