

**The Royal Borough of Kingston upon
Thames**

Local Safeguarding Children Board

**Annual Report
April 2011 – March 2012**

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1. Chair's introduction

I am pleased to introduce you to the annual report for Kingston LSCB which details much of the work that has been going on during the course of the last year. As can be seen, there has been significant progress in ensuring that the LSCB is fit for purpose and is fulfilling its statutory responsibilities. There have also been a range of achievements around developing effective services for victims of domestic abuse, addressing some aspects of neglect, and further developing some effective services around early help.

Nevertheless, the requirements for LSCBs continue to increase. As the continuing contribution of Eileen Munro in her update report and the new Working Together (currently out for consultation) make clear, as never before, LSCBs have a crucial contribution to make in terms of scrutinising the core business and in ensuring that there is a rigorous and clear focus on improving the quality of practice in safeguarding children across the partnership.

We need to know that the right children are on Child Protection plans that make a difference; that we are learning from Serious Case Reviews; and that children who are not living with their parents are safe. In addition, we need to ensure that we are developing a safe and skilled workforce and promoting the message that safeguarding is everyone's business.

Accordingly we have agreed to set new priorities for 2012-13, which increase the focus on the scrutiny of practice and ensure that, by means of multi-agency audits and a focus on the right themes and targets, Kingston LSCB has an effective overview of quality and is working consistently and effectively to improve the standard of practice.

We will look forward to making good progress in those areas as we finalise our forthcoming business plan, and as a partnership work together to ensure that children and young people in Kingston are safeguarded as effectively as possible

Ann Domeney
Kingston LSCB Chair

2. Key achievements and development areas

Key achievements in 2011-12

We have:

- ✓ Embedded a new LSCB structure, with the main Board, Management Group and five subgroups. This is working well, with more time for interaction and debate at main Board meetings.
- ✓ Appointed lay members who are making a positive contribution to the Board's work.
- ✓ Involved young people in the LSCB; we have listened to their views and welcomed their input on the Communications Sub Group.
- ✓ Updated our website and improved the content.
- ✓ Put in place an effective framework for LSCB activity through our business plan and ensured that priority actions are taken forward.
- ✓ Introduced a good induction process for new members, who receive an induction booklet and meet with the LSCB Chair and Business Manager.
- ✓ Clarified roles and expectations of members through a LSCB Membership Agreement, which all members must sign up to.
- ✓ Put in place an improved process for managing Serious Case Reviews and critical incidents.
- ✓ Ensured that learning from Serious Case Reviews informs multi-agency safeguarding training, so that training targets priority areas of practice, eg pervasive neglect.
- ✓ Held a very successful LSCB conference in February 2012 on "Safeguarding Children Affected by Adult Mental Illness".
- ✓ Carried out a practice audit to assess how effectively disabled children are safeguarded. The multi-agency Safeguarding Disabled Children Forum is implementing the resulting action plan.
- ✓ Continued to have a good working relationship and dialogue with the Children's Trust. The LSCB has been involved with the development of the new Children and Young People's Plan.
- ✓ Reviewed, updated and agreed the LSCB terms of reference to reflect current policy and national guidance.

Development areas

We need to:

- Put in place a more co-ordinated and rigorous approach to monitoring safeguarding performance across the LSCB and set priority targets.
- Improve scrutiny of safeguarding performance and core safeguarding practice by the Board and know whether the LSCB is effective.
- Establish a more systematic approach to conducting multi-agency audits through an agreed annual cycle of audits, and focusing on identified areas of improvement.
- Ensure learning from SCRs and internal management reviews is applied in practice and results in improvements.
- Ensure more active engagement with the local community on identified safeguarding issues.
- Establish mechanisms for the LSCB to engage directly with front-line practitioners.
- Develop a training plan that is informed by a multi-agency safeguarding strategy and a comprehensive training plan, plus a process for assessing the impact of training on practice.

3. Kingston in context

Kingston is a small south west London borough, with an estimated population of 169,000 (2010 mid-year estimates), of which 23% (38,300) of people are aged under 20 years. 6.5% of the population is under the age of 5. The demographics are changing however, with a significant increase in the birth rate in the last decade and a steady rise in the Black and Minority Ethnic population. The two main ethnic groups in the borough, other than White British, are Korean and Tamil and 31% of pupils in Kingston schools speak English as an additional language¹.

In the past couple of years natural change to the population (i.e. births & deaths) has impacted more than migration on the rise in population. Over the coming decade it is believed that the current number of births will be sustained: the result will be increasing pressure on the limited resources of the public sector.

On the whole, Kingston is an affluent borough, with the majority of residents enjoying a high quality of life and above average life expectancy. In 2010 Kingston ranked as the third least deprived of London boroughs and 264th out of 326 in England. However, it also has significant levels of relative poverty and deprivation which are both concentrated in small areas, mainly social housing estates, and widely dispersed in tiny pockets. Significant numbers of children live in poverty; the latest available statistics put the number at just over 5,000. For a more detailed profile of the borough, see Appendix 1.

2011-12 has been a year of ongoing change for the Council and key partners. As the impact of reduced funding from central government takes hold, agencies have faced challenging decisions about future service provision for children and families. This, together with major Government led reform programmes, eg for the NHS and schools, is resulting in significant re-structuring, which will overhaul the landscape for children and family services in years to come.

In the past year the Council has concluded its *One Council* programme, which was started in 2008 in response to a tightening financial situation at the onset of the economic downturn. It has involved a wholesale review of the way the Council conducts its business so that it can be more efficient with less resource. The programme has transformed ways of working, eg in the areas of finance, ICT, customer services, commissioning and asset management, with corresponding staff reductions.

In 2011-12, the *One Council* programme has been replaced by a broader *One Kingston* initiative. The intention is to build on the already strong partnerships in the borough; to align planning, strategy, resources and commissioning across partners – and in some instances neighbouring authorities – in order to maximise outcomes for residents. The aims of this programme are set out in the Council's medium term service and financial plan called *Destination Kingston 2011-15* published in April 2012.

Against this backdrop, Children's Services have inevitably faced budget reductions. Cuts to the local authority budget from 2010 have meant that the Learning and Children's Services Department must reduce its expenditure by 20% over four years as part of the Council's Medium Term Financial Plan. This equates to total savings of £8 million. In 2011-12 these savings have been delivered through staffing reductions in the Children's Centres Family Support Service, Integrated Youth Support Service, and Learning and School Effectiveness Service, as well as the restructuring of Children's Social Care completed in 2011. There has also been a reduction in Connexions spend.

¹ This excludes pupils attending schools that have become academies.

Given the scale of savings that are needed and the *One Kingston* vision to work in partnership with neighbouring authorities, considerable work has been done in the last year to explore the feasibility of developing a shared Children's Services with the London Borough of Richmond. The rationale for this is that considerable management and other savings can be secured by joining together services, allowing front line services to be protected. Originally envisaged as a social enterprise between the two boroughs, that idea has not proved viable within the current legal framework and hence other options for shared provision are being explored. More concrete proposals are likely to emerge during 2012-13.

