



ANNUAL REPORT 2015/16





FOREWORD BY THE INDEPENDENT CHAIR

Welcome to the annual report of Kent Safeguarding Children Board (KSCB). The production of an annual report is a requirement of the statutory guidance, Working Together 2015. The report identifies the effectiveness of child safeguarding and promoting the welfare of children and young people in Kent.

The report describes some of the key areas of work which the Board and its sub groups undertook during the year 2015/16, some of the successes and also, some of our challenges. The report is required to provide a rigorous and transparent assessment of the performance and effectiveness of local services. I hope this report does that and it will be of relevance and useful to anyone with an interest in safeguarding children and young people in Kent.

I have had the privilege of being the Independent Chair of the Board since March 2014 and have seen a number of changes in the past two years. I remain very impressed by the strong commitment and hard work by staff at all levels of organisations who continue to work to make Kent a safer place for our children and young people.

As a Board, we have responded to new areas of work as the year progressed and have also implemented the feedback from the Peer Review which took place in December 2014. We have established a new Risks, Threats and Vulnerabilities' (RTV) Group, and have continued to focus on children and young people who are being sexually exploited through our Multi-Agency Sexual Exploitation Group (MASE). Partners have established a multi-agency co-located team to tackle this issue. We also have continued to focus on Female Genital Mutilation (FGM), in addition to developing the range sub groups on our core areas of activity. The sub groups Chairs are highly committed managers from a range of agencies, and do an excellent job in driving the agendas forward.

In conjunction with the Kent 0-25 Health and Wellbeing Board, we implemented Local Children's Partnerships Groups (LCPG), which are at an early stage of development, but which we hope will make a much stronger connection between local district teams and the KSCB. We established a sub group of their Safeguarding

Leads to develop their role in respect of safeguarding.

We again held a very successful conference in November 2015 with over 300 delegates. I was very pleased to be able to co-chair it with a young person, Josh. As before, there was considerable input by young people and the feedback was very positive.

2015 saw a significant increase in the numbers of Unaccompanied Asylum Seeking Children (UASC) coming into the care of the Local Authority and this created pressure for a range of agencies. However, KSCB members worked hard to ensure that safeguarding activity was not affected by these challenges. KSCB has had an increased focus on multi-agency activity, allowing the KSCB to test out how well we are all safeguarding children and where we need to put the focus. This will be continued into 2016/17.

In December 2015, the Government announced a review of Local Safeguarding Children Board's (LSCB's), led by Alan Wood. At the time of writing this foreword, it has just been published, and will be the focus of change during this coming year.

I hope you find the report interesting and informative, and we would be pleased to hear from you if you have any thoughts, comments or questions on the report.

Gill Rigg
Independent Chair of Kent
Safeguarding Children Board

30th May, 2016





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ABOUT KENT

Overview

Kent is a shire county located in the south east of England with a land area of 1,368 square miles and approximately 350 miles of coastline.

The Office of National Statistics states that there are currently estimated to be 1,524,700 people living within the Kent County Council area and the number of children living in Kent is 328300 (21.7% of the total population).

73% of the Kent population live in urban areas with the remaining 27% living in rural communities (78% of the total land area).

The professional, scientific and technical industry group accounts for the largest proportion of Kent businesses with 17.4%, whilst the construction industry is the second largest in Kent with 15.1%.

Kent's population is largely of white ethnic origin. Children and young people from minority ethnic groups account for 9.4% of the total under 18 year old population.

Using the Children in Low-Income Families Local Measure, 16.5% of children (53,295 children) in Kent are living in poverty. This is above the regional average of 13.2% but below the England average of 18.0%.

Local Authority

Kent is a two tier authority, with Kent County Council and twelve district councils, as well as Medway unitary authority.

Clinical Commissioning Groups (CCGs)

There are seven CCGs:

- West Kent,
- Dartford, Gravesham and Swanley,
- Swale,
- Ashford,
- Canterbury and Coastal,
- Thanet
- South Kent Coast

Health providers in the County

- Kent Community Health Foundation Trust
- Sussex Partnership Foundation Trust (Children and Adolescent Mental Health (CAMHS) provider)
- Kent and Medway Partnership Trust (Adult Mental Health provider)
- Maidstone and Tunbridge Wells NHS Trust
- Dartford and Gravesend NHS Trust
- East Kent Hospital University Foundation Trust

Kent is also served by the National Probation Service and the Kent, Surrey and Sussex Community Rehabilitation Company.



THE BOARD

What is the Kent Safeguarding Children Board and what does it do?

The KSCB is the key statutory body overseeing multi-agency child safeguarding arrangements across Kent. Governed by the statutory guidance in Working Together to Safeguard Children 2015 and the Local Safeguarding Children Board Regulations 2006, the KSCB comprises senior leaders from a range of different organisations. It has two basic objectives defined within the Children Act 2004;

- To co-ordinate the safeguarding work of agencies, and
- To ensure that this work is effective.

KSCB provides a vital link in the chain between various organisational activities, both statutory and voluntary, to protect children and young people in Kent. 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.

Whilst being unable to direct organisations, the KSCB does have the power to influence, challenge and hold agencies to account for their role in safeguarding. This influence can touch on matters relating to governance as well as impacting directly on the welfare of children and young people.

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

Key roles and relationships

The Independent Chair

The Independent Chair of the KSCB is Gill Rigg. Supported by a Board Manager and a dedicated team, the Chair is tasked with ensuring the Board fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements.

Partner agencies

All partner agencies across Kent are committed to ensuring the effective operation of KSCB. This is supported by a Constitution that defines the fundamental principles through which the KSCB is governed. Members of the Board hold a strategic role within their organisations and are able to speak with authority, commit to matters of policy, feedback to their agency and hold their organisation to account.

Designated professionals

The Designated Nurse member on the Board takes a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional advice. Across the range of KSCB activities, this designated role has continued to demonstrate its value during 2015/16.

A full list of Board members for 2015/16 can be found at Appendix A.



Lay Members

KSCB have two Lay Members. One has been in post for five years and the second very recently appointed and he took up his position in April 2016. The role of the Lay Member is one required under The Apprenticeships, Skills, Children and Learning Act 2009 amended sections 13 and 14 of the Children Act 2004 which states that “the local authority must take reasonable steps to ensure that the LSCB includes two lay members representing the local community.” Working Together 2015 also highlights the role of Lay Member as: “Lay members will operate as full members of the LSCB, participating as appropriate on the Board itself and on relevant committees. Lay members should help to make links between the LSCB and community groups, support stronger public engagement in local child safety issues and an improved public understanding of the LSCB’s child protection work.”

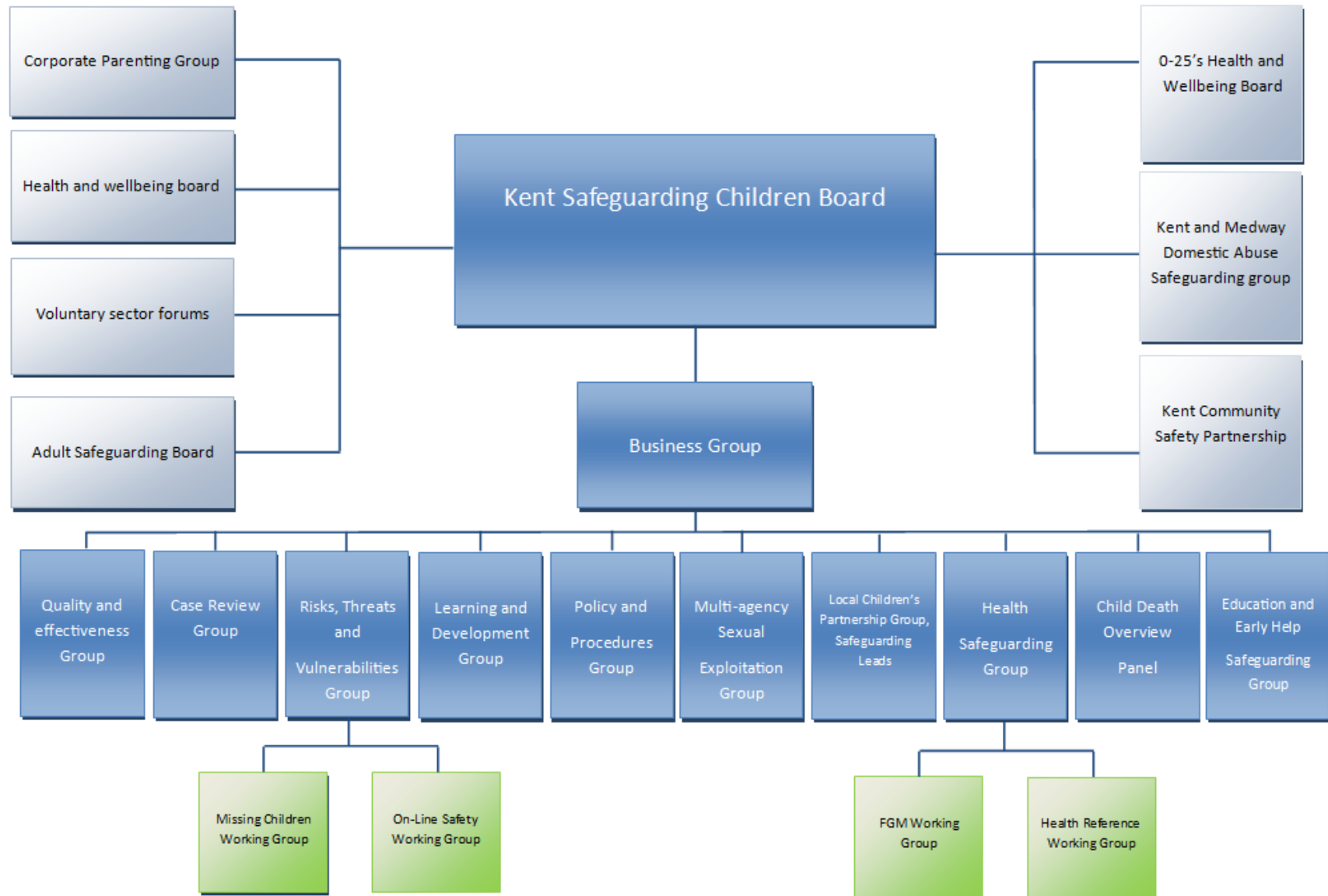
Our Lay Members play a vital role and fully participate in the Board’s activity, attending every Board meeting and also being members of some of the Board’s Sub Groups – Multi-Agency Sexual Exploitation Group, Health Safeguarding Group and the Female Genital Mutilation Working Group. Plans are in place for the latest member to sit on the Case Review Group and Chair a Serious Case Review Panel for a newly commissioned Serious Case Review. In addition to participation in Board and Group meetings, our Lay Members have support the Board’s Quality and Effectiveness Group in their reviewing of partner agencies’ Section 11 submissions, providing valuable independent feedback and challenging questioning on the evidence provided. Both Lay Members have also attended regional Lay Member Conferences and have returned with feedback on the experiences of other Boards’ Lay Members.

Here is how Roger Sykes, one of our Lay Members, sees how KSCB has developed in his time with us:

“As I have completed 5 years’ membership of KSCB, I feel qualified to comment on the progress that has been made. In 2011, the Local Authority and Board were subject to an Improvement Notice following an adverse OFSTED inspection. I doubt that any Board member then would have expected the improvement in the Board’s performance that has happened since. There is now a much more collaborative approach to multi-agency work and every aspect of child protection work is governed by detailed policies and procedures. Auditing of agency performances is effective in highlighting good as well as poor practice and the Board’s training courses are an important factor in keeping Kent children safe. I am particularly pleased that the Board has embraced an open and transparent policy of challenging agencies where appropriate; to improve practice and outcomes, and that effective monitoring of the Board’s Challenge Log ensures that improvements are made. Furthermore, the Board has made good progress in ensuring that the voices of Kent’s children are appropriately listened to and acted upon. However, momentum must be maintained and there are many areas where more needs to be done.”



KSCB STRUCTURE





KEY ROLES AND RELATIONSHIPS WITH OTHER KENT STRATEGIC BOARDS

There is a clear expectation that Local Safeguarding Children Boards are highly influential strategic arrangements that directly influence and improve performance in the care and protection of children. There is also a clear expectation that this is achieved through robust arrangements with key strategic bodies across the partnership. During 2015/16, engagement continued with the Kent Health and Wellbeing Board (HWB) and stronger engagement has been developed with the Kent Safeguarding Adults Board (KSAB), the Kent Community Safety Partnership, the Kent and Medway Domestic Abuse Strategy Group and the Corporate Parenting Board.

At each KSCB meeting, Board member representatives from each of these strategic Groups formally report that Group's business. This engagement helps ensure that the voice of children and young people and their need for safeguarding is kept firmly on the agenda in terms of multi-agency work involving vulnerable adults, health and wellbeing and the local response to crime.

A protocol has been formally agreed that sets out the working arrangements between KSCB and the HWB and the Kent 0 - 25 Health and Wellbeing Board. The aim of this protocol is to support all three partnerships to operate effectively; being clear about their respective functions, inter-relationships and the roles and responsibilities of all those involved in promoting and maintaining the health and wellbeing of children and in keeping children safe. This is essential in order to maximise the safeguarding of children and young people, to avoid the duplication of work and to ensure there are no preventable strategic or operational gaps in safeguarding policies, services or practice. This protocol can be found on the KSCB website: www.kscb.org.uk














The Boards will have an ongoing and direct relationship, communicating regularly through identified channels/lead individuals and will be open to constructive challenge in order to promote continuous improvement in safeguarding practice and outcomes. The Boards commit to work together to ensure effective local partnership arrangements with the appropriate governance focused on contributing to the protection of children from harm and promoting their health and wellbeing.