Whilst, to date, the direct impact of budget reductions on front line services for children and families has been minimised, the Council's financial challenges cannot be under-estimated and in future years will mean more radical changes to service delivery.

The Health and Social Care Act 2012 has been on the horizon for the last twelve months and, with its passing in March 2012, now signals a year of transition for the NHS. The NHS reforms set out a clear vision around transforming service delivery with real decisions being taken by patients and their GPs, and services being held to account by them. Kingston has been positioning itself to meet the challenges and opportunities of these reforms. It has a Pathfinder Shadow GP Consortium in place and the formation of the Kingston Clinical Commissioning Group (CCG) will follow in shadow form from April 2012 with full authorisation by 2013. Six local GPs have been elected to take forward the CCG, with an elected chair. All six GPs on the CCG are committed to safeguarding children and have attended the required child protection training. Currently minimal change is expected to existing services, including training and education and active membership of the LSCB.

The schools sector has also experienced a dramatic change in landscape over the last eighteen months. Many of the statutory duties previously held by local authorities, such as raising pupil attainment and school improvement, have now shifted to school level. Schools have greater autonomy than in the past with more freedoms and flexibilities - the academies programme is one reflection of that – and less government prescription. In Kingston 8 schools (1 primary and 7 secondary) have now converted to academy status.

In recognition of these changes, and to maintain the strong tradition of partnership working between the Local Authority and schools and amongst schools, Kingston has established a new type of partnership venture called EducationKingston. This is a partnership developed by schools, for schools, supported by the Local Authority, which will provide school improvement services to partner schools.

Importantly, despite moves to the contrary, schools have retained the "duty to co-operate". This means that, although specific prescriptions have been removed, they are still required under legislation to work with the local authority and other partners in making arrangements to improve children's well-being. This secures schools' vital role in helping to safeguard vulnerable children and promoting overall well-being.

Like other partners, the voluntary sector has experienced its share of major policy changes, notably the coalition government's Big Society agenda, at the same time as facing funding cuts. In Kingston a significant development in the last year has been the establishment of the Kingston Children, Young People and Families Consortium. The consortium is bringing together voluntary organisations working with children and families to look at common issues, such as Child Poverty.

4. Levels of need in Kingston

The following sections provide an overview of what is known about the levels of need within Kingston and the families who require intervention and support from local services in order to safeguard children and ensure their well-being.

4.1 Children in need

The Children in Need Census is carried out annually and shows the numbers of children who have had some involvement with children's social services during the previous year. It counts all children referred to and assessed by Children's Social Care, including those on Child Protection Plans. The latest available figures are for 2010-11. In total 1,698 children were recorded in Kingston, which is a marginal reduction on the previous year's (2009-10) total of 1,766. The numbers have remained fairly consistent over the last couple of years.

Use of the Common Assessment Framework (CAF) is another useful indicator of children in need. A CAF is completed by professionals when a child is considered to be in need of additional support. It identifies the type of support that can best help the child or young person and the agency (ies) that should provide it.

As a proportion of the overall population aged 0-18 years, 2.32% of children in Kingston have now had a CAF completed since April 2008. When the number of children who have had a Signposting to Services Form (STSF) completed is added in, this figure rises to 2.9%. Between April 2011 and March 2012, a total of 178 CAFs and 63 STSF forms were completed. This is a 20% decrease compared with 2010-11 with, on average, around 19 CAFs and STSFs being received each month.

As at 31st March 2012:

- 354 children from 281 families were flagged with ASKK (the borough's information sharing service) with a Level 2 need, thus receiving dual agency support.
- 74 children from 44 families were flagged with a Level 3 concern, thus receiving multi-agency support.
- In total 428 children and young people were flagged, which was a 7.2% decrease on the previous year (461 in March 2011).

This reduction can be explained by the fact that there have been further developments in monitoring and tracking reviews and ongoing service involvement by multi agency partners, which has ensured effective information sharing and thus impacted on the number of cases closed per month.

A range of data collated in October 2011 identified that children and young people had the following needs at the point of flagging:

- 54.77% had experienced family breakdown
- 50.1% had emotional and behavioural difficulties
- 30.36% had behaviour concerns (education)
- 28.8% had parental mental health concerns
- 25.9% had financial difficulties.

The main risk indicators at the point of flagging are also monitored regularly. As of quarter 4 2011-12 the top 10 risk indicators identified were: family breakdown, emotional/behavioural difficulties, parenting skills, parental mental health concerns, behaviour concerns, emotional concerns, social presentation, financial difficulties, domestic violence, underachievement and parental health needs.

4.2 Referrals to Children's Social Care

In 2010-11, 1,013 referrals were made to Children's Social Care to report child protections concerns. Whilst final figures were not available at the time of writing, provisional data indicates that this number increased slightly to 1,237 referrals in 2011-12. Referral numbers have fluctuated somewhat in the last few years. After an increase in 2009-10 (to 1,186), the numbers dropped in 2010-11 and have risen again in the last year.

4.3 Children with cause for concern

The numbers of children known to health services and considered to be a cause for concern have stabilised recently. In September 2011 the number stood at 182 and in February 2012 at 176. These children are deemed to be very vulnerable. They may have parents with mental health and/or substance misuse problems but do not meet the threshold for a multi-agency intervention or Child Protection Plan. This includes children who are subject to a Child in Need Plan.

4.4 The child protection population

The numbers of children subject to Child Protection (CP) Plans has been broadly stable over the last twelve months. At the end of March 2012 91 children had a CP Plan. The upward trend seen in the 3 years leading up to July 2010, when numbers peaked at 128, appears to have stemmed and reached a plateau, although numbers remain higher than at the end of March 2009 when 79 children had a CP Plan. This upward trend has mirrored the national picture.

As a proportion of the child population, in the year ending March 2011 26.2 children were subject to a CP Plan for every 10,000 children and young people aged 18 and below. This is below the national rate of 38.7 for the same period. Kingston's rate of children subject to CP Plans has been consistently lower than the national rate in recent years.

In line with the national picture, most children are put on plans under the category of 'neglect', with 'emotional abuse' being the second most frequently used category. Currently in Kingston, there are significantly more children with a CP plan under the sole category of 'neglect' (59%) than 'emotional abuse' (31%). Only 2% of children had plans under the category of 'physical abuse'. Nationally for the year ending March 2011, 'neglect' at 42.5% continues to be the most frequently used category, with 'emotional abuse' solely used in 27.3% of CP plans.

Domestic abuse, poor parental mental health, and parental substance misuse continue to be very significant factors in children becoming subject to CP Plans. Almost 42% of these children had parents (usually mothers) with a mental health issue in 2011-12, including both diagnosed issues that were receiving treatment and undiagnosed issues such as underlying anxiety and depression. This is higher than in the previous two years when the numbers thus affected were 27% (2010-11) and 24% (2009-10).

The incidence of domestic abuse as a factor has also increased steadily. At the end of March 2010, 55% of families with children who were the subject of initial conferences were affected by this issue. In 2011 the proportion had increased to two thirds of families being affected by domestic abuse. This situation has remained fairly constant in the past year with 64% of families affected at the end of March 2012. It is thought that greater awareness of domestic abuse and better services are behind this increase, as it has led to more families being identified. Many of the families affected by domestic violence are also affected by alcohol and housing and have unborn children.

Drugs and / or alcohol abuse affected 50% of families considered at initial conferences in the last year. Whilst still a very high number, this is lower than in previous years: it was 55% in 2011 and 59% in 2010. Other significant patterns include a high number of unborn children being subject to CP Plans (12% in 2011-12); an increasing number of very young parents aged 21 or under presenting at initial conferences; and a third of families being headed by a single parent.

For a more detailed analysis of child protection data and trends, refer to the Child Protection Activity Report 2011-12 at Appendix 2.

4.5 Looked After Children

Provisional figures show that there were 130 full time Looked After Children (LAC) in Kingston as at 31st March 2012. This is equivalent to a rate of 38.3 Looked After Children per 10,000 children and young people in the borough. When compared with similar boroughs, Kingston's LAC population has been consistently smaller over a number of years and is also well below the average for England.

4.6 Child abuse allegations

The Child Abuse Investigation Team (CAIT) at Barnes deals with all intra-familial abuse against children across three boroughs: Kingston, Merton and Wandsworth. There were 219 allegations of child abuse in relation to Kingston children in 2011-12, of which 103 were classified as crimes. Of these, 5 were rape allegations, 16 were other sexual offences allegations, 58 were physical assaults, 4 were classed as other crimes (ie. grooming, possession of indecent images for example) and 20 were neglect allegations.

It is not possible to comment on trends within the individual boroughs; however, there has been a noticeable drop across all three Boroughs in rape and physical assault allegations. Other sexual offences allegations remained the same. Neglect allegations on the other hand have notably increased across the three Boroughs - up from 80 to 101. There is no clear explanation for this increase and it is not mirrored across the whole of London.

4.7 Hospital admissions

In 2011-12 two children from the borough were admitted to Kingston Hospital due to intentional injuries. Road traffic accidents accounted for 4 admissions to hospital but there were no fatalities.

The number of Kingston children and young people aged 0-18 years who attended the Accident and Emergency (A&E) department due to alcohol abuse fell slightly from 46 in 2010-11 to 41 in 2011-12. Substance misuse accounted for 5 attendances at A&E, up from 4 in the previous year.

5. Progress in addressing the LSCB's priorities

5.1 Ensure children and young people are kept safe from harm through high quality practice

5.1.1 Child protection performance

The re-referrals outturn for 2011-12 was 14%. This represents an improvement of 2% compared to the previous year's outturn, supporting the judgement that early interventions are effective. Working relationships between partner agencies remain effective.

The number of children subject to Child Protection Plans for over two years has been historically low in Kingston, however there was a significant increase at the end of last year (7.9%) due to a number of highly complex CP cases, and the coordination of multi-agency interventions required to effect positive change for these children and their families. The year-end outturn for 2011-12 showed improvement to 6.3% (representing 7 children out of 112).

Performance has been maintained in ensuring child protection plans are reviewed in a timely manner. Children's Social Care continues to ensure that 100% of all CP conferences are held within the statutory timescales, and all assessments progressing to Initial CP Conference are risk assessed through Section 47 procedures. 100% of CP cases were allocated to a qualified social worker in 2011-12.

The strong performance in achieving performance measures needs to be understood in the context of a need to address more effective analysis of risk and application of thresholds. Targeted work is being implemented to ensure thresholds for Social Care involvement or intervention are appropriately applied and that effective analysis, including of risk, is applied.

The Barnes CAIT has improved its performance in converting crime allegations into charges. Out of a total of 462 crime allegations from the three boroughs in 2011-12, 143 (31%) investigations resulted in prosecutions; the target was 22%. For rape investigations the figure was higher. 64% of rape investigations resulted in charges against a target of 42% for the three boroughs.

5.1.2 Staff supervision

Supervision of Social Workers is held regularly and its frequency is monitored. The need to develop more reflective and child focused supervision is recognised. This is being addressed and monitored. A focus on qualitative rather than purely quantitative auditing and training is a key priority for the Children's Social Care Service.

Supervision arrangements within NHS Kingston have been strengthened significantly over the last year. Supported by the Child Protection Supervision Policy, all practitioners in the 0-19 teams have regular one to one child protection supervision every three months with the Named Nurse or specialist health visitor. A robust database ensures this is timely and this has been confirmed by a recent record keeping and supervision audit (see section 7.4.3).

The Hospital Trust has had a Safeguarding Children Supervision Policy and Guidelines document in place since January 2011. Safeguarding supervision is arranged by the child protection professionals. Staff are aware that they can request supervision sessions as

required and records are kept of each session by the child protection professional and staff member. Staff groups holding caseloads make contact with the child protection professionals if they require extra support and advice regarding a family they are visiting.

In addition, the named professionals for health in the Borough meet bi-monthly for group supervision sessions which are arranged by the hospital. Attendance is monitored and the topics discussed recorded as proof of ongoing professional development.

5.1.3 Chronologies

Chronologies help to build a picture of significant events in a child's life and are recognised as a key part of good practice. During the past year extensive work has been undertaken on the ICS system used in Children's Social Care to enable workers to record chronologies in a way that tells the 'story' of significant events in a child's life more effectively. Workshops with staff and system developers have enabled improvements to the ICS system chronology. Combined HR Training and ICS System training has been delivered to support the improvement of the writing and recording of chronologies and further training will be regularly provided as required. The proportion of open cases with recorded ICS chronologies has risen throughout the year and continues to rise.

5.1.4 Escalation policy and procedures

Escalation is when a matter relating to a child's safety and well-being needs to be referred to a more senior person within an organisation because there is some conflict or dispute about how it is being handled or the action taken is considered to be unsatisfactory.

Escalation policies are in place for the Children's Social Care service, including a recently developed policy for CP Chairs and Independent Reviewing Officers. In line with the plan for improvement, these policies will be reviewed during the next 12 months.

There is also evidence of the LSCB's multi-agency escalation policy, which was adopted last year, being used to good effect.

5.1.5 Joint working developments

Co-locating staff from different agencies together is recognised as having benefits in terms of information sharing and joint work on assessments.

In summer 2012 a half time Health Visitor will be joining the newly established Duty Team in Children's Social Care. Discussions are also underway with the Metropolitan Police to plan the implementation of the Multi Agency Safeguarding Hub arrangements.

These will compliment the current multi agency team, which includes a Housing Officer and Substance Misuse Worker.

A further development has been the re-launch of the Positive Start Project. This project received extremely good evaluations, and as a result agreement has been reached to fund a manager in order to recommence the Project. A Health Visitor, Social Worker and Midwife have been identified to work with these young mothers.

5.2 Ensure that we identify concerns for vulnerable children swiftly and intervene early

5.2.1 Development of early intervention strategy

Sponsored by the One Kingston Strategic Partnership, the Council has worked with its partners to develop a refreshed Early Intervention Strategy. The strategy sets out Kingston's ambition for the development of early intervention services and has been developed in response to the national policy context, including the Munro Review, and the local needs of children and young people. It outlines local aspirations and provides a framework within which partners can work. Recognising the importance of early intervention in the spectrum of child protection activity, the LSCB has been consulted on the strategy.