BOARD MEMBERSHIP AND ATTENDANCE

The Board met seven times in the period from April 2015 to March 2016. The Board is made up of senior representatives from all the main agencies and organisations in Kent concerned with protecting children. The figures below show attendance by agency, please note that some representatives were not requested to attend until later in the year and these are marked (*):

 Independent Chair	100%
 Cabinet Member for Specialist Children’s Services	71.4%
 Lay Member	71.4%
 Kent County Council Social Care, Health and Wellbeing Directorate	
o Corporate Director, Social Care, Health and Wellbeing	85.7%
o Director of Specialist Children’s Services	71.4%
o Director of Public Health *	100%
 Kent County Council Education and Young Peoples Services Directorate	
o Corporate Director, Education and Young Peoples Services	85.7%
o Director of Early Help and Preventative Services	85.7%
 Kent Police	85.7%
 District Council Chief Executive Representation	100%
 CXK *	80%
 NHS Clinical Commissioning Groups (CCG)	85.7%
 Designated Health Professional	100%
 Kent Community Health Foundation Trust (KCHFT) (Health Provider Representation)	85.7%
 Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC)	71.4%
 National Probation Service	57.1%





FINANCIAL ARRANGEMENTS

Partner agencies continued to contribute to the KSCB’s budget for 2015/16, in addition to providing a variety of resources, such as staff time and free venues for training.

Partner contributions totalled **£393,022**. A breakdown of partners’ contributions can be found at Appendix B.

KSCB offers all of its multi-agency training free of charge to all KSCB partners and has still increased our overall training income to £42,450. Income from Bespoke training totalled £40,400. Charges for non-attendance at training events provided an additional income of £18,000 (although we are working with partners to reduce this branch of income).

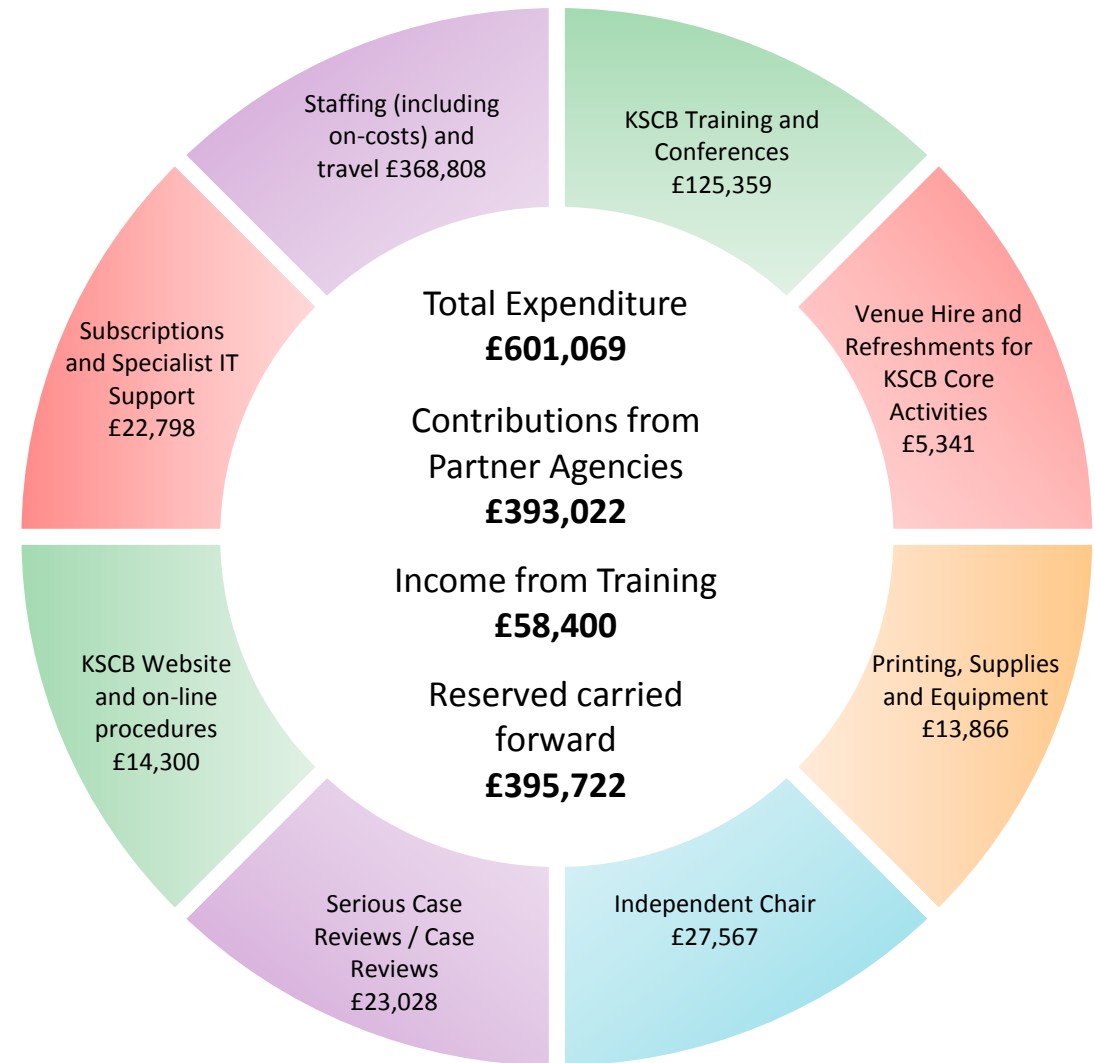
Our total expenditure for 2015/16 was £601,069.

We commissioned two Serious Case Reviews and one large scale independent Case Review in 2015/16 and these will continue into 2016/17.

As outlined in last year’s report, the reserve has continued to reduce and we are on track for a break even budget within two years.

We made significant reductions in our training expenditure. This will continue year on year with the increase in the number of partner staff on our College of Trainers, resulting in less use of external trainers.

Partner agencies have continued to provide free training and meeting venues and this too has helped in reducing expenditure. It is envisaged that this will continue.





WHAT OUR BOARD MEMBERS SAY

The following is a themed Summary of the Board Members' One to One meetings with the Independent Chair.

What are the strengths of the KSCB?

Structure

- “The organisation of the Board’s sub-groups reflects the key safeguarding issues with clear agendas and priorities linked to the Board’s Business Plan.
- The Board has also shown flexibility in re-defining the scope of the sub-group’s work in response to changing circumstances.
- It is generally felt that the sub-groups work well and show progress.

Partnership working

- There is evidence of productive working on many of the key issues emerging e.g., CSE, Prevent, FGM
- Partnership working has improved in the last year and partners seem to be more engaged in working together to improve outcomes for children either on Task and Finish groups or within the established groups which feed in to the Business Group which is working well.
- The development of the MASE group and the CSET co-located Team has been inspiring.

Voice of the child

- Effort has been made to ensure the voice of the child is central, although ability to do this through presentation at Board meetings has been a bit sporadic.
- The way that the voice of the child is heard and used to illuminate key practice issues, for example, the powerful input on FGM during the conference.

Membership

- Board members are clearly knowledgeable experts, although some rarely contribute.
- Helpful for District Councils to be invited although it is felt that this needs to be further developed.
- There were concerns expressed regarding the NHS.

Independent Chair

- It is felt that the Chair will raise unpopular or challenging issues if she feels they are warranted.
- Members know that they can bring items/issues to the Board and know that the Chair will support an honest discussion.

Business support

- There is excellent support to KSCB in terms of the KSCB Programme and Performance Manager and his team.

Training

- Multi-agency training is seen as a very strong point for the Board.
- It is recognised that there is a wide range of multi-agency training available. This is supported by the Board’s ability to develop and deliver bespoke training programmes.



What has KSCB achieved this year?

Child Sexual Exploitation (CSE)

- Tangible progress has been made in the development of the CSE agenda, including the establishment of the MASE Group, the introduction of multi-agency CSE Champions and the co-located multi-agency CSE Team.
- The results of the work of the Missing Children Working Group were also recognised.

Business Plan

- The development of a more joined up Business Plan.

Working relationships

- A maturity of working relationships has been established, supported by regular attendance by the correct people, restructuring into a meaningful and effective Business Group and a positive focus by sub-groups on key areas of safeguarding concern.
- It is felt that sharing and working collectively has developed, although there is still room for improvement.

Sub Group activity

- The Board's multi-agency audit programme is robust.
- There is now a stronger practice around case reviews and learning.
- There is an excellent training programme.

Annual Conference

- It was recognised that the Board organised and delivered an excellent and well attended conference; the involvement of young people was particularly praised.

Voice of the child

- KSCB has worked hard to reflect the voice of the child.

Business Group

- It is now recognised that the Business Group is now driving the Board's activity.





What are the areas that the Board needs to develop?

Awareness of KSCB

- There is a need to raise the awareness of the role of the KSCB, both internally with front line staff and externally with parents/carers and young people.
- There needs to be greater involvement of the wider public sector.

Quality and effectiveness

- The need to be clear about the outcomes/direction of the work at the Quality and Effectiveness group i.e. a data set which answers the “so what?” question and audits which support this. Information and analysis.
- The role of the Q and E Group needs to evidence how its work influences practice.

Working together

- There was a general feeling that partners did not fully understand the ‘Health’ community and that there needs to be improved understanding of health providers and commissioners roles in current health and mental health area (not just NHS but non-NHS).
- Partners to be cited on the changes within partner organisations so that expectations can be structured, i.e. changes in National Probation Service, CCGs, Early Help and Preventative services, the developments at CRU and the introduction of ‘Signs of Safety’.

Challenge

- Critical friend challenges need to be seen as a norm.

Business Plan

- This needs to be clearer with more tangible evidence of impact.
- The Plan needs to focus more on child protection and the journey of children between Early Help and SCS and their outcomes.
- To continue the development and define links with MASE/Prevent/FGM/Gangs and Youth Violence.
- There is a lot of multi-agency work in progress, and this must continue without losing focus on ‘mainstream’ activities.

Evidence of impact

- Whilst learning has been identified from case reviews and audit and is fed through the sub-groups and training programme, are we able to evidence that this has made a difference?

Training

- The collation and reporting of single and multi-agency training figures needs to improve.
- Where there are barriers to training, these should be identified and efforts made to ensure that they are removed.



COMMUNICATION

KSCB launched a Twitter account at the end of December 2015. To date our following has grown steadily and we currently have over 300 followers, including other LSCBs from across the country and associated sites. Our twitter page was also commended by the KYCC (Kent Youth County Council) who thought it was 'up to date, current, readable and informative' (KYCC Mar 2016). As at the time of publication of this Report, the KSCB Twitter Page had 326 followers.

KSCB have also produced a film by young people for young people about relationships, this was coordinated in partnership with the young people from the KYCC. This was showcased at our annual conference in November 2015 and is available to view on our website at <http://www.kscb.org.uk/forms/children-and-young-people>

We have also created new pages on our website and post information for Children and young People, Parents and Carers, Voluntary and Community organisations. We also promote our activities on social media.





PROMOTIONAL MATERIALS

Last year, KSCB produced a number of leaflets to promote awareness of different issues across the county, examples of which are shown throughout this report. These have been made freely available to young people and staff across all agencies and partners have publicised these in their offices and reception areas. We were actively involved, alongside Kent Police in the launch and promotion of Operation Willow (Child Sexual Exploitation awareness).





THE KENT SAFEGUARDING SNAPSHOT 2015/16

- Number of Early Help Notifications – 10,227
- Number of contacts to Central Duty Team – 34,046
- Number of referrals to Specialist Children’s Services – 15,633
- Number of SCS re-referrals within 12 months – 3,329
- Number of children on a CP (Child Protection) Plan – 1,049*
- Number of children on a CP plan for a second or subsequent time – 215*
- Number of children/young people looked after (excluding UASC) – 1,454*
- Number of CIN (Child in Need) cases open for 6 months or more – 1,472*
- Number of CIN cases open for 12 months or more – 992*
- Percentage of CIN open to SCS for 2+ years – 22.6%*
- Number of Other Local Authority Placements (including children with multiple placements) – 1,283*
- Number of Private Fostering Arrangements – 89*
- Number of Unaccompanied Asylum Seeking Children – 866*
- Number of missing episodes that started in the 2015/16 financial year – 5,067**
 - Of these 1,053 were OLA LAC/CP placed in Kent.

**Due to the current recording process being in place from 05/05/2015, the figures provided only cover 05/05/2016 to 31/03/2016.

* Snapshot figure as at 31st March 2016



THE KENT SAFEGUARDING CONTEXT

Children being supported by Early Help and Preventative Services (EHPS):

Performance:

- During 2015/16, there were 10292 cases of children and families being supported by EHPS.
- There are currently 3143 open cases of children and families being supported by Early Help Units.
- The percentage of cases closed with a positive outcome has increased from 68.8% in March 2015 to 83.4% in March 2016.
- The percentage of cases stepped up from Early Help to SCS has reduced from 9.4% in March 2015 to 5.5% in March 2016. These are cases that originally did not meet the Threshold Criteria for Children in Need (CIN) or Child Protection (CP), but following support from, and further assessment, by EHPS staff, the needs of the child has been deemed to have met the criteria and has been 'stepped up' to Specialist Children's Services (SCS).
- We have also seen improvement in the number of CIN and CP cases closed and stepped down to Early Help from 102 in March 2015 to 173 in March 2016.

The overall trend in the last year is encouraging and the Board recognises that this indicates a positive impact on children's well-being and safeguarding.

Children in Need (CIN)

At year end, 2014/15, there were 1052 CIN cases that had been open for 12 months or more, this compares to 992 in 2015/16, a reduction of 60 cases.

For CIN cases open for 6 months or more the figures were 1472 for 2015/16 against 1633 for 2014/15, a decrease of 161. The figures include cases open for 6 months or more – not those open between 6 and 12 months. (The methodology for calculating these CIN cases changed between the dates of the snapshot figures.)

Children on Child Protection (CP) Plans

At year end, 2015/16, the number of children on CP Plans was 1049. This compares to 1240 at the last year end, a decrease of 191.

Children in Care (CIC)

CIC are those looked after by the Local Authority. Children can be looked after on a voluntary basis or following a legal process. For the latter, a decision to take a child away from his or her home, without parent's agreement is an extremely difficult one and can only be taken following a court decision, or in an emergency by the police or a magistrate. Even then, 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. The snapshot figures (excluding Unaccompanied Asylum Seeking Children (UASC)) for 2014/15 compared to 2015/16, show a decrease of 48 from 1502 to 1454.

Number of re-referrals to SCS

Re-referrals to social care have reduced from 28.5% in March 2015 to 21.3% in March 2016.



Unaccompanied Asylum Seeking Children (UASC):

Some of the most vulnerable children in Kent arrive through the Port of Dover or through the Channel Tunnel each year seeking entry into the UK. Most young people arrive 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 and they become children in care. There are significant implications for all KSCB partners. The issue of asylum seekers continues to receive high profile media and political attention. At 31st March 2016, there were 866 UASC Children in Care in Kent. This is an increase of 498 from 368 at 31st March 2015.

As highlighted in the Independent Chair's foreword to this report, the demanding challenge of working with and managing the UASC rests with all partners. The year 2015/16 has been particularly challenging with the significant increase in the number of children seeking asylum entering the UK through the Kent ports with the total for the year being 1313. Additional Social Workers have been recruited to ensure that all necessary assessments and placements are undertaken and managed. This has been supported by Health colleagues who are ensuring that all UASC are suitably health assessed. The demands on schools and district councils have also been extreme, with school places and housing being limited. There have been times throughout the year when services have been under severe pressure, however, this has quickly been identified and addressed by all agencies involved. The KSCB has regular updates from partners to provide re-assurance that emerging issues are identified and resolved.

This continues to be a serious concern as these children are especially vulnerable to exploitation. The KSCB's Multi-Agency Sexual Exploitation (MASE) Group and the new Risks, Threats and Vulnerabilities (RTV) Group continue to closely monitor progress across agencies in tackling this problem. This key priority will

continue to feature on the Board's three year Business Plan (2015-2018).

The Government are looking at introducing a National dispersal scheme to ensure that young people who present as UASC are appropriately placed around the Country rather than just with "the gateway" authorities i.e. where children and young people are first received. At the time of writing, a voluntary scheme had been introduced, but this has made little impact on the Kent UASC.

Unaccompanied Asylum Seeking Children (UASC) Partnership Board

Purpose of the Group:

The purpose of the Partnership Board is to take a strategic overview of the whole system of services contributing to and impacted upon in managing the needs of UASC across the county of Kent.

Its key topics are:

- Provision of Integrated services, including Social Care, Health, Housing and Education
- Interventions for those UASC identified as vulnerable to CSE and going missing
- Using the view of the young people to improve services

The work of the UASC Partnership Board will be reported back into the Kent Safeguarding Children Board (KSCB) and the 0-25 Health and Wellbeing Board.



Children in Care (CiC) placed in Kent by Other Local Authorities:

As of the end of March 2016, there were 1283 CiC placed in Kent by other Local Authorities, an increase of 72 on the previous year. This high number has been consistent for many years. This places significant pressure on public agencies responsible for supporting vulnerable children in Kent, including schools, police, health and Local Authority services.

All councils must continue to 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 heightened risk of being sexually exploited by criminal networks and gangs and careful consideration needs to be given to the location of the placement of these children.

KSCB and our partners are working very closely to explore the links and patterns of children placed in Kent, and by Kent, and reports of these children going missing from their placement. Understanding what happens when these children go missing will assist in safeguarding the children and help the placing authority in considering the appropriateness of some placements.

KCC Specialist Children’s Services have recruited a dedicated full time Other Local Authority Placement Officer who has started to liaise with placing authorities. She is following up issues such as the lack of Return Interviews being offered and conducted with placed children who go missing, and the placing of children with particular vulnerabilities in areas where it has been locally identified that there is a likelihood that this young person may be at risk.

This will continue as an ongoing priority for the Board and our partners.

It is acknowledged that all of the above figures are a snap shot taken at the year-end 2015/16. They do not reflect performance after 31st March 2016.





ADDITIONAL REPORTS

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

ALLEGATION MANAGEMENT IN KENT – ROLE OF THE LOCAL AUTHORITY DESIGNATED OFFICER

In Kent, the LADO function is managed via four full time officer posts, supported by a manager and administrative support. LADO officers are senior social work qualified staff who have a background in child protection practice and management.

The team oversees the allegation management function for the entire children's workforce in Kent. It is important to note that the team does not undertake investigations but oversees the investigations undertaken by other agencies, including employers.

In addition to the management and oversight of individual allegations, the team responds to requests from Ofsted for information towards inspection of residential provision in Kent; provides considerable consultation to providers, partners, members of the public, Ofsted and others on matters related to concerns about staff conduct and related procedure; and responds to frequent Freedom of Information requests for data linked to LADO role.

Since May 2014, the team has responded to allegations on a shared County intake basis (rather than having the previously based Area Officers), to ensure better continuity and consistency for service users as well as parity of case-loads throughout the LADO Team. In July 2015 the team became co-located in Ashford. It has allowed for further improved consistency, better efficiency and coordination of administrative oversight and increased peer support. It has also enabled more effective 'on-the-ground' liaison with the Central Referral Unit, which are based in the same building.

The number of calls to the LADO service for consultation and allegation management support is considerable. Between April 2015 and end March 2016, the team recorded 737 formal allegations against the children's workforce in Kent. This represents an increase of 55 from the 682 recorded during the previous year; therefore the team has been dealing with an increased volume of work.

The team has additionally managed a very high number of LADO-related consultations, some 1209 in total. These mainly relate to staff conduct issues which, on consultation, are designated as below the allegation threshold and passed back to employers to manage as practice or competence issues rather than formal allegations. They may also constitute specific historical matters where staff are no longer working within the children's workforce, or could relate to matters of policy guidance. Based on last year's consultation figures of 859, the team has seen an increase in the use of consultation. However it is projected that a further increase in this figure given the continued awareness raising undertaken by the team and the willingness to be a point of consultation for agencies and employers.



PRIVATE FOSTERING

In the year 2015/16, there were 72 new private fostering notifications. This figure is 18% lower than 2014/15. 71 were made in to formal private fostering arrangements.

Of the 71 Private Fostering arrangements made in 2015/16, 32 involved children/young people born in the UK, 28 from Europe and 6 from Asia. The rest are from Africa, Canada and the Middle East.

In Kent, 86% of children were aged 10 and above at the time the Private Fostering Arrangement Assessment Record was completed.

Following consultation, the Department for Education (DfE) no longer collect private fostering data. Some information is gathered via the children in need census. The DfE have released guidance and technical specifications on the changes to the 2016 to 2017 children in need census to include extra sub-categories of the private fostering factors identified at the end of assessment (overseas children who intend to return, overseas children who intend to stay, UK children in educational placements, UK children making alternative family arrangements and privately fostered: Other).

This data collection will only consider those privately fostered children who are subject to child in need services. Those privately fostered children who are not receiving child in need services will not be considered by the DfE.

Due to the changes brought about by the DfE, Kent Specialist Children's Services have altered the three private fostering measures (which were % of PF notifications where initial visit held within 7 days, % of new PF arrangements where visits were held within 6 weeks and % of existing PF arrangements where visits were held in time) to a rolling 12 month method which considers visits made to the child in the preceding 12 months. It therefore considers initial visits and both 6 & 12 weekly visits in the same measure.

What has not changed is the duty on local authorities to satisfy themselves that the welfare of a child privately fostered within their area is satisfactorily safeguarded and promoted. Nor does it change the way local authorities discharge their statutory duties in line with 'The Children (Private Arrangements for Fostering) Regulations 2005'.

Of the private fostering arrangements that had commenced between March 2015 and March 2016 (using the new data collection formula of rolling 12 month method which considers visits made to the child in the preceding 12 months) performance stood at 87% with 172 visits in time out of 197 visits.

A new audit framework has begun with one PF being audited each month to ensure quality of social work practice.

During Private Fostering week (4-10 July 16) effort was made to increase awareness of Private Fostering with our professional partners (via internal communications, email shots etc.) and members of the public (via a press release resulting with Peter Oakford being interviewed on Radio Kent and Heart, Facebook, twitter feeds etc.).

The plan for next year includes more awareness raising and support within SCS to continue to improve the quality of Private Fostering assessments.



PROGRESS IN KENT

What we have done

In response to the challenges identified in last year's report around the development of Early Help Services, the following progress can be reported:

Early Help and Preventative Services (EHPS)

Process:

The new Kent Family Support Framework (KFSF) was launched in September 2014 to ensure the highest quality service delivery and improved outcomes for children, young people and families who need Early Help. The KFSF incorporates three interacting service delivery areas and processes:

- Identification – Notification and Decision Making,
- Assessment; Plan,
- Delivery and Review.

A key element to providing effective Early Help and Prevention is the consistent use across the children's workforce of procedures and processes to identify and address the risks and needs of vulnerable children, young people and their families and reduce the demand for social care services.

The Early Help Triage team is the 'front-door' to targeted Early Help services and handles KFSF notifications from a range of partners. The team was established in September 2014. The Early Help Triage team receives around 800 Early Help Notifications (EHNs) per month. Over 50% of these EHNs are sent in by schools, with Health and Police accounting for a further 20% each.

Triage now forms part of the Information and Intelligence Service, and the team has clear business processes in place for all types of notifications in order to work seamlessly with partners, districts and Specialist Children's Services (SCS). Triage

is now co-located with SCS's Central Duty Team and forms part of the Central Referral Unit (CRU) comprising teams from a range of agencies. This ensures all notifications and referrals are carefully assessed and directed to the right level of service response, either through Early Help or SCS. The process also ensures a robust approach to stepping up or stepping down of cases between Early Help and SCS.

Timescales and practice standards are closely monitored for all intensive support casework held in Early Help Units. This is to ensure that children, young people and families are supported with the right service at the right time, and to ensure a tight focus on planned outcomes to prevent cases from drifting or needs escalating.

In 2015 schools were advised of the name of their link Early Help Worker. This worker is a key link and communication point for schools to raise any questions about the Early Help offer or to discuss any safeguarding concerns prior to an EHN being submitted. The link Early Help Worker maintains regular contact with their schools to build a strong working relationship.

Progress:

Significant progress has been made in EHPS to improve clarity to schools about the Early Help offer, and to provide clearer information and more frequent communication. This progress will be built on in the coming months by providing confidential child-level reports to schools detailing those in receipt of intensive support from EHPS.

EHPS transformation and progress will be built on further in coming months to ensure an increasing proportion of families are supported with outcomes achieved, and with increased levels of step-downs to continue to support reduced caseload in SCS and reduced referrals to SCS.



Emotional Health and Wellbeing

Emotional health and wellbeing is one of the four priority work strands of the EHPS Strategy and Three Year Plan. Early Help is working in partnership with schools, health and others to reduce the impact of emotional health and wellbeing difficulties in children and adolescents, improving their resilience and learning. This partnership approach is now being further developed through a comprehensive and collaborative countywide offer to support children, young people and families who are at risk of experiencing poor outcomes due to emotional wellbeing and mental health problems. A new service model and commissioning approach aims to redress the current gaps and blockages in the pathway that children, young people and their families tell us they experience when accessing mental health services in Kent.

The primary reason for requesting support from Early Help is recorded on the Early Help Notification. The most common reason cited is Mental and Emotional Health and Wellbeing.

Early Help is co-ordinating health services so that schools get a more integrated approach from health visitors, school nurses, Children and Adolescents Mental Health Services (CAMHS) and substance misuse and sexual health workers.

To achieve this, Early Help are:

- Undertaking joint commissioning with Public Health to improve the reach and effectiveness of services;
- Embedding CAMHS mental health professionals into our Early Help Units to ensure swift and early access to support for service users as well and professional advice, guidance and support for workers who are supporting families where there are emotional health and wellbeing concerns;
- Working with Public Health and schools to promote healthy lifestyles to reduce the number of children who are overweight or miss school because of health needs.

Through the analytical work of the refreshed EHPS commissioning framework, a need was identified for increased provision for Tier 2 Emotional Health and Wellbeing. KCC is investing an additional £2.6 million to support children, families and young people with their emotional health and wellbeing and through CAMHS provision via the Health Needs Education Service.

Health Needs Education Service

There are a wide range of services provided to vulnerable children, young people and families with multiple problems, under the umbrella of the Early Help and Preventative Services, including Health Needs provision for children and young people.

During 2015/16, we reviewed and re-organised the Health Needs Pupil Referral Units (PRU) and, following wide consultation, developed a new Health Needs Education Service.

The new service aims to meet the needs of Kent schools in all areas of the County and provides a new delivery model and service structure. Its purpose is to provide:

- An education support service to schools for young people with physical medical conditions; and
- An education outreach service for young people with mental health needs, located in six resourced bases and a specialist residential unit.

Each hub has specialist staff including a mental health nurse. Advice and guidance is provided to schools on working with young people with mental health issues. Young people referred, usually with CAMHS support or diagnosis, are supported with their education in one of the specialist units either full or part time.



Signs of Safety

'Signs of Safety' has been adopted by Kent County Council's Early Help and Preventative Services and Specialist Children's Services as the overarching practice framework for all its work with children, young people and their families/carers/ it is a purposeful and collaborative way of working with families/carers to secure the best outcomes for children and young people.