5.2.2 Effectiveness of responses to vulnerable children

In Kingston the Common Assessment Framework and Lead Professional agenda continue to be central to protection and prevention work with children and families, with strong commitment from partners.

There are a number of performance measures in use which help to determine how well - and how swiftly - children's needs are met. In 2011-12 for example:

- 52.5% of children and young people with multiple needs had a CAF completed by a multi-agency professional within 15 working days following identification of need. This was a slight increase on the previous year.
- 77.6% of children and young people received a Team around the Child (TAC) meeting within 6 weeks of being flagged as a Level 3 concern, a significant increase on the 65.87% in 2010/11.
- 60.46% of TAC review meetings were delivered within the agreed 3 month timeline, which was lower than the previous year's figure of 73.37%.

A number of factors are at play which can impact on the outcomes for these indicators, such as the availability of parents and professionals and the systems for brokering support from services and agencies. Although the majority of case meetings are convened in a timely way to consider how best to meet the child's needs, there is room for improvement.

Notably, there has been a significant reduction in the number of TAC meetings being coordinated, with only 13 meetings (72 children) having taken place between April 2011 and March 2012 compared to 44 last year. Further review and analysis is required of the reasons for this, but some of the key issues that have been identified thus far include:

- A lower number of cases are "stepping up" from level 2 (see below).
- There is greater analysis of needs, both historical and present, before brokering of services due to the CAF analysis process being well embedded within ASKK.
- In some cases, there is less brokering of services due to capacity issues.
- The way ASKK manage and monitor level 2 cases has changed due to the Learning and Children's Services restructure.

Kingston's Step Up/Step Down Protocol sets out the process for referring cases between preventative services, co-ordinated through ASKK, and the statutory social care teams. The 'step up' refers to a child or young person for whom an initial assessment has been completed and who will remain open to the statutory safeguarding team on an initial plan or progressed to a core assessment. 89 children and young people were 'stepped up' between April 2011 and March 2012. This was either as a result of concerns raised by ASKK or as a result of professionals approaching the Safeguarding Service directly. These 89 children represent 20.7% of the total 'flagged with ASKK' population as at March 2012.

A range of possible actions may result when a case that is stepped up depending on the child's need and the assessment outcomes. In 2011-12:

- 35.9% (32) of children proceeded to a core assessment and were therefore deregistered with ASKK.
- For 24.7% (22) an initial assessment was completed and the outcome was that no further action was needed.
- 20.2% (18) were deregistered as a result of proceeding to an Initial Plan following the initial assessment.
- 5.6% (5) children remained flagged with ASKK either because they were closed to the Safeguarding Service after their initial plan had ended, or as a result of safeguarding advice.

Conversely, where a child moves from statutory safeguarding to prevention services, the child is said to have been 'stepped down'. 51 children and young people were 'stepped down' between April 2011 and March 2012 which is a 46% decrease from April 2010 to March 2011. This equates to 11.9% of the 'flagged with ASKK' population (as at March 2012) having been 'stepped down' over the 12 month period.

A review of the 'step up/step down' procedure undertaken as part of the CAF audit completed in March 2012 (see below) highlighted some areas for improvement. These included ensuring the protocol is well known, understood, and embedded in practice. The service restructure in March 2011, which affected both the Safeguarding Service and ASKK, was recognised as having an impact and the protocol is being reviewed to ensure that good practice is achieved and sustained.

The Chair of the LSCB continues to receive a regular breakdown of the numbers of children that are flagged with ASKK at Levels 1, 2 and 3 and the numbers of CAFs completed, including details of the agencies generating CAFs. The information is also reviewed quarterly at LSCB meetings.

5.2.3 Effectiveness of early help services

The CAF and Integrated Working audit mentioned above involved a comprehensive review of how well early intervention services are working in the borough. The audit focused on four key areas:

- Information sharing and integrated working, including the CAF framework, time lines and processes;
- Links between Prevention and Integration and Children's Social Care Services;
- Levels of need, period of flagging, and engagement with targeted services;
- Outcomes framework.

An evaluation carried out by Service Heads, Managers and Head teachers across the Children's Trust as part of the audit showed that there is an ongoing strong commitment to information sharing and integrated working in the borough. Also that the CAF is well embedded, supporting families with additional needs. In addition, review of a sample of flagged cases showed clear evidence of strong integrated working practices and the benefits of information sharing and multi agency involvement in securing positive outcomes for children, young people and families.

Following this review, further analysis is needed locally to ascertain the extent to which the CAF process in Kingston is cost effective. Better early intervention should reduce the demand for more costly specialist services but how far this is happening needs to be

assessed. Over the next year, the ASKK team plans to develop a multi agency tool to assist with both reviewing the cost effectiveness of integrated working and evidencing outcomes at the point of closure.

Since the end of 2007, 1,441 professionals have attended integrated working and information sharing training and 225 have attended Lead Professional training. New training is also being delivered between April and September 2012 with regard to assessment skills and solution focused practice, which were both identified as areas for development in the audit.

5.2.4 Early intervention and safeguarding support through children's centres

The ten Children's Centres in Kingston work in close partnership with a variety of services including Midwifery, Health Visiting, Family Learning, Portage and Family Support to provide a range of universal and targeted services within local communities. The past year has seen significant improvement in engagement between Children's Centres and Safeguarding Services with the agreement to share information between services greatly enhancing partnership working.

Since July 2011, Children's Centres have received quarterly lists of children aged 0-5 years, including unborn children, who are known to the Safeguarding Service. The centres have put in place systems to monitor whether these children and their families are known to or attending the centre. Where children are not registered with them, they make contact with the named Social worker to begin identifying opportunities to engage the families with their local centre.

There is evidence that this tracking is resulting in an increase in the number of children known to the Safeguarding Service who are registered with a Children Centre. In October 2011 just over half of children aged 0-5 years of age who were open to Safeguarding Services were registered with their local Centre (104 out of 207). By January 2012, the figure had increased to 61% (159 children out of a total of 259). Children's Centres are also working hard to reduce the number of children and families not known to them. Some children's centres are more successful and good practice is shared to ensure wider attendance.

There is also a commitment from the Chairs of Child Protection conferences to include Children's Centre services on plans involving unborn children and those aged 0-5 years of age, so that they can access the services available. The most recent statutory guidance on Children's Centres indicates an expectation that local authorities identify a named Social Worker for Children's Centres. This will also form part of the on-going partnership working between the two services.

5.3 Ensure that we intervene effectively with children and young people living in families where there are parental problems

5.3.1 Prevalence of domestic abuse

In 2011- 2012, 1,715 incidents of domestic violence were reported to Kingston police, many of which took place in households with children. The number of recorded crimes over the year reached 570, a 6.7% decrease on last year which closely mirrors trends locally: the London wide average was a 4% decrease in recorded crimes. The devastating effects that domestic abuse can have on children's lives are now well recognised.