A comprehensive programme of staff training for Social Workers and Early Help staff is underway. This is being supported by multi-agency Signs of Safety Awareness raising training for staff from partner agencies.

The principles of Signs of Safety have been introduced into Child Protection Conferences and are being integrated in to assessments, referrals and Early Help Notifications.

Conclusion

Throughout the year, the Board has received regular updates from the Corporate Director for Education and Young People's Services and has been impressed by the development of Early Help services and the outcomes achieved.

Overall, the Board has recognised the efforts and achievements of all agencies involved in keeping the children of Kent safe. Significant developments have been made in the manner in which the Quality and Effectiveness Group have overseen and reported on the performance scorecard, with more analysis of issues data being provided. This has been supported by a much improved audit programme. The outcomes from audits, coupled with comprehensive findings from case reviews and child death reviews, have ensured that the Board feels confident that learning is being embedded in working practice.

Agencies are very committed to improving safeguarding. Individually and collectively we strive to understand what practice is like. The Board feels that the

multi-agency processes generally work well, although we are not at all complacent. We will continue to work to work together to ensure that we improve.

Coping Strategies

Here are some alternative strategies to self-harm that may be helpful for you to think about and discuss with the young person who you are concerned about:

- Hold an ice-cube in your hand
- Draw on your skin with a red marker pen
- Place a flake of chilli on your tongue
- Put an elastic band around your wrist and flick it
- Play with a stress ball or make one
- Keep busy – shop till you drop, Hoover, polish the table, have a warm shower
- Apply a henna tattoo to your arm or body
- Ride the wave, accept the urge, but distract yourself by counting it down until its gone
- Tear up paper or pop bubble wrap
- Have a 'crisis box' with all the things you love in it
- Beat the negative thoughts with a 'be strong' letter or poem-read aloud
- Listen to music that lifts your mood
- Draw a butterfly on your wrist with a marker. Keep it alive by not cutting




In an emergency call 999 and ask for an ambulance or take the Young Person to A&E.

- Kent County Council Early Help Service**
03000 419222
For advice and guidance and to seek additional support from local organisations.
- Kent County Council Specialist Children's Services**
03000 411111
To seek specialist advice and support from Kent County Council's Social Services team.
- Police non-emergency number**
101
Call this number to report any concerns that do not require an emergency response or if you need advice or support from the Police.
- NHS Direct**
111
- Young Minds Parents/Caregivers helpline**
0800 802 5544
- NSPCC helpline Parents/Caregivers helpline**
0800 800 5000
or text 88858

Please email any comments or queries to the leaflet's author: T.A.Nice@kent.ac.uk

This publication is available in other formats and can be explained in a range of languages. Helpline 03000 421553
Email: alternativematerials@kent.gov.uk

Self-harm
A Guide for Parents and Carers for those Young People who Self-harm



Kent Safeguarding Children Board

Author: Dr Terence Nice
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University of Kent
Centre for Professional Practice



ADDITIONAL UPDATES ON KEY TOPICS

Child Sexual Exploitation (CSE)

In response to the challenges identified last year, KSCB partner agencies have worked hard to implement policies and practices around the recognition and response to children vulnerable to CSE and Children who go missing. Following the commissioning of a Case Review on a wide scale Kent CSE investigation, (Operation Lakeland), and the learning and identified good practice from other CSE cases across the Country, the Board set up a Multi-Agency Sexual Exploitation (MASE) Group to oversee, monitor and challenge partner agency's response to CSE. This Group has produced a comprehensive CSE Action Plan, set up multi-agency CSE Champions across the County and has supported the establishment of a multi-agency co-located CSE Team (CSET). Although at an early stage, the CSET has begun to develop multi-agency CSE intelligence and is providing an ever improving profile of CSE in Kent. This is being used to assist and inform local staff of developing CSE hot spots and supporting them in being more proactive in the safeguarding of vulnerable young people.

KSCB, through both MASE and the Learning and Development (L and D) Group, has developed a widespread multi-agency CSE Training Programme that has been, and continues to be, delivered across Kent. Single agency trainers have been trained to deliver this programme across their own agencies. The multi-agency CSE Champions are using their knowledge and position to support this training by being available to support and advise operational staff.

Feedback from agency updates to the Board evidences that staff across all agencies are now better sighted on CSE and missing children, although it will still take more time before real evidence of the impact of this awareness is realised.

Overall, all agencies in Kent work hard to ensure that children in Kent are as safe as possible and that all agencies are committed to supporting those who are in need of additional services. KSCB will continue to scrutinise and challenge partners to ensure that we all work together collectively to safeguard children, working as far as possible to prevent safeguarding issues, but where they do arise, respond quickly and positively to deal with them. It is essential that every child's welfare is paramount and this message is in the forefront of each agency's organisational culture.





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During 2015/16, MASE undertook CSE self-assessment exercise with partner agencies. At the time of writing this report, 18 agencies have completed their assessment and the key findings were as follows:

Good Practice Themes	Record Keeping	Representation at CSE Meetings	Promotion of CSE
	<ul style="list-style-type: none"> Agencies are beginning to record cases where they identify CSE and what they do as a result 	<ul style="list-style-type: none"> Strong Representation at all levels to CSE meetings 	<ul style="list-style-type: none"> Appointment of CSE Champions across agencies Champions taking an active role in promoting and cascading CSE messages within their agency Posters and leaflets distributed to staff and public facing areas Increasing use of agencies' social media to pass on the CSE message
Training	Policies and Procedures		
	<ul style="list-style-type: none"> There are examples of comprehensive training being available to staff 	<ul style="list-style-type: none"> Agencies are reviewing and updating their CSE procedures and including this in their in-house training 	

Areas for Continued Development	Multi-agency Working	Single Agency Strategies, Policies and Procedures	Wider CSE Awareness
	<ul style="list-style-type: none"> Improve multi-agency partnership working including service providers and voluntary and community sector Need for wider representation at MASE - CRI Drug service provider / Kent Community Health Foundation Trust (KCHFT/ Medway Foundation Trust 	<ul style="list-style-type: none"> Inclusion of CSE in single agency policies and procedures Inclusion of CSE in single agency strategies 	<ul style="list-style-type: none"> Wider sharing of CSE awareness with parents and carers Wider sharing of CSE awareness with children and young people Development of CSE awareness to taxi drivers, hoteliers and commercial sector
CSE Toolkit	CSE Champions	Training	
<ul style="list-style-type: none"> Use of the toolkit by frontline practitioners Linking toolkit to referral process Record keeping of use of the toolkit and outcomes 	<ul style="list-style-type: none"> A greater role for CSE Champions - in house training and evaluation of agency practice 	<ul style="list-style-type: none"> Record keeping and reporting of who has been trained and who requires training Delivery of training to staff in line with their operational role Learning from Operation Lakeland Future self-assessment/evaluation/audit of CSE training Development of in house training programme 	



Voice of the Child

KSCB recognises the importance of hearing the voice of children and young people in Kent and has been seeking different ways of ensuring that their voice is heard, influences the Board priorities and work that is undertaken.

Presentations to the Board

The Board has continued with how it promotes the work and experiences of young people of Kent in regards to its 'hearing the voice of the child' agenda item at the beginning of each KSCB meeting. The presentations by young people have been informative and popular with Board members. As well as showcasing some of the good work around the county, these sessions have provided significant challenges to Board members from some young people who have experienced services as clients. Presentations to the Board included: -



Topic	Who by and how	Key messages for the Board
Adolescent Domestic Abuse.	Oasis – <ul style="list-style-type: none"> Presented a short 'YouTube' video campaign on safer relationships that they had made to promote "Love Shouldn't Hurt" which they are planning to take in to schools. 	<ul style="list-style-type: none"> To demonstrate that domestic abuse is a key issue for young people in relationships To publicise the activity of Oasis in getting the message to other young people
Paediatric Sexual Assault Referral Clinic (SARC)	Designated Nurse and SARC staff	<ul style="list-style-type: none"> Raising strategic managers' awareness of the new service being made available to younger victims of sexual assault. A first for Kent. Ensuring that this service receives the support from strategic managers so staff feel empowered to use it.
Homelessness, A Young Persons Personal Story	Princes Trust and CXK <ul style="list-style-type: none"> Three young people attended and spoke in person on their experiences as being homeless and the response they received from agencies. 	<ul style="list-style-type: none"> What life is really like for young people who find themselves homeless To make senior managers aware of how their staff interact with homeless young people To challenge agencies to review operational practice in how their agency responds to homeless young people



As the feedback from Board members and the young people has been extremely positive, the following presentations have already been agreed for the agenda for Board meetings in 2016/17:

<p>LILAC Assessment</p> <ul style="list-style-type: none">• How young Children in Care have rated the provision of services to them <p>Kent Libraries</p> <ul style="list-style-type: none">• What Libraries are doing not only to listen to the voice of children and young people, but how they are developing their services as a result of what they are told (deemed a good response from their Section 11 Voice of the Child follow up audit January 2016)	<p>IMAGO and Young Carers</p> <ul style="list-style-type: none">• What life is like as a Young Carer and the issue of Hidden Young Carers <p>Sport Kent</p> <ul style="list-style-type: none">• Advocacy work with young people <p>Kent Fire and Rescue Service</p> <ul style="list-style-type: none">• Young People's Services
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Annual Conference 2015

Josh, a young person from the Kent County Youth Council, jointly opened our Conference with our Independent Chair, speaking to the conference on issues that were relevant and important to all young people in Kent.

Josh and other members of the KYCC presented an overview of their 'mental health campaign' (a project to reduce the stigma attached to mental health issues). Further presentations were provided by Young People relating to their experiences with partner agencies; Sussex Partnership Foundation Trust (CAMHS) – the views of a service user, Project Sallis – working with troubled families and Oasis – domestic abuse in young people's relationships. These were all extremely well received by attendees and all presentations have been made available on the KSCB website.

LILAC Assessment 2015

Lilac is a project run by A National Voice. The key purpose of LILAC is to draw upon the experiences and expertise of care-experienced young people to improve the policy and practice of agencies in how they involve and consult with children in care and care leavers. It does this by using a framework of quality standards for involvement which has been developed by care experienced young people. Young people from care are trained to assess the performance of agencies against the LILAC standards. LILAC involves care-experienced young people:

- Carrying out assessments of how well services involve and consult with children and young people
- Delivering training on participation and the LILAC standards



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The LILAC standards are based on the well-known Hear By Right approach to participation but they have been developed to closely reflect the nature of the care system. They have been developed by care-experienced young people to reflect what is important to them. Each standard is backed by a number of criteria to ensure a robust methodology that focuses on quality over processes.

The LILAC Assessment has been developed by National VOICE as a way of involving young people with experience of the care system to carry out an assessment of how well services delivered by the Local Authority are enabling CIC and care leavers to participate; both at an individual level, and in the development of policies and services that support them. This Assessment is based on:

1. Policies, procedures and other information provided by Kent County Council.
2. Three days spent 'on-site' conducting both group and individual interviews with children and young people, foster carers and members of children's social care staff.
3. Responses to online questionnaires for children and young people, foster carers and staff.

Kent have 1203 looked after young people at the time of the re-assessment over 10 years old. We received 185 replies from young people, this is 15% of the total number, and sufficient to gain a sense of how young people feel about the services they are receiving. We received 138 completed questionnaires from foster carers and 126 from staff. A LILAC assessment of Kent County Council originally took place in late September and early October 2014 against the 7 LILAC Standards that represent a quality participation service. On that occasion Kent were awarded the LILAC Mark for four Standards – Shared Values, Recruitment and Selection, Care Planning and Review and Complaints and Advocacy. It was

decided that the LILAC Mark should not be awarded for Style of Leadership, Structures and Staffing.

The LILAC Assessors returned in September 2015 to reassess against these three Standards. Following the assessment, it was decided that sufficient progress has been made in the last year for Kent County Council to be awarded the LILAC Charter Mark in two of the three areas previously thought to be inadequate. This leaves Kent having achieved 6 of the 7 LILAC standards. The feedback from the young people and the assessors is currently being used to develop an action plan which will be reviewed as part of a future LILAC assessment.

The assessors said:

“Overall, we were impressed with the progress made in the last year to implement the recommendations in our previous report. We found a strong commitment at all levels of management and staff to genuinely listen to and respond to the views of young people. In particular, at Director and Elected Member level there is an understanding of the need to design services based on what young people say they need and a clear message that services should be young people friendly.”

Children and Young People's engagement and participation at Child Protection Conferences 2015

We reported in 2014/15, that participation, engagement and feedback from young people attending CP Conferences was low. In order to maximise children's participation in the process there has been a much greater emphasis on facilitating children and young people's attendance at Conference. During 2015/16, a total of 353 Children were invited to participate in conference, of which 153 (43.3%) attended. An additional 83 children and young people who



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had not been formally invited also attended conferences making a total of 236 attendances.

There remains work to do with Social Workers in highlighting that participation does not necessarily mean attendance and there are other ways, such as the Direct Work, that can capture the views of young people. Year on year there has been an increase in participation from children and young people from 18.1% in 2014/15 to 27.4% in 2015/16. This is an area that will be subject to further development.

Of the 236 young people who attended conference, the majority at 206, were able to share their views themselves within the meeting; 15 asked their Social Worker to share their views, 9 used an advocate and 6 provided something in writing for the Chair to share within the conference. When it may not have been appropriate for them to physically attend conference, Chairs have on occasion, undertaken home/school visits to children to talk to the young people about the CP process.

There were 625 children/young people who were not invited to attend conference. Of these 383 had their views conveyed via their Social Worker, 58 used an advocate, a further 28 sent in a written statement and 16 either met with the Chair or had a telephone discussion prior to the conference. In 2016/17, the Chairs Service is embarking on a new project to explore the effectiveness of Child Only Conferences. This will be a Conference held for the child/young person and will include them, their social worker, a parent / advocate if they wish and the Chair. This is a creative opportunity to allow the young person to fully participate in the Conference process, identify what they feel are the critical issues and help to devise a safety plan. The information collated at the Child Only Conference will then feed into the main Child Protection conference and inform the Plan made by the parents and professionals.





Voice of the Child – Agency feedback from the focussed interim Section 11 Audit 2015

The Section 11 interim audit focusing on the voice of the child (VoC) was undertaken by the Quality and Effectiveness (QE) Group of the Kent Safeguarding Children Board (KSCB), as part of its agreed multi-agency audit programme for 2015/16.

Following last year's full Section 11 Self Assessments, KSCB chose undertake an interim audit focusing on the Voice of the Child and all partner agencies' work in this area. The Voice of the Child was selected in order to expand on responses received in the full audit, where it was felt that in most assessments, they did not fully reflect positive work ongoing in Kent. The focus was to better capture detail on this key theme as it is one of KSCB's strategic priorities for 2015-2018.

The main aims of the audit (taken from HM Government Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 published 2007) were to identify:

- Senior management commitment to the importance of safeguarding and promoting children's welfare, and
- How service development takes account of the need to safeguard and promote the welfare of children and is informed, where appropriate, by the views of children and families.

Key Findings

The following findings were identified and are evidenced by one or more agency:

- **Capturing the Voice of the Child** - overall, agencies have shown an increased awareness of the need to capture and record the voice of the child, however, further analysis and outcomes from these views are still needed;

- **Child friendly processes / tools** - good evidence of creating and adapting documents to be child friendly such as posters, leaflets and questionnaires;
- **Consultations** - there appears to be a drive to include children, young people and families in consultations within the community prior to agencies developing services, however, there is a lack of evidence showing how these views have impacted on the development of the overall service;
- **Response to the VoC** – agencies are not evidencing children and families are informed of the outcomes following the development of services or providing a response to their views;
- **Senior Management response** – there is little indication to show Senior Managers are responding to the VoC when received; and
- **Children and family engagement** - good evidence showing the introduction of Youth Forums and Project Groups to allow children and young people within the community to voice their ideas / concerns.

The feedback from this audit will assist partners in developing their services and this should then be reflected in their responses to the full Section 11 Audit that is being conducted in 2016/17.

Next steps

The challenge for the Board going forward is 'So What?' The Board needs to demonstrate how listening to young people is impacting on their agency's business.

This is reflected in the Board's Strategic Priorities for 2015 to 2018.



THE BOARD AND BUSINESS GROUP

At the Business Group, each Sub Group Chair presents an update from their Group, raising issues that impact on the working of the other Groups. Where there are decisions or recommendations for the full Board, these are taken to the Board with the views and comments of the Business Group members. This process has made the purpose of the Business Group more meaningful and has provided greater structure and clarity of governance to the Board's business.

The feedback from Board members indicates that they feel more informed of what is happening at the Sub Groups and it provides them with additional information on which to question and challenge partners, an example of this being the response to the request to partner agencies for information on their internal CSE training when the issue was raised through the Learning and Development Group to the Board.

The Business Group oversees the Board's Business Plan and is responsible for providing the Board with not only what is being done across the groups, but also the evidence of the impact that the Board's activity is having on operational practice and improving safeguarding for children.

The Business Group's challenges for the future are to ensure that it builds on the positive start and delivers on the Business Plan priorities. More evidence of impact is required and it is the role of this Group to ensure that it is provided.

SUB GROUP REPORTING

As the Independent Chair outlined in her Foreword, the Board has taken on a more formal accountability and reporting structure. Board members, Group Chairs and members of each of the Groups have all reported a greater confidence in the joining up and coordination of cross Group activity. Here are brief summaries of the activity and achievements of the Board's Sub Groups:





QUALITY AND EFFECTIVENESS GROUP

CHAIR: FLORENCE KROLL – EARLY HELP AND PREVENTATIVE SERVICES

Key Activities:

During 2015/16 there has been a greater focus on multi-agency audits, the KSCB Business Plan, partner contributions and the KSCB Outcomes report. Multi-agency audits undertaken over the year included: a case file audit into children and young people who present to Accident and Emergency Departments with self-harm and/or suicidal ideation; a follow up Section 11 safeguarding audit concentrating on capturing and listening to the Voice of the Child; and a multi-agency audit focusing on practice where one or more elements of the 'Toxic Trio¹' were identified at the assessment stage following referral.

¹('Toxic Trio': Domestic Abuse; Substance Misuse; and Parental Mental Ill-Health)

Key themes identified for future multi-agency audits and deep dives include Child in Need, Harmful Sexual Behaviour, Violent Offences against Children, Missing Children and Early Help.

There has been a drive in QE to focus meetings and tailor content to cover topics identified by partners as requiring a multi-agency overview, these have included: Maternal Mental Health and Pre-Birth Assessments; the Voice of the Child; the KSCB Business Plan; Unaccompanied Asylum Seeking Children and Female Genital Mutilation.

Key themes identified for future QE meetings include Sexual Abuse, the KSCB Business Plan, Ofsted and Joint Targeted Area Inspections, Prevent, and staff development, training, and management oversight.

Key achievements:

- Aligning QE with key aspects of the KSCB Business Plan;
- Introducing a new style of Agency reports to the meeting - providing a more concise summary across all Agencies;
- Agreeing the content of the KSCB Outcomes report; and
- Introducing a comprehensive audit programme.

Challenges for the future:

- Ensure QE receives input from other KSCB Groups, to inform planning and highlight areas requiring multi-agency scrutiny;
- Garner consistent and appropriate membership from partners;
- Share widely the learning from multi-agency audits and deep dives, and ensure exemplary practice is also shared as a learning model for the County;
- Ensure partners are accountable for evidence of impact following audit findings and recommendations; and
- To make sure internal challenge is appropriately made and advanced.



CASE REVIEW GROUP

CHAIR: PATRICIA DENNEY – SPECIALIST CHILDREN’S SERVICES

The Case Review (CR) Group supports the KSCB Independent Chair by making recommendations to her when the Group is notified of a case that has been referred in for consideration of a Case Review. Where the Group believe the criteria for a Serious Case Review (SCR), as set out in Working Together to Safeguard Children 2015, are met, the Chair of the CR Group will present the Group’s recommendation to her. Where the criteria are not met, the Group engages in extensive discussion as to whether the referred case warrants conducting a lower level review or a learning event. The emphasis of that discussion is around the potential for multi-agency learning.

Key activity undertaken by the Group 2015/16

The CR Group has reviewed and updated its Case Review Notification Process, ensuring that notifications include a rationale as to why the case is being referred for consideration for a review. There is a formal tracking system in place which monitors actions, decisions and progress of each referred case. The notifier is updated with the decision of the CR Group and the tracker is a standing item at each CR Group meeting.

In 2015/16 the CR Group has received 17 formal notifications. These have resulted in:

- One Serious Case Review - review ongoing. The CR Group was also overseeing 2 SCRs from the previous year, one (Child A) was published in October 2015, and the other, (Child B) the publication has been delayed due to ongoing criminal proceedings.
- Two Other Local Authority SCRs
- Seven formal management reviews
- 1 single agency review

- 3 no further action (it was decided by the Group that there was limited multi-agency learning to be found)
- Four cases are pending management reviews in 2016/17

Those Kent reviews undertaken have taken the form of:

- Practitioner Learning Events,
- Manager and practitioner learning events, and
- Independent manager reviews.

The purpose of all case reviews undertaken is to identify key learning lessons with the intention of using these lessons to improve working practice. All reviews have been chaired by members of the CR Group and findings and recommendations reported back to the CR Group.

Learning from these reviews has been identified and integrated into the existing KSCB Multi-Agency Training programme, or where new topics have been identified, new training has been commissioned and delivered.

Agency representatives on the CR Group have been tasked with cascading the learning from reviews undertaken to their own agencies following their presentation to the CR Group.



Key learning topics from the 2015/16 case reviews

- Recognition and responding to Sexual Abuse
- Record Keeping
- Attendance, reporting to and participation in CP Conferences/Review Conferences
- Strategy discussions
- Recognition and responding to Self-Harm
- Voice of the child – evidencing not only the listening but the action on what has been said
- Supervision
- Toxic Trio and the impact on children and young people
- Working with families - ensuring a think family approach

Key challenges and how we are going to address them

- The embedding of learning from all case reviews in to frontline practice is an area that still requires greater evidence of effectiveness.
 - In 2015/16, the CR Group, QE Group and the Learning and Development Group will be working in a more joined up way to ensure that not only is learning disseminated, but there is evidence of its impact on operational practice. The QE Group will include the impact of learning on operational practice as part of its audit programme.
- Managing the increasing number of Case Review notifications.
 - The Group will have to ensure that partners' capacity to support the undertaking of the case reviews is carefully managed by exploring the theming of reviews rather than always conducting single reviews following a notification.





THE CHILD DEATH OVERVIEW PANEL

CHAIR: ANDREW SCOTT-CLARK – PUBLIC HEALTH

Key activities for the Child Death Overview Panel include

- ✓ Reducing the backlog of cases from previous years. The backlog has now mostly been cleared except for those still subject to an ongoing coronial process.
- ✓ Implementation of a new web-based electronic system (eCDOP) which enables secure and easy access for all partners to notify details of a child death. This has realised the effective and efficient management of the child death overview process via a secure online process by KSCB and Child Death Review Teams.
- ✓ A campaign to raise awareness of frontline practitioners of the “safe sleeping” message, inclusive of safe sleeping practices, to reduce the number of sudden infant deaths in Kent. An innovative product has been developed that will be distributed to all expectant mothers in their last trimester.
- ✓ Improved communication with the Case Review Group.

Key challenges – 2016/17

The key challenges for the Child Death overview panel include:

- Increasing the use of eCDOP with wider partners, including the coronial service
 - Timetable of meetings scheduled to progress new arrangements

- Ensuring the child death overview policies are fit for purpose and implemented effectively, particularly where another external authority has some local involvement
 - Implement new process to routinely follow up and report on out of area child deaths and the outcome of other LA’s CDOP panels.
- Review of functions in line with outcomes of the national review of the CDOP process.
 - National report anticipated by autumn. This will be considered and actions identified.
- Enhanced monitoring and tracking of cases that are referred to the Case Review Group as a result of CDOP panel concerns.
 - CDOP Co-ordinator to become member of Case Review Group.
 - New template to be designed to facilitate required process.



LEARNING AND DEVELOPMENT GROUP

CHAIR: SEAN KEARNS/ANN FURMINGER – CXK

The Learning and Development component of the Business Plan for 2015/16 was fully realised:

Learning from Case Reviews and Child Deaths

- KSCB's training offer has been developed from analysis of national and local SCRs and new courses implemented e.g. Club Drugs and Legal Highs (Child A – report published on the KSCB website) and development of KSCB Thermometer Card to support Safer Sleeping message
- Additional learning from the Child A SCR that has been integrated in to the 'health' and multi-agency training programme include, sexually active young people and the impact on children whose parents have issues (e.g. substance/alcohol misuse, mental health and domestic abuse)

Staff Development

- New L&D Strategy 2015/18 published
- 4 stage evaluation process implemented

Child Sexual Exploitation and Missing Children

- Return Interview Training embedded within Early Help and SCS
- CSE Training updated and extended to the development of a specific course for Taxi Drivers. Additional Associate CSE Trainers trained

Early Help

- Early Help to Referral course developed
- Early help material incorporated in core KSCB courses
- Early Help Associate Trainers identified to deliver new Threshold course and also Early Help Referral course.

Toxic Trio (Domestic Abuse, Parental Mental Health and Parental Substance Abuse)

- Courses relating to all three issues offered by KSCB
- E-learning offer also supports learning
- Additional courses also incorporate this learning e.g. Hostile and Resistant Families.

Emotional wellbeing of young people

- Courses offered relating to current topics of concern and linked to child death e.g. self-harm, eating disorders, club drugs and legal highs, online safeguarding
- Focus cards developed to enable practitioners to elicit the views of children and young people/adults with whom they work.

Sexual abuse

- Multi-agency training programme implemented that raises staff awareness and understanding of: the signs and symptoms of sexual abuse, how to respond to allegations of sexual abuse, and the sexual abuse medical pathway. Also relates to local/national SCRs and learning.

Prevent

- Prevent 'Need to Know' sessions in KSCB calendar. Also four Train the Trainer events to cascade training within individual agencies.



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- National and local e-learning promoted.
- ZAK interactive learning developed, trainers trained and course in calendar from Sep 2016.

FGM

- Need to Know course developed and in calendar. Course well attended to date and very well received with very positive feedback (average 4.8/5)
- Train the Trainer course held so multi-agency trainers are now able to cascade learning within their agencies.

Key Challenges – 2016/17

The greatest challenges for the Learning and Development Group in 2016/17 are:

Stability

The L&D Group has undergone a period of instability in recent months following the resignation of the Chair and the subsequent resignation of his successor. Further individual agencies have only just confirmed permanent members of the group – attendance prior to this has been sporadic. A new Chair will be appointed and regular attendance at the group monitored and reported to the Business Group.

Enhanced Information Sharing

New information that requires sharing comes to light regularly. A new quarterly mechanism for sharing learning from SCRs Audits with partners will be developed.

Accountability

Course non-attendance numbers and failure to complete the on-line course evaluations remain sources of concern. Learning leads will be identified within individual agencies and they will be tasked with challenging these issues and resolving them with the organisations concerned.