Domestic violence (DV) continues to be a key safeguarding issue in the borough. It is consistently among the top 10 risk factors identified by the ASKK service: as at 31st March 2012, 24.4% of children and young people flagged with ASKK had DV identified as a risk

factor, slightly up from the 22% recorded in 2011. DV was also a significant factor for over two thirds of children considered at initial child protection conferences in the same period (see section 4.4). Where victims of domestic abuse are assessed as being at particularly high risk, they may be referred to the multi-agency case conferencing process (MARAC). During 2011-12 the Kingston MARAC considered 125 cases, with a total of 156 children in these households. This is a significant caseload increase of 60% on the previous year and largely due to an increase in referral rates as the service has been widely promoted to partner agencies. There has also been a significant increase in the proportion of cases from black and minority ethnic communities that are referred to the MARAC, from 20% in 2010-11 to 44% in 2011-12. The reasons for this are not properly understood and need further investigation. Referral rates from some agencies are low and this also needs to be addressed by ensuring their attendance at domestic abuse training.

The Safer Kingston Partnership oversees co-ordination and development of services to support survivors and their families, working closely with the LSCB and partner agencies. A number of specialist support services are in place and they continue to face a high demand. The *One Stop Shop*, which is a comprehensive walk-in service offering confidential advice and support on a range of issues including the effects of domestic violence on children, was accessed by 638 people in 2011-12, a 22% increase on the previous year. The Sanctuary Scheme enables people at risk of violence to remain safely in their own homes where they choose to do so, with additional security measures and support provided. It was accessed by 4 households in 2011-12. When it is unsafe for families to remain in their own homes they may need to access refuges spaces. In 2011-12 a total of 31 households accessed the refuges in Kingston (there are 2 refuges and 1 move on project run by Hestia Housing and Support), 55% of which had children. Kingston also funds a dedicated children's worker who works with children living in the refuges.

Provision of holistic and targeted support for families is seen as the key to addressing and preventing domestic violence, as evidenced by the following programmes, some of which have successfully continued from previous years:

- **Wednesday's Women:** a 10 week structured programme where a small group of women work together on domestic abuse related issues they have experienced. The group, accessed by 20 women in 2011-12, has demonstrated very positive outcomes. To date 86% of survivors completing the programme whose children were the subject of child protection plans have subsequently had their cases closed and 84% of women remained violence free at three months.
- **Safespace project** – providing one to one and group support to 5-11 year old children who had experienced domestic violence within their families, as well as educational workshops in secondary schools. This three year project supported a total of 191 children, many of whom were referred by the Safeguarding Service, and delivered workshops to a further 358 young people. Schools and family workers reported very positive outcomes in terms of children's confidence, mood, ability to express themselves, and interaction with teachers and peers. Unfortunately the project came to an end in March 2012 due to a lack of funding.
- **Caring Dads** - a 17 week programme for fathers who have been violent to their partner. It focuses on rebuilding relationships with their children and addressing their abusive behaviour. A pilot project worked with 7 men, all of whom had been involved with safeguarding services. 4 men completed the programme with positive results in terms of partners' safety and relationships with their children. Options are being considered for continuing the programme.
- **Daphne III bid** – acknowledging the emerging evidence that domestic violence starts at a much younger age than previously recognised, Kingston has worked with European partners to develop a bid for the Daphne III European funding programme '*Preventing*

and combating violence against women and girls'. The project will aim to develop an evidence based prevention programme designed to empower young people to develop healthy intimate relationships and prevent conflict and violence becoming an accepted part of the relationships they form. The project proposal will be submitted later in the year.

5.3.2 Strategic developments in safeguarding children affected by domestic abuse and staff training

The Kingston Domestic Abuse Forum expanded this year to include sexual violence within its remit. This was in response to the Government decision to expand the Domestic Violence agenda to include all forms of Violence Against Women and recommendations from a Safer Kingston Partnership commissioned needs analysis on sexual violence. This has also been reflected within the domestic violence training (part of the LSCB training programme) which now incorporates all forms of violence against women and girls and enhanced training on use of risk assessment models. During 2011-12 a total of 193 staff and volunteers accessed this free training programme, an increase of 18% on the previous year. The LSCB Management Group receives regular reports from the Forum, thus ensuring good links between the child safeguarding and DV agendas and that opportunities for joint working are identified.

5.3.3 Prevalence of parental substance misuse

Being a parent is the motivation for many substance misusers to seek treatment and stop using substances. However much of the problem behaviour linked to drug or alcohol use can reduce a person's ability to be an effective parent.

In Kingston the number of parents engaged in effective treatment for twelve weeks or more remains higher than the national average (38% compared to 33% nationally according to the National Drug Treatment Monitoring System). This means that they have either successfully completed a treatment programme or remained in treatment for at least twelve weeks, which is considered the minimum time needed to achieve a lasting effect. For the children involved, having a parent effectively engaged in specialist treatment can be a protective factor.

Although a higher percentage of parents are accessing treatment services in Kingston, we know that substance misuse affects a significant proportion of families considered at initial CP conferences (55% at the end of March 2011) but that only a small proportion (7%) of these families were accessing drug and/or alcohol treatment services. Access to treatment therefore needs to be improved.

5.3.4 Joint working to safeguard children affected by substance misuse

It is critical that local services can support and empower families where parents have substance misuse issues to improve their family functioning and family life and to provide an environment where their children can thrive.

In January 2012 Addaction established their Breaking the Cycle (BtC) project in Kingston and appointed a dedicated worker within the children's Safeguarding Service. The project will work with substance misusing parents, offering intensive support alongside drug and alcohol treatment to ensure that they address their drug and alcohol issues and also prioritise the needs of children and young people with whom they are in contact. The worker will assess families who are not receiving drug and alcohol treatment and help parents to improve their parenting skills, improve communication between parents and children, and refer families to specialist services. The worker will also sign-post families to other sources of support, act as an advocate on behalf of families and develop partnership working with other agencies.

It is too early to report on the impact of this service on children and families' lives; however outcomes will be monitored using a validated Family Outcomes Measurement Tool which will enable an assessment of impact in the future.

5.3.5 Children affected by adult mental illness

The LSCB ran a highly successful LSCB conference on "Safeguarding Children affected by adult mental illness" took place in February 2012. Featuring input from two nationally recognised child and family psychiatrists, workshops on effective multi-disciplinary approaches developed by other boroughs, and a presentation by young people from the Kidstime project, the conference was attended by approximately 100 professionals from a range of agencies. The event helped to raise awareness of the safeguarding needs of children affected by poor adult mental health and to promote holistic approaches to meeting their needs. Feedback was very positive. Participants found the event particularly useful in helping them to consider how they could work better with colleagues from other services to provide more holistic support to children and families affected by mental illness.

5.4 Ensure that safeguarding is effective for particularly vulnerable groups of children and young people

5.4.1 Children with disabilities

We recognise that due to their additional vulnerabilities, disabled children may be at an increased risk of abuse and neglect. However, research shows that disabled children may be under-represented in the safeguarding system. In 2010-11 7 children with a disability were considered at the 71 initial CP conferences for Kingston children. In 2011-12, the number was slightly higher, with 9 children with a disability considered at 68 initial conferences. Of these, only one child was being supported by the Disabled Children's Team. The remainder did not fit the criteria for that service. The LSCB has requested further information to better understand why this might be the case.

In the last year, the multi-agency Safeguarding Disabled Children Forum has completed its practice audit to test how effectively disabled children are safeguarded. Using guidance published by the DCSF, and with membership from the Local Authority, Kingston Hospital Trust, Metropolitan Police and NHS Kingston, the Forum found that agencies are doing a good or better job in the majority of areas covered by the audit. This includes:

- having the right systems and processes in place to safeguard disabled children;
- communication and joint working between agencies;
- staff training;
- assessing disabled children's needs;
- support to families and carers; and
- ensuring that disabled children and their families have access to appropriate services.

One of the key areas for development is the need to improve disabled children and young people's participation, as current performance was only judged as adequate in this area. Action is needed to ensure that disabled children and young people's voices are heard and that they are able to participate in decisions about their welfare and safety. Other significant issues include a gap in provision for vulnerable children and young people who do not reach the threshold for existing services. Also the additional risks to young people who are moving from Children's to Adult services for whom less support is available due to a reduction in Connexions staff. In order to take forward these and other recommendations, the LSCB agreed that the Forum should continue to meet on a quarterly basis.

One important change has already been implemented in response to the audit findings. The LSCB has incorporated into its annual training programme a half day multi-agency course focusing specifically on safeguarding disabled children. This aims to ensure that the children's workforce is better equipped to recognise and respond to the particular needs of this group.

5.4.2 Children missing from home and care

Children who run away from home or care put themselves at considerable risk. Between 31st March 2011 and 19th March 2012, a total of 286 children and young people were reported as missing from home and care in Kingston². This included 14 children in care. The total figure compares favourably with the 412 children reported missing in the previous year (2010-11), having fallen by 31%. It is believed that the decrease in runaways is due to better preventative and collaborative working between the police, children's social care and partner agencies.

A small group of children, mainly those who are looked after by the local authority, go missing repeatedly and account for a significant proportion of these reports. The 14 children who went missing from care between March 2011 and April 2012 were involved in 200 separate incidents. Two of these young people went missing on over 50 occasions. The majority of these young people were persistent absconders. In 2010-11 only 18 incidents were recorded involving 9 Looked After children and young people. It is likely that this difference is due to a recording issue in Children's Social Care rather than a significant increase in incidents. The need for tighter monitoring and a more strategic approach has been recognised and is being addressed.

Due to the extreme vulnerability of such children, all reports are accorded the highest priority. The procedure for dealing with missing children is set out in a joint protocol between the Police and Children's Social Care and is helping to improve information sharing. When found, missing children are interviewed by Police and if necessary, another professional or responsible person; a risk assessment is done; and information shared with Children's Social Care or other partner agencies as agreed. The Police and Children's Social Care jointly assess any concerns raised, as well as risks, and take appropriate action. All children reported missing in the last year have been found.

Whilst current procedures are considered to be sound, there is an identified need for improvement in some areas. For example, when children housed in Kingston by another local authority go missing, it can be difficult for Kingston Police to quickly locate the details of that child as they are not under the care of Kingston Children's Social Care. Better information sharing by other local authorities' Children's Social Care Departments would help to minimise any delays and the risk of a child coming to harm. Partnership working could also be strengthened by establishing quarterly meetings between children's social care, police, education and partner agencies to share information and plan accordingly.

5.4.3 Young people subject to or at risk of sexual exploitation

The issue of sexual exploitation has received a high profile nationally, especially since the launch of the Government's inquiry into gang-related sexual exploitation in October 2011. This is alongside a recognition that far higher numbers of children and young people may be subject to this very serious form of abuse than previously thought.

² Police statistics capture the number of children and young people aged 0-18 inclusive. The system reports the number of incidents and not specifically children and young people.

Locally, a multi-agency operational group has been in place since April 2011 to scope the risk of sexual exploitation in Kingston and to map local provision against the national action plan for tackling child sexual exploitation. It appears that while the incidence of sexual exploitation in Kingston itself may be low, the use of technology to exploit poses a significant risk, as does young people's movement across boroughs. The group identified 18 young people who were considered to be at risk, the vast majority of whom were girls. Some of these young people were known to several agencies but they were not necessarily focusing directly or collaboratively on the risk of sexual exploitation. One Looked After young person was considered to be at such a high level of risk that a referral was made to the Barnado's South West London Sexual Exploitation Service. The Service has done intensive work with that young person, and the positive outcomes achieved thus far have been reported to the LSCB.

In reviewing local provision, the group recommended the development of a service in Kingston that would aim to intervene at an early stage and prevent an increase in risk for young people. Such an approach could include setting up a group work model, whereby young people who have experienced sexual exploitation or are considered to be at risk work together on addressing the issues. The LSCB has agreed that this proposal, including resource implications, should be explored in more detail. These developments will also need to be set within an overall strategy for sexual exploitation.

5.4.4. Private fostering

The Council's annual report on private fostering for 2010-11 was presented to the LSCB in December 2011. Private fostering is when a child or young person under the age of 16 years (or under 18 if disabled) is cared for, or given accommodation, for 28 days or more by someone who is not a parent or close relative. This excludes children who are looked after by the local authority.

The report highlighted that:

- the numbers of privately fostered children in Kingston remains very low, with figures being relatively stable in the last three years. As at 31st March 2012 16 children were privately fostered (this is a provisional figure), compared with 11 children as of 31st March 2011. Teenagers born in Asia are the largest group in private fostering arrangements.
- An updated "Private Fostering Pack" containing leaflets for children, families and professionals was produced in May 2011, to ensure that everyone is aware of the notification process. This sits alongside information on the Council's website.
- There is a sound process in place for assessing and monitoring private fostering arrangements.
- Visiting times for privately fostered children could be improved and consideration will be given to reducing the timescales for visits so that children are seen more frequently.
- During 2010-11 no safeguarding concerns were identified for any privately fostered children.

The LSCB also endorsed the need for further awareness-raising in the community (eg faith groups and minority groups) and with partnership agencies (eg schools) and made suggestions for ways of doing this. This work will be taken forward by the Private Fostering Review Group.

5.4.5 Bullying

Collecting data on the frequency and nature of bullying has become more challenging because this information is no longer collected at a national level, although a proactive approach has been taken in Kingston. The Youth Service has surveyed young people on a number of issues, including bullying, which could be a source of comparison in the future. In addition, a survey has been developed for schools' use, with a view to enabling them to address issues identified

through feedback. However schools may not be prepared to share statistical information gathered in this way with the local authority.

The Council's focus over the past year has been on supporting schools in developing coherent and consistent strategies for preventing bullying in their schools and the local community, as well as responding to specific incidents of bullying. This work has supported schools to:

- reduce incidents of bullying, harassment and violence;
- enhance the confidence of school staff to address bullying and develop environments of 'no tolerance';
- involve children and young people in the development and implementation of anti-bullying initiatives;
- develop systems for collating and analysing data in order to target support and intervention effectively.