More for Less

The greatest cost to KSCB in respect of training relates to venues. Work will be undertaken with District/Borough Councils to identify no-cost venues that can be regularly used to host KSCB training and reduce the multi-agency spend in this respect.

Increase take up of bespoke training

KSCB's bespoke training has become popular and is now a source of income generation. A more considered approach to the provision of bespoke training will enhance the level of income achieved. To this end, courses within districts will be a priority for 2016/17.

Joined up working between L and D, QE, CDOP and Case Review

In order to ensure that learning from Case Reviews, audits and child death is fully embedded in operational practice, a greater emphasis in communication and evaluation must be developed through the Business Group.

The KSCB
the full list of
can be found



Training Tree and
E-Learning courses
at Appendix B.



KSCB TRAINING FIGURES

Multi-Agency Courses

Total number of courses held	178 sessions
Number of half-day courses	124 sessions
Number of full day courses	39 sessions
Number of Need to Know sessions	5 sessions
Number of Immersive Learning courses	10 sessions
Number of topics offered in 15-16	39
Overall attendance	3289
Average attendance per course	18-19 delegates

Train the Trainer Events

Total number of Train the Trainer events held	9
Total Number of Trainers Trained	157
Average Number per Session	17

Agency Breakdown

Agency	Overall Total
Health	337
KCC Specialist Children's Services	621
KCC Early Help and Preventative Services	305
KCC Education & Young People Services	73
KCC Public Health	1
Housing	237
Private Sector	251
Voluntary Sector	522
Early Years	415
Kent Police	29
Kent Fire	17
Probation	10
Foster Carers	11
Children's Homes	12
Childminders	15
Education	356
Prisons	7
District/ Borough Councils	70
	3289

District Breakdown

North Kent		South Kent		West Kent		East Kent	
District	Number	District	Number	District	Number	District	Number
Dartford	6	Ashford	18	Maidstone	20	Canterbury	37
Gravesham	14	Dover	8	Tunbridge Wells	4	Swale	12
Sevenoaks	9	Shepway	9	Tonbridge and Malling	31	Thanet	10
Total	29	Total	35	Total	55	Total	59



HEALTH SAFEGUARDING GROUP

CHAIR: SHARON GARDNER-BLATCH - NHS

Key activity undertaken in 2015/16

- Agreed local serious incident procedures used for reporting Child Death in line with revised national guidance to support Child Death Overview requirements.
- NHSE established a Kent, Surrey and Sussex wide safeguarding network to support learning, development and support for Designated Professionals.
- Oversight of completion of the Safeguarding and Looked after Children actions arising from CQC safeguarding review of Safeguarding and LAC services in West and North Kent.
- FGM procedures and implementation
- Audited and revised Child Sexual Abuse Pathway to strengthen health input
- Strengthened health input to the Multi-agency Sexual Exploitation team and continued to progress CSE awareness within health.
- Led, with KCC, the county response Unaccompanied Asylum Seeking Children to ensure statutory responsibilities for health are delivered.

Key Achievements

HSG has successfully delivered on the key challenges for 15/16 identified in last year's KSCB annual report:

- FGM awareness – All NHS providers reporting cases of FGM in line with national guidance.
- FGM – Health led procedures for FGM developed and ratified for implementation by KSCB.
- Dashboard for reporting health agencies performance on safeguarding to KSCB ratified for implementation and monitoring by Quality and Effectiveness Group

Key challenges – 2016/17

The following will feature on the HSG Workplan for 2016/17:

- Improving the 'voice of the child' in the provision of health services focusing on children's services
- FGM leadership to improve multi-agency engagement and ownership
- Embedding learning from Serious Case Reviews in health provision and commissioning
- Continued staff awareness and curiosity around CSE within health and in partnership with other agencies

Coping Strategies

Here are some quick tips:

- Hold an ice-cube in your hand
- Draw on your skin with a red marker pen
- Place a flake of chilli on your tongue
- Put an elastic band around your wrist and flick it
- Play with a stress ball or make one
- Keep busy – shop till you drop, Hoover, polish the table, have a warm shower
- Apply a henna tattoo to your arm or body
- Ride the wave, accept the urge, but distract yourself by counting it down until its gone
- Tear up paper or pop bubble wrap
- Have a 'crisis box' with all the things you love in it
- Beat the negative thoughts with a 'be strong' letter or poem-read aloud
- Listen to music that lifts your mood
- Draw a butterfly on your wrist with a marker. Keep it alive by not cutting
- Get Moving safely: dance, run, walk or try some yoga

"I needed to harm to punish myself for being what I believed then to be a terrible person and to clear the fog in my head. As soon as I did I'd feel in control, calm and as though a reset button had been pressed in my head"
(Young person; MIND, 2014)

999 If you think a young person is at immediate risk call **999**

Kent County Council Early Help Service
03000 419222
For advice and guidance and to seek additional support from local organisations.

Support Line
01708 765200
(hours vary so ring for details)

Samaritans
08457 90 90 9
www.samaritans.org 24/7

ChildLine
0800 1111
www.childline.org.uk

National Self-harm Network
0800 622 600 (7pm-11pm)

Harmless
www.harmless.org.uk
info@harmless.org.uk

Young Minds
020 7089 5050
www.youngminds.org.uk

Speak to your **parent or carer, GP, teacher or other professional.**

The views of young people are valued and have been used to inform the creation of this information leaflet. Please email any comments or queries to the leaflet's author: TANice@kent.ac.uk

This publication is available in other formats and can be explained in a range of languages. Helpline: **03000 421553**
Email: alternativformats@kent.gov.uk

Self-harm
a guide for young people

Kent Safeguarding Children Board

Author: Dr. Terence Nice
(Centre for Professional Practice, University of Kent)

University of Kent
Centre for Professional Practice



FGM WORKING GROUP

Key activity undertaken in 2015/16

- Establishing a Kent and Medway multi-agency working group
- A local FGM referral pathway drafted and agreed at the Kent Safeguarding Children's Board
- All health organisations including Primary Care reporting FGM in line with the national requirement
- To work with key partners to raise awareness of national campaigns and materials available; gain assurance and oversight that the duty to report under 18s to police is being implemented
- Implementation of a KSCB multi-agency training programme
- Raising the profile of FGM and the statutory and legal requirements

Key achievements

- Engagement of all multi-agency partners in the FGM Working Group
- Development of multi-agency FGM guidance to safeguard vulnerable children across Kent

Key challenges in 2016/17

- Training all frontline practitioners so that they are aware of their responsibilities in respect of the mandatory duty to report

Work Streams for 2016/17:

Five work streams have been identified for 2016/17, which are aligned to the national FGM priorities.

- 1. Identification:** Improve identification of FGM and review national FGM prevalence dataset
- 2. Commissioning:** Work with key partners to define pathways for FGM survivors and agree quality standards related to provision.
- 3. Prevention:** Partnership working with stakeholders to safeguard children at risk of FGM
- 4. Education:** FGM training to be embedded in multi-agency partners' safeguarding training programmes
- 5. Communication:** Updates on requirements and changing legislation will be through key stakeholder networks, national awareness days, FGM regional leads and KSCB Safeguarding website

Additionally, a Kent and Medway FGM Strategy will be developed.



EDUCATION AND EARLY HELP SAFEGUARDING GROUP

CHAIR: PATRICK LEESON – EDUCATION AND YOUNG PEOPLES SERVICES

The KSCB Education Safeguarding Sub Group provides a forum for schools, Early Help and Educational services, including Early Years and the Further Education (FE) sector, to implement key aspects of the KSCB Business Plan, to monitor progress and effectiveness and to raise awareness of critical issues on the safeguarding agenda. Head teacher representation is strong and both Independent school and FE College representatives provide a crucial link with these sectors. The Terms of Reference for the group are reviewed annually and group membership is regularly scrutinised to ensure that the right people are involved.

Key Activities undertaken in 2015/16

- During the last year there have been a number of priority issues on the agenda including Prevent, CSE, Female Genital Mutilation (FGM), e-Safety and Emotional Health and Wellbeing, with additional actions arising as a consequence of a range of new guidance published by the Department for Education (DfE) during the early part of 2015. These include revised editions of *Working Together to Safeguard Children 2015* and the latest DfE consultation in February 2016 on proposed changes to the statutory guidance *Keeping Children Safe in Education (KCSIE)*.
- From October 2015, it has been a statutory duty for schools to report Female Genital Mutilation (FGM) and from July 2015, schools and settings are subject to 'The Prevent Duty'.
- There has been a regular focus on the development and effectiveness of Early Help and Preventative Services, with scrutiny of the performance framework.

Safeguarding Training

The Education Safeguarding Team (EST) delivers numerous training sessions for whole school staff groups and Designated Safeguarding Leads (DSL) which

includes 'specific safeguarding issues', in particular Children Missing from Education (CME), CSE, FGM and Preventing Radicalisation.

The training on these issues is part of wider safeguarding training which also covers other relevant subjects such as the Ofsted Common Inspection Framework, Kent Inter-agency threshold criteria and Kent Family Support Framework, previously known as the CAF.

The Education Safeguarding sub group provides a termly report to the KSCB Quality and Effectiveness Group that outlines the level of activity in terms of safeguarding consultations, including those involving on-line protection and the training provided for schools and settings. This academic year nearly 4,000 consultations with schools and settings were undertaken by the Lead Professional and these ranged from general policy and procedural advice to specific child welfare concerns, strategic safeguarding queries or issues of on-line protection. The termly Education Safeguarding Newsletter that is circulated to sub group members and to schools and settings via the KELS weekly e-Bulletin remains the key communications medium that is used to cascade information and raise awareness about new developments.

Safeguarding training is a requirement for schools and settings. Ofsted monitors this during inspections and School DSLs must receive updated training every two years to ensure schools are meeting their obligations. Between April 2015 and March 2016 inclusive, the Education Safeguarding Team delivered training to 6,593 staff from school and Early Years settings. The breakdown is as follows:

- 1,678 DSL in schools and Early Years settings;
- 3,394 staff attended whole school Child Protection and Safeguarding Awareness training;



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- 1,071 Early Years staff and 450 Governors attended Safeguarding Awareness training;
- 48 sessions were undertaken concerning Online Safety.

Education Safeguarding Advisers also commit a number of dedicated days to supporting the KSCB multi-agency training, particularly regarding issues of e-Safety and CSE, which are standing items of the group agenda. Work has also been undertaken in drafting multi-agency good practice guidance on e-Safety that reflects the work of all agencies represented in the KSCB.

In October 2015, the Education Safeguarding Team hosted a successful Conference for 100 Headteachers and DSLs in schools that focused on the new safeguarding priorities: Prevent, FGM and CSE. More of these events are planned in the future.





E-SAFETY WORKING GROUP

Purpose

The Kent e-Safety Working Group (a sub-group of the Education Safeguarding Group) considers and produces advice and a range of materials for schools and Early Years settings. The Group comprises school staff, KCC Officers, child safeguarding officers, staff in Libraries and Archives, Youth Offending, Kent Police and other children's workforce professionals. The strategy group supports the work of the Kent e-Safety Officer, to develop advice and guidance on online safety for schools, settings and professionals working with children and young people in Kent.

Training

Online Safeguarding training is either available for DSL and Early Years Designated Persons (EYDPs) centrally or can be commissioned by individual schools, settings or collaborations. All online safeguarding training includes the risk of online radicalisation (Prevent) and Online CSE as well as local and national guidance, resources and procedures. There has been a decline in attendance by DSL on centralised online safety specific courses but bespoke training for schools and settings remains in demand and is an area of growth.

Resources

Schools and settings can also access a range of template, guidance and suggested materials via the online safety section on Kelsi: www.kelsi.org.uk/support-for-children-and-young-people/child-protection-and-safeguarding/e-safety.

DSL are encouraged to visit the Kent e-Safety blog at <https://kentesafety.wordpress.com/> to register to receive regular emails and updates when new local and national resources and materials are published.

DSL requiring advice, guidance, support and training can contact the Education Safeguarding Adviser (Online Protection) and e-Safety Development Officer, (a new post created this year).

Safer Internet Day

KCC supported Kent Police in hosting a Safer Internet Day on 9 February 2016 for 100 Year 5 and 6 pupils from across Kent. Schools were signposted to education resource packs to help promote the safe, responsible and positive use of digital technology for children and young people. The children and school staff were tasked, after a day of activities, with sharing their knowledge with their peers.

Online Safety Policy

KCC also published an updated online safety policy document (which included guidance for leaders and a template policy) for schools and educational settings to use to ensure they have a cohesive online safety approach in line with national guidance and local procedures. This document is still acknowledged nationally as an example of best practice and can be found here: <http://www.kelsi.org.uk/support-for-children-and-young-people/child-protection-and-safeguarding/e-safety>



POLICY AND PROCEDURES GROUP

CHAIR: TINA HUGHES – NATIONAL PROBATION SERVICE

This Sub Group is a joint Kent and Medway Group.