Whilst there is much good work, intelligence gathered through the multi-agency Cross Children's Services Anti-bullying Group indicates that cyberbullying continues to be an increasing issue for young people (see section 5.5.1). Social Networking sites such as Facebook are used by some children from the age of eleven, and sometimes intentionally and sometimes inadvertently others can be hurt. Dealing with the aftermath is time-consuming for all services and must be addressed as a priority going forward. Improving children's safety online is a key priority in the new CYPF.

5.4.6 Children and young people with mental health and self-harm issues

A range of child and adolescent mental health services are available in Kingston. Their work spans supporting children who may be experiencing mild or minor mental health problems through to specialised multi-disciplinary services for more severe, complex or persistent disorders. As part of its scrutiny activity, the LSCB has focused on the support provided to children who have more serious or severe needs.

Within the past 12 months:

- There has been an increase in Kingston children and young people attending A&E due to self harm: 16 in 2011-12, compared with 6 the year before.
- 2 of these 16 children were admitted to hospital due to the self-harm.
- The number of Kingston children attending A&E due to an overdose has fallen, from 30 in 2010-11 to 24 in 2011-12.
- 12 children and young people were admitted to hospital as a result of taking an overdose.
- There were 5 visits to A&E by Kingston children due to attempted suicide, down from 13 the year before.
- 3 of these 5 children were admitted to the hospital.

The LSCB was concerned to know that young people who are a risk to themselves through self-harming behaviour receive appropriate treatment and support and that their welfare is assured. Kingston Hospital's Paediatric Ward and the Child and Adolescent Mental Health Service (CAMHS) were therefore asked to conduct a joint audit of child safeguarding procedures in their service areas. This was included as a specific action in the LSCB's business plan and the outcomes were reported to the LSCB in December 2011.

The audit sought to establish whether all young people presenting to A&E with self harm have been assessed according to child safeguarding procedures as recommended in the London Child Protection Procedures and NICE guidelines. It included a retrospective review of case notes for young people who had presented to Kingston A&E department with deliberate self-harm between July and December 2010.

Some areas of good practice were noted. For example, risk assessments had been conducted and recorded for all of the cases reviewed and a responsible adult had been identified and involved in discussions with professionals in the majority of cases. There was also evidence that concerns about the child's social circumstances and any previous involvement with children's social care were recorded and taken into account. There were also several recommendations. These included:

- The need to refer all young people with substance misuse issues to the Substance Misuse Service and to record where a young person does not want to be referred.
- Ensuring consistent practice in mental health professionals making referrals to children's social care when a child or young person presents to the hospital with deliberate self-harm; currently there is some variation in practice.
- Providing training for junior doctors to make them aware of the paediatric self harm policy and the role of ASKK and Young People's Substance Misuse Service.

5.4.7 Young carers

Young carers are children and young people who look after a sick or disabled relative. They can face significant responsibilities within the family that would usually be fulfilled by an adult and often this means that they miss out on opportunities and their needs are not met. A key aim in Kingston over the last year has been to increase the numbers of young carers who are known to Children's Social Care and Early Intervention and Prevention Services and also receiving support from the Young Carers' Project.

To achieve this, an outreach worker for the project has linked with GP practices and children's social care teams to promote services for young carers. This has helped to raise awareness of young carers' support needs and has happened alongside ongoing promotion amongst schools and adults and children's services. All schools and social care teams have information resources for both professionals and young carers.

There is evidence that this work has been successful as significantly more young carers are now engaging with the service. 76 new referrals were received in the last year, with a total of 216 young carers using the service. Of the new referrals, 61 children were known to the ASKK service at the point of referral. In 2011-12 the Young Carers Project was aware of 8 children and young people who had children's social care involvement, although the actual number is likely to be higher. Engagement with the service is a protective factor as children have access to a range of advice and support, including a programme of one to one support for the most vulnerable and those experiencing personal crisis.

5.5 Ensure that we engage children, young people and families from all backgrounds, and the community, in the work of the LSCB

5.5.1 Engaging with children and young people

The LSCB has taken some significant strides forward in developing its engagement with young people. Supported by the Council's Youth Participation Officer, good links have been established with Kingston Youth Council. The LSCB Chair and Business Manager have met with the Youth Council on several occasions during the year to explain the role of the LSCB and to listen to young people's views and concerns about safety in the borough. These meetings have been well attended and amongst the issues highlighted travel safety and

internet safety have loomed large. Of particular concern are problems that young people experience on local buses. Young people have also mentioned their concerns about the levels of anxiety and mental health issues that are experienced by some of their peers, especially in certain schools where the pressure to perform academically can be high.

In an attempt to engage with a wider cohort of young people, the LSCB Business Manager delivered a presentation to the Student School Council in July 2011. The Council comprises representatives from each of the School Councils in the borough. Again young people were invited to raise any relevant issues with the LSCB. Bullying was one of the safeguarding issues considered at this meeting.

In seeking to respond to the issue of safety on local buses, the LSCB led discussions with the Adult with Disabilities Service and CAMHS who have some local intelligence and experience of dealing with these issues from the viewpoint of their service users. As a direct outcome of these discussions, representatives from the Youth Council were invited to attend a Transport Liaison Meeting in January 2012 to put forward their concerns to senior managers from the Council and Transport for London. In addition, guidance was issued, via the Youth Council, on how young people can log an official complaint with the relevant bus companies if they experience problems, thus enabling better monitoring of issues.

Including young people on the membership of the LSCB Communications and Awareness subgroup has also facilitated direct involvement in the LSCB's work. The Youth Council Leader / Publicity Co-ordinator has attended regularly and made an active contribution to key pieces of work, such as developing LSCB branding guidelines.

Progress has been good, but it is recognised that the Board must sustain its efforts to ensure that young people's involvement is meaningful, well integrated, and leads to improvements.

In addition to its own engagement work with children and young people, the LSCB has been aware of consultation undertaken by the Children's Trust to develop its new Children and Young People's Plan. This has been an extensive and inclusive exercise involving approximately 1,500 children and young people from across the borough, including those with disabilities and learning difficulties.

The consultation highlighted safety as a top concern and reflected some of the issues picked up by the LSCB in its discussions with the Youth Council. Specifically,

- 89% of young people said they feel safe in school and in their local area. Many young people feel less safe when it is dark, in unfamiliar places and in crowded places.
- Young people feel less safe when using the internet, with Facebook, YouTube and PS3 posing particular problems.
- 35% of young people reported that there were not enough safe activities for children and young people at weekends.

The Trust's intention to shape the CYPP around feedback from children and young people demonstrates good practice in ensuring that the plan is responsive to service users' views. The LSCB commends its approach (see section 6.5).

5.5.2 Engaging with parents

The Board's plans to improve parental participation in the Child Protection process have proved challenging to deliver. Funding constraints have meant that a LSCB sponsored research project, planned in collaboration with Royal Holloway, University of London, to investigate parents' views and experiences of the child protection process did not come to

fruition. The intention had been to gather detailed qualitative data on parents' experiences which could then be used to inform service improvements.