Key Activities undertaken 2015/16

- Updated and renewed the Tri X contract for the on-line Kent and Medway procedures
- Reviewed and updated a number of procedures, e.g.
 - Threshold Criteria and the Kent Inter-Agency Referral form
 - Escalation policy
 - Children who display harmful behaviour
 - Kent Child Protection Conference Appeals and Complaints Process

Challenges for the future

- Improving the timeliness of the production of multi-agency policies
- Ensuring that all group members consult with appropriate members of their agencies when developing new policies
- Maintaining full and consistent partner membership to the Group

Activities Projected for the future

- To work with Kent Police in the development of an App for service users and professionals to provide information and signposting to the key safeguarding topics
- To undertake a full review of all multi-agency policies, ensuring a consistent approach to presentation and accessibility
- Develop a more effective communications strategy with partner agencies to ensure greater awareness of new and/or reviewed policies
- Production of a multi-agency Neglect Strategy (in support of the findings from SCRs and Child Death reviews)
- Maintaining the link with the other KSCB Sub Groups through the Business Group to ensure continued joined up working



MULTI-AGENCY SEXUAL EXPLOITATION GROUP (MASE)

CHAIR: ANDREW PRITCHARD – KENT POLICE

Key Activities undertaken 2015/16

Response to Child Sexual Exploitation (CSE) in Kent

The Kent MASE is now a fully functioning panel. The Terms of Reference are now established alongside a specific MASE CSE Action Plan. A key focus for the MASE will be the rolling implementation of the Action Plan which is intended to co-ordinate and enhance the delivery of services to victims and those at risk of CSE in Kent to ensure:

- Increased capability to tackle CSE effectively through consistent adoption of the action plan across partner agencies.
- Increase in children and young people being safeguarded.
- Increase in offenders being brought to justice.
- Increased partnership effectiveness from key stakeholders.
- Increase in public confidence in the delivery of local services.
- Increased awareness and early interventions and referrals across workforces.

In conjunction with this, all agencies represented within MASE have undertaken Self Assessments of their respective organisations and analysis of the returns is currently underway. Findings will be reported to the MASE in the near future. In addition, a cross agency review of the co-located CSE team is also planned for June 2016.

Update re Co-located CSE Team

The team is now almost fully populated in terms of Police investment –

- 1 x Detective Inspector, 1 x Detective Sergeant , 2 x Detective Constables , 2 x Police Staff Investigators, 3 x Intelligence Officers 1 x Trainer, 2 x Analysts, 1 x Admin Support
- There are two remaining DC vacancies and further DS has been selected and is due to start shortly.
- There is currently one representative from KCC Social Care (with one vacancy) and a further two from Medway. There is one representative for KCC Early Help with the county representative from Health who started in May 2016.
- Of note: In order to manage the increased workload within the unit another three police detectives have been seconded to the team on a medium term period. This attachment is due to conclude at the end of June 2016.

Operational Snapshots and Work streams

The CSE team have been providing monthly updates for the MASE (this will go to bi-monthly in line with the future MASE meetings). These updates provide a CSE snapshot which is available to all CSE Champions for dissemination within their organisations. In addition the CSE team have initiated a county wide problem profile giving overview of current CSE trends affecting Kent which will also be available to partners via department leads and the champion programme. The CSE Team analysts also complete a monthly CSE Tactical Assessment that is disseminated to divisions to inform the local T and CG processes and the Protecting Vulnerable People Panels to highlight specific CSE concerns to inform targeted activity regarding identified CSE risk.

In order to capture soft intelligence, an intelligence document is available for use by all agencies. The use of this document is growing momentum particularly following the training contained within the CSE Champion forum updates.



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Training update linked to MASE

To date the CSE training officer has trained in excess of 1300 police staff in regard to a variety of CSE topics and 100 outside agency staff such as immigration and council operatives. In addition the CSET trainer has planned training inputs with a number of hotels identified in key areas of concern and the hotel training package has been made available for use across the hotel industry within Kent.

Specifically in regard to Kent Police, the Protecting Vulnerable People Programme which incorporates CSE training commenced on the 1st March 2016, bespoke training packages for Crime Investigation, Community Support Units (CSU), managers and Senior Investigating Officers are also now underway. The PCC has commissioned a CSE DVD to train all frontline staff this has been completed and has been rolled out as mandated briefing across the force.

The CSE early help staff member has also trained in excess of 250 colleagues within Kent.

Awareness training for licensed Taxi drivers is well underway within most districts and there is consideration in some areas to make this training mandatory for all drivers to retain their licence.

Update Re Multi Agency Day of Action 18 March 2016

This Day of Action was designed to safeguard children and young people at risk of CSE with a strong emphasis on community engagement supported by intelligence led proactive deployment, targeting potential perpetrators and CSE venues utilising 200 Kent Police staff.

The outcome included: 574 community questionnaires completed within targeted areas of the community to develop intelligence and identify concerns, 233 Hotel questionnaires completed, 5 arrests made. 21 CSE specific intelligence reports submitted on the day, with a further 60 received over the weekend, 200 Black and Minority Ethnic (BME) females briefed at the Sadi Awaz Suno Annual event; 2

Search warrants conducted (technology seized). There was also a 30% increase in calls to the FCR flagged for CSE over the weekend period after 18th March.

Update re Toolkit

The CSE Toolkit is regularly being utilised by agencies in regard to identification of children at risk of CSE and is currently being used by the CSE Team to enable the team to prioritise work streams in accordance with the assessed risk. There is a pilot currently taking place in North Kent with a revised toolkit which assesses vulnerability rather than risk regarding CSE in isolation. This pilot has now commenced and will be subject to review following the initial pilot phase.

CSE Champions

The CSE Champion Forum has been up and running within Kent since December 2015, The Forums provide Champions with a County overview of CSE and updates around information exchange, the opportunity to share and coordinate their CSE activity and develop local CSE networks.

Activities Projected for the future

Gillingham Football Club is keen to develop outreach projects for children vulnerable to CSE in three pilot areas. Funding is currently being sought.

Youth Empowerment Services are a Community Interest Company wishing to provide a service for children focusing on preventing risk, making safe choices and healthy relationships. This service is being discussed at the Kent MASE.



Challenges for the future

Challenges have been identified regarding provision for young people 18+, highlighting gaps in transitional services including therapeutic and mental health support, safe housing, outreach support, access to training.

In respect of the co-located team due to the significant and increasing amount of information and intelligence currently being reviewed and assessed to identify children at risk of CSE further investment has been sought to implement an enhanced triage which requires two additional administrative staff which will enable investigators and research staff to focus on their core responsibility and increase investigative capacity.

To maximise the reach and effectiveness of this National Day of Action it was acknowledged by all agencies that preparation for these annual events needs to commence much earlier and be a significant feature with regard to the CSE Champions Programme. Work has already commenced in preparation for the 2017 event.





RISKS, THREATS AND VULNERABILITIES GROUP

CHAIR: NICK WILKINSON – YOUTH JUSTICE AND SAFER YOUNG KENT

Key Activities undertaken 2015/16

The Risks, Threats and Vulnerabilities Group is a new KSCB Sub Group, having been established following the review of the previous Trafficking Children and Sexual Exploitation Group. It was agreed that the new Multi-Agency Sexual Exploitation (MASE) Group would cover all aspects of Child Sexual Exploitation and that the Trafficking and other risks and vulnerabilities that the old group was beginning to pick up, would come under the remit of the new Risks, Threat and Vulnerabilities Group.

It is a joint group with Medway Safeguarding Children Board in order to share knowledge of vulnerabilities across Kent and Medway. It has a large multi-agency membership of 25 professionals and also includes Roger Sykes (Lay Member for the KSCB).

The remit of the Group includes

- Trafficking and Modern Slavery
- Unaccompanied Asylum Seeking Children (UASC)
- Missing Children
- Gangs
- Prevent - Radicalisation of young people

It is recognised that the issues identified within this Group ties in to the work of other KSCB Sub Groups, e.g. missing children and the link to Child Sexual Exploitation.

The Group has established links with other related Groups, such as the Prevent Duty Delivery Board (PDDDB) and the County and District Community Safety Partnerships.

A great deal of activity is currently taking place within schools and partner agencies in the rolling out of Prevent training.

Challenges for the future

Linking in with the Learning and Development Group to ensure that multi-agency partners have awareness raising programmes in place for key topics such as Prevent, UASC and On-line Safety.

- Ensuring the remit of the Group does not out strip its capacity.

Activities Projected for the future

- To take over the lead for multi-agency Online Safeguarding (whilst leaving the strong links of on-line safety in schools to the Education and Early Help Safeguarding Group)
- In consultation with the Kent and Medway Safeguarding Adults' Board, to consider including Vulnerable Adults in the remit of the Group.



MISSING WORKING GROUP

On the 5th May 2015 Kent launched its Single Point of Contact for all missing children notifications from Kent Police out of the County Central Referral Unit. As a consequence of this decision and the ongoing collaborative working between key partners, the Working Group is confident that Kent can now produce a robust and accurate picture of all reported missing episodes across Kent. Importantly this data set now includes details of children who are at risk of CSE, missing from education and known to the Youth Offending Service. We are confident that this data can be improved even further to inform strategic and operational activity and will be driving these improvements in the coming year.

The sub group has also overseen changes to the Returner Interview form that will not only improve our understanding of why children and Young People go missing in Kent, but will also enhance the quality of our information sharing. There is increasing evidence from ongoing audits that information gathered during Returner Interviews is informing interventions with children and their families and it is encouraging to note that of the children known to Specialist Children's Services 91% of Returner Interviews are being held within 3 days. With effect from July 2016, all children who go missing in Kent will be given the option of a Returner Interview from Young Lives Foundation. In the coming months the sub group will oversee the roll out of workshops jointly facilitated with Kent Police Missing Person Liaison officers that will focus on further improving the quality of Returner Interviews.

Given the high number of OLA in Kent the sub group has ensured that missing activity for this group of vulnerable children is closely monitored. Returner Interviews are routinely requested from OLA's and matters of concern are now escalated. The sub group will continue to support this activity recognising that children placed in Kent present significant vulnerabilities and as such effective

information sharing is essential not only to ensure their needs are met but also to ensure that where appropriate OLA's continue to be challenged regarding the decision to place in Kent.

Priorities for year ahead

1. Signs of Safety model to be introduced to all Returner Interviews – these changes will be supported through a series of training workshops across Kent.
2. The group will monitor the introduction of the offer of an independent Returner Interview and will ensure this offer is robustly implemented.
3. The group will raise the profile of missing children activity through the work of the newly formed Local Children Partnership Groups and Local Safety Partnership Groups.
4. Missing procedures will be updated to reflect the need for all agencies to respond and adapt to known and newly emerging vulnerabilities.
5. Whilst it is very encouraging that there are many examples of positive practice and initiatives through multi-agency working, the sub group recognise that we need a better understanding of the outcomes this achieves for children and to use this to inform planning and operational practice. To this end the sub group will facilitate a focus group for children and young people who have gone missing in Kent.



DISTRICT COUNCIL SAFEGUARDING LEADS GROUP

CHAIR: ALISON BROOM – MAIDSTONE BOROUGH COUNCIL

The primary purpose of this group is to provide a link between the activities of the recently established Local Children’s Partnership Groups and the Kent Safeguarding Children’s Board. It also provides a network for the 12 district council safeguarding lead officers to share local good practice and initiatives and identify actions to address issues of safeguarding concern.

Key activity undertaken by the Group 2015/16:

The first meeting of this group took place in February 2016 although in practice it has been built on the foundation of a district council network of safeguarding lead officers which first met in the summer of 2015 and which was established to strengthen the contribution of district councils both to the KSCB and the range of work at a practitioner level including with respect to policies and procedures, analysis of quality and effectiveness and service delivery.

Activity has included

- Creating procedures for the co-ordination of input to proposed children’s homes from district council development management services – through the Kent Planning Officers Group
- Piloting and then rolling out training for taxi drivers concerning identification of CSE risks involving the Kent and Medway Licensing Group
- Actions to improve the links between housing service delivery and support for children including those in out of area temporary accommodation involving the Kent Housing Joint Policy Planning Group
- Improving support for Unaccompanied Asylum Seeking Children
- Sharing of good practice and issues e.g. arising from Section 11 audits
- Sharing of information for example concerning Looked After Children and dissemination of issues raised via the KSCB and its Sub Groups

Key challenges:

The group has recently re-focused and in addition to being a forum for district safeguarding leads it will provide a link between the activities of the recently established Local Children’s Partnership Groups and the Kent Safeguarding Children’s Board. Partnership groups have now been established in all districts; they are determining their work programmes based on a dashboard of data and performance for the district. Safeguarding and well-being priorities will be collated through the group enabling sharing of good practice and identification of issues of concern for problem solving.

Missing children procedures:

- Child/young person identified as missing
- Parent/carer unable to locate child or young person
- Parent/carer reports the young person as missing to the police by dialling 101
- Officers conduct a risk assessment and begin enquiries
- Young person is located and returned to home address, or returns on their own
- Police undertake a 'Safe and Well' check
- Young person is offered an independent return interview and appropriate support

When your child is missing
A guide for parents and carers

If you think a child is at immediate risk call 999

Police non-emergency number 101
Call this number to report your child as missing to the Police

Kent County Council Early Help Service 03000 419222
For advice and guidance and to seek additional support from local organisations

Kent County Council Specialist Children's Services 03000 411111
To seek specialist advice and support from Kent County Council's Social Services

SARC (Sexual Assault Referral Centre) 01622 720461 www.kentchhousesarc.org
The SARC is a safe place where you can seek confidential advice from specialist healthcare staff

The Children's Society www.childrensociety.org.uk/runaways-work

Missing People www.missingpeople.org.uk
24 hour confidential helpline: 116000 email: 116000@missingpeople.org.uk

Kent Safeguarding Children Board
Safeguarding the Children and Young People of Kent



PRIORITIES FOR NEXT YEAR AND BEYOND

The Business Plan 2015/18 has been reviewed at the Board’s Development session, through the Independent Chair’s one to one meetings with Board members and by regular discussion and sub-group reporting to the Business Group. Below is the updated outline of the Plan:

Overarching Themes	
<p>Leadership and Governance</p> <ul style="list-style-type: none"> • Undertake a programme of Board members’ walkabouts and observations • Develop the role of Lay Members to include a remit for bringing the voice of children and young people to the Board • Build on the role of the KSCB Business Group to enhance joined up working across all KSCB Groups • Build and develop a culture and confidence of self-challenge through: <ul style="list-style-type: none"> • Cross Agency Peer reviews • Continued use of the ‘Challenge Log’ • Independent Chair to continue the programme of annual one to one meetings with all Board members • Develop closer links and lines of communication between front line staff and the Board and publicise the Board’s activities and impact 	<p>Voice of the Child</p> <ul style="list-style-type: none"> • Demonstrate what the Board is doing obtain the voice of the child, including children from ‘Hard to Reach Groups’ and how it is using their voice to inform the setting of priorities and developing practice • Each Agency provides timely reporting that: <ul style="list-style-type: none"> • Evidences what is being done to obtain the voice of the child, including children from ‘Hard to Reach Groups’ • Evidences how Children and Young People’s voices are being used in the development of practice and setting of priorities • Evidences impact of how this is making a difference and how agencies know <p>Learning from Case Reviews, Child Deaths and Multi-Agency Audits</p> <ul style="list-style-type: none"> • Briefing papers and key learning reports to be produced from, case reviews, child death reviews and audits • Continue to publish the learning from all case reviews, child deaths and audits and communicate to front-line managers and practitioners through effective dissemination and on-going re-enforcement
<p>Quality Assurance and Evidence of impact</p> <ul style="list-style-type: none"> • Each Agency to continue to provide timely reporting to populate the scorecard that: <ul style="list-style-type: none"> • Reflects their key safeguarding issues • Includes analysis of data, not just numbers • Evidences impact of how this is making a difference and how agencies know • Deliver the agreed themed audit programme (including Section 11) that focuses on the Board key priority areas 	<p>Staff Development</p> <ul style="list-style-type: none"> • Deliver the multi-agency KSCB Training Strategy that: <ul style="list-style-type: none"> • Embeds learning from Case Reviews, Child Deaths and KSCB multi-agency audits • Focuses on the Board’s key priority areas • Use the shared training evaluation process to assesses the impact of training on practice and quality assures KSCB training delivery and feed this back to the Board



Areas of particular interest	
<p>Child Sexual Exploitation (including missing children)</p> <ul style="list-style-type: none"> Continue to deliver the CSE Strategy and Action Plan with reporting of progress to the KSCB through the MASE Group, including the production of a County CSE profile Use the missing children data base to identify and profile the links between children who missing and CSE/gangs and other vulnerabilities Deliver the E-Safety Strategy that outlines recognition and responses to cases of on-line grooming and the links to CSE 	<p>Early Help</p> <ul style="list-style-type: none"> Deliver the Early Help Strategy with success measures reported to assure Board of its impact Improve partner confidence at lower levels of intervention <p>Gangs</p> <ul style="list-style-type: none"> To develop a county wide strategic multi-agency response to the increase in gang and youth violence in Kent (using feedback from the recent Ending Gang and Youth Violence Peer Review)
<p>Children in Need (including Children in Care)</p> <ul style="list-style-type: none"> Implementation of the ‘step up and step down’ protocol is being effectively used 	<p>Toxic Trio (Domestic Abuse, Parental Mental Health and Parental Substance Abuse)</p> <ul style="list-style-type: none"> Deliver a joined up strategic approach to working across adult and children service provision Continue to deliver the multi-agency training programme that raises staff awareness and understanding of the impact on children and young people in families where the following exists: <ul style="list-style-type: none"> Domestic Abuse, Parental Mental Health and Parental Substance abuse
<p>Sexual abuse</p> <ul style="list-style-type: none"> Deliver a multi-agency training programme that raises staff awareness and understanding of: <ul style="list-style-type: none"> The signs and symptoms of sexual abuse How to respond to allegations of sexual abuse, and The sexual abuse medical pathway 	<p>Prevent</p> <ul style="list-style-type: none"> Continue to coordinate and oversee agencies’ responses to the Prevent Strategy Continue to deliver a multi-agency training programme that raises staff awareness and understanding of radicalisation on children and young people
<p>FGM</p> <ul style="list-style-type: none"> To develop and implement a county FGM strategy that includes: <ul style="list-style-type: none"> A multi-agency awareness campaign A multi-agency training programme for staff 	<p>Prevent</p> <ul style="list-style-type: none"> Continue to coordinate and oversee agencies’ responses to the Prevent Strategy Continue to deliver a multi-agency training programme that raises staff awareness and understanding of radicalisation on children and young people



APPENDICES

- A** FULL LIST OF BOARD MEMBERS
- B** PARTNER AGENCIES' CONTRIBUTIONS
- C** TRAINING TREE



FULL LIST OF BOARD MEMBERS 2015/16

NAME	TITLE	REPRESENTING
Gill Rigg	KSCB Independent Chair	KSCB
Alison Broom	Chief Executive Maidstone Borough Council	District Councils' Chief Executives
Andrew Ireland	Corporate Director	Social Care, Health and Wellbeing, KCC
Andrew Scott-Clark	Director of Public Health	Public Health, KCC
Bethan Haskins	Chief Nurse, Ashford CCG and Canterbury and Coastal CCG	Clinical Commissioning Groups
Claire Jones	Head of Service for Assessment, Rehabilitation and IOM	Kent, Surrey and Sussex Community Rehabilitation Company
Fiona Trigwell	Head teacher for Sittingbourne Community College	Head teachers
Florence Kroll	Director	Early Help and Preventative Services, KCC
Jo Shiner	Assistant Chief Constable	Kent Police
Kelli Gardner	Youth and Community Manager	IMAGO (Voluntary Sector)
Nicky Lucey	Director of Nursing and Quality	Kent Community Health Foundation Trust
Patrick Leeson	Corporate Director,	Education and Young People's Services KCC
Pauline Grieve	Designated Nurse for Safeguarding Children	North Kent Clinical Commissioning Group
Peter Oakford	Cabinet Member for Specialist Children's Services	KCC (Participant Observer)
Philip Segurola	Director	Specialist Children's Services KCC
Roger Sykes	Lay Member	KSCB
Sean Kearns	Director of Business Development	CXK
Sally Allum (Virtual Member)	Director of Nursing	NHS England
Steve Hunt (Virtual Member)	Head of Service	CAFCASS Kent
Tina Hughes	Approved Premises Manager/Senior Probation Officer	National Probation Service (East & SE Region)



PARTNER AGENCIES' CONTRIBUTIONS

Agency	Contribution 14-15	Contribution 15-16
KCC Education and Young People's Services	40,167.00	40,167.00
KCC Youth Offending Service	8,000.00	8,000.00
KCC Specialist Children's Services	40,157.00	40,157.00
National Probation Service / Kent, Surrey and Sussex Community Rehabilitation Company	6,276.00	6,276.00
Kent Police and Crime Commissioner	47,600	45,934
CAFCASS	550.00	550.00
Connexions (CXK)	0	1,000
Kent CCGs (each) x 7	6951.85	6951.85
Health Providers (each) x 6	6951.85	6951.85
Total Health Contributions	90,374.00	90,374.00
Kent Fire and Rescue Service	5,000.00	5,000.00
Total	£238,124	£235,458

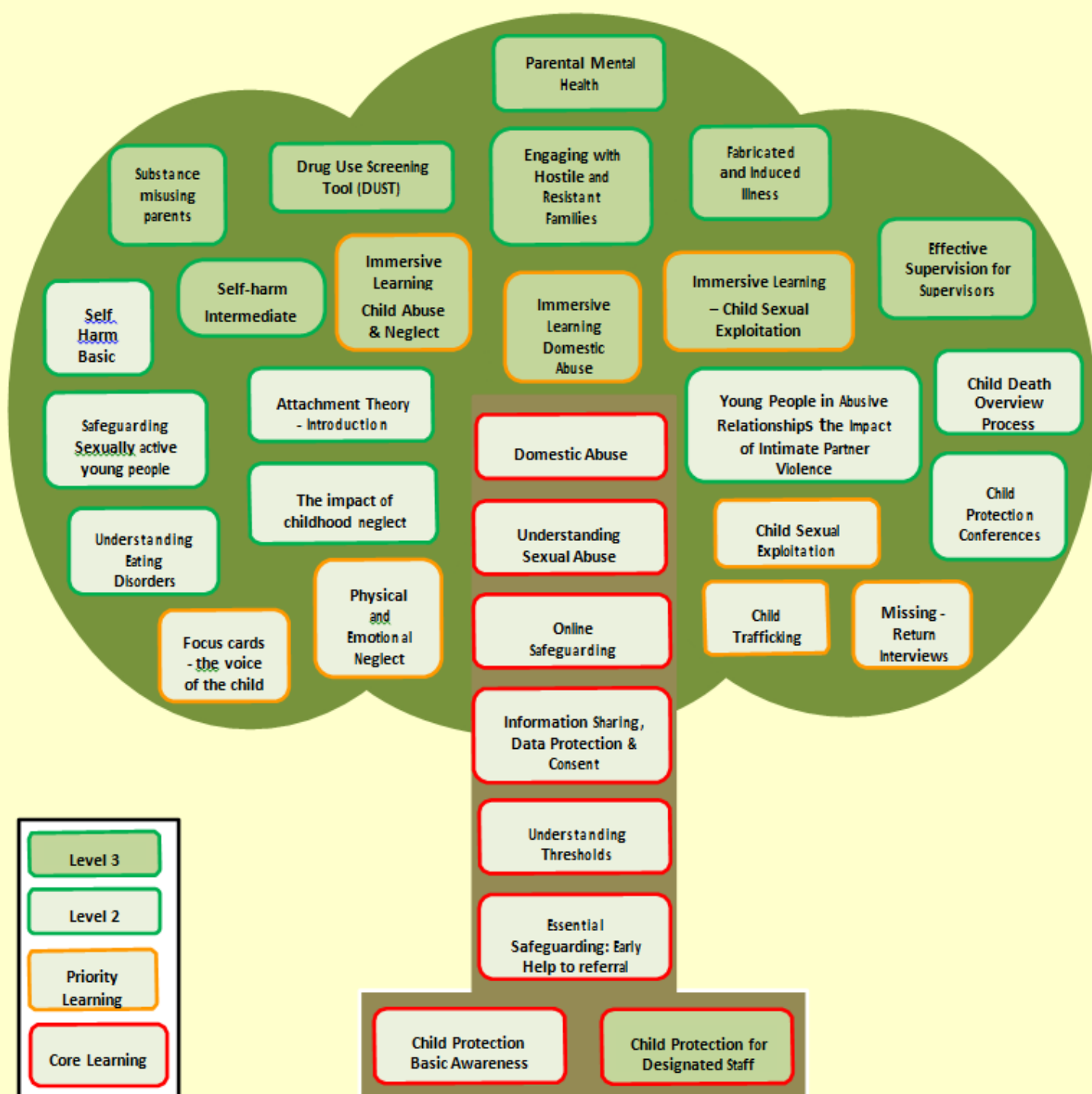


KSCB ‘Safeguarding Training Tree’ 2015

KSCB offers a range of free multi-agency training courses.

The ‘Training Tree’ has been designed to reflect the range of our training offer and to make it easy to understand which courses are core learning and a priority for practitioners, and how the Level 2 and 3 courses follow on.

To find out more go to www.kscb.org.uk or to book a place directly go to: www.kentcpdonline.org.uk.



E-Learning Training Courses Available

- An Introduction to FGM, Forced Marriage, Spirit Possession and Honour Based Violence
- An Introduction to Integrated Working (The Early Help Assessment/ Lead Professional/ Information Sharing)
- An Introduction to Safeguarding Children
- Awareness of Child Abuse and Neglect (Core Version)
- Awareness of Child Abuse and Neglect (Foundation Version)
- Awareness of Child Abuse and Neglect (Police Version)
- Awareness of Child Abuse and Neglect (Young People Version)
- Awareness of Domestic Abuse and Violence including the Impact on Children, Young People and Adults at Risk
- Child Accident Prevention
- Child Development
- Collaborative Working: A Whole Family Approach
- Common Core of Skills and Knowledge
- Communication in Health, Social Care or Children's and Young People's Settings
- Dementia Awareness
- Dignity in Care
- Duty of Care in Health, Social Care or Children's and Young People's Settings
- Early Child Development
- Equality and Inclusion in Health, Social Care or Children's and Young People's Settings
- E-Safety: Guidance for Practitioners Working with Children
- Falls and Fractures Prevention in Older People
- Hate Crime
- Health and Safety in Health, Social Care or Children's and Young People's Settings
- Hidden Harm
- Information Sharing- Level 2
- Introducing Telecare and Telehealth Medication Awareness
- Mental Capacity Act
- Moving and Handling Objects and People
- Parental Mental Health
- Personal Development in Health, Social Care or Children's and Young People's Settings
- Person- Centred Approaches in adult Social Care Settings
- Risk Taking Behaviour
- Safe Sleeping for Babies: Reducing the Risk of SIDS
- Safeguarding Adults
- Safeguarding and Leadership
- Safeguarding Children from Abuse by Sexual Exploitation
- Safeguarding Children Refresher Training
- Safeguarding Children with Disabilities
- Safeguarding Everyone- Protecting Children, young People, and Adults at Risk
- Safer Recruitment
- Safer Working Practices
- Self-Care
- Self-Harm and Suicidal Thoughts in Children and Young People
- Short Breaks for Disabled Children
- Strategic Managers Integrated Working
- Supervision and Appraisal in Early Years Settings
- Teenage Pregnancy
- The Assessment and Management of Urinary Incontinence and Bladder Dysfunction in Adults
- The Deprivation of Liberty Safeguards
- The Management of Urinary Catheterisation in Adults
- The Role of the Health and Social Care Worker
- Think Safe, Be Safe, Stay Safe
- Tissue Viability
- Trafficking, Exploitation and Modern Slavery
- Understanding Pathways to Extremism and the Prevent Programme
- Wellbeing in Sexual Health