However, as a step towards this, the Child Protection Service has devised an additional parental feedback form for use during every Child Protection Conference. It asks parents to comment on their experience of the process. Information gathered in this way will be collated and in the future reviewed by the LSCB.

5.5.3 Engaging with the community

A key function of the LSCB is to promote awareness of safeguarding issues within the local community and, in turn, to ensure that the community has a voice in the wider safeguarding matters that affect children and young people in the local area.

Embedding the role of our lay members, recruited in Spring 2010, has been one way in which the Board is seeking to improve links and communications with the community. The lay members are now actively contributing at various levels of the LSCB, from the main Board and Management Group to the subgroups. Through the Communications Subgroup, they have contributed to work to improve information held on the LSCB website and discussions on how key LSCB messages can be taken to the community. This work will need to develop in the year ahead so that there is more active engagement with the community on identified issues, especially those flagged by young people.

Also in the last year, taking account of work initiated in response to the pan-London Safeguarding Children Across Culture and Faith Project, the Board has sought to establish better links with faith communities. Following a presentation by the LSCB Business Manager to the Inter-Faith Forum in April 2012, attempts were made to set up a small working party with representatives from the Forum and LSCB to explore local issues in relation to safeguarding children within the context of culture and faith. The aim was to gain a better understanding of what the issues are and where work with the community is best targeted. That this proposal did not come off the ground perhaps indicates that the Board needs to do more groundwork with the faith sector to establish wider understanding of the children's safeguarding agenda and its relevance to them. To that end, discussions are underway to include a representative from the Forum on the LSCB.

In relation to equalities and diversity issues, the LSCB has considered local feedback from a survey of practitioners completed as part of the pan-London project alongside data on the prevalence of different ethnic groups in the cohorts of children receiving early help and child protection services. The data pointed to an over-representation of White & Black Caribbean and White & Black African children in the ASKK service and in children subject to a CP Plan. Black ethnic groups, particularly Black African Children, are also over represented in children's social care. Asian groups are generally under-represented in all service areas. Whilst this information was a useful pointer, it was agreed that current data is limited and data collection needs to be improved to allow for a more sophisticated analysis of trends, patterns and issues in the future.

One specific community issue that has come to the LSCB's attention relates to child protection concerns within the Korean community. Kingston has the largest Korean community outside of Korea, with the population being mainly concentrated in New Malden. In May 2011 concerns from both the Police and Children's Social Care about the number and nature of child protection incidents involving Korean children coming to their attention prompted a cross-service working group to be established. The group has met several times and, with input from the LSCB Business Manager, has produced a leaflet in Korean to promote positive safeguarding messages to the community. This leaflet will be distributed via schools, children centres and it is hoped the Korean Church. There are also plans to run a Korean parenting

group. While the impact of this work is not yet apparent, it has been a good example of multi-agency working to address a specific safeguarding issue.

Improving engagement with the community, including children, young people, and families, on specific safeguarding issues is a recognised area for further development.

5.5.4 Communications and Awareness Subgroup

This Sub Group was re-launched in July 2011 to take the lead in promoting effective communication on national and local safeguarding issues, both with staff and professionals in the children's workforce and the local community.

To date, it has:

- Updated the LSCB website, ensuring that all information on the site is up to date, so that visitors can access accurate guidance on safeguarding.
- Revised the LSCB logo to include a strap-line that makes the Board's core purpose very clear to professionals and the community.
- Developed branding guidelines for the LSCB to ensure that the logo is used in a consistent way and there is a standard look for all LSCB documents, which is clearly recognisable.

Securing sufficient resources to progress work on the website and other activities such as a LSCB newsletter has been an ongoing challenge. The use of volunteers is being actively explored as a possible solution.

5.6 Ensure there is sufficient skill and capacity in the workforce to effectively safeguard children and young people

5.6.1 Training and workforce development activities during 2011-2012

The LSCB commissions the delivery of its multi-agency training programme through the Council's Organisational Development Team. A Service Level Agreement is in place between the Board and the Council to ensure that expectations and lines of accountability are clear, especially in the light of recent organisational changes.

In 2011-12 68 courses were delivered to a total of 1,258 participants. These numbers are similar to the previous year with 1,213 participants in 2010-11. Three courses were cancelled due to low numbers. Courses targeted the following groups/levels:

- 3 courses at group/level 1
- 27 at group/level 2
- 14 at group/level 2/3
- 24 at group/level 3 and above.

An additional specialist course on pervasive neglect was developed following the findings of a local Serious Case Review. The initial course in June 2011 attracted over 25 participants but the two subsequent courses had significantly lower numbers, four and seven respectively. The reasons were that one course had to be re-arranged and the second had five no shows. All three courses evaluated well with good representation across agencies including children's social care, education, children with disabilities, health and youth services.

Following the Plymouth LSCB Serious Case Review into nursery Z, Early Years Managers were specifically targeted to undertake both on-line and face to face safer recruitment training. Three workshops were delivered. In addition, safer recruitment training was offered to the children's workforce in line with the nationally accredited course provided

through CWDC and delivered by an in-house Learning and Development Adviser who holds the national accreditation. The material was adapted following the initial course to be more relevant to a multi-agency audience rather than orientated to education services.

Schools continue, as in previous years, to be the single largest group accessing LSCB training with approximately 243 places, early years settings approximately 91 places, and Kingston Hospital 120. Notably few places were accessed by the police with only four places throughout the year. During the next year, the LSCB will take steps to ensure that attendance at courses is proportionate and representative across agencies. Agencies will also be asked to undertake a training needs analysis to benchmark the level of safeguarding training required across the workforce.

The very experienced and long serving LSCB trainer left Kingston in November 2011 and a temporary Learning and Development Adviser was appointed. This impacted briefly on the delivery of the programme during November and December 2011. The programme for 2012-13 was delayed as a consequence of the change of trainer and the need to rewrite a number of LSCB courses. The programme was published in February 2012 and from 1st April 2012 was made available to agencies through Evolve, the Council's on-line booking system.

Due to these changes and the work of the Integrated Children's Workforce Board (ICWB), which is beginning to pick up aspects of the agenda, the workforce development focus of the group has not had the same priority as the training. The LSCB Business Manager sits on the ICWB and has contributed to an update of the Children's Integrated Workforce Strategy, ensuring that safeguarding children is a central theme. This Board will also take a lead in monitoring children's workforce data, eg in relation to recruitment and retention, and alert the Training Sub Group to relevant issues.

5.6.2 Training developments in 2011-12 and beyond

The LSCB was fortunate to have additional funding to support the implementation of the Munro proposals and, following consultation with LSCB members and the revision of the current training provision, the 2012-13 programme has been significantly enhanced by additional training in:

- Action learning sets for practitioners
- Action learning sets for managers and supervisors
- Child development
- Female genital mutilation
- Honour based violence and forced marriage
- Sexual exploitation
- Pre-birth assessment
- Safeguarding disabled children
- Child Protection process update: Messages from research
- Safeguarding Children: Multi-agency updates.

The action learning sets are an innovative development to build on the earlier work on neglect following the local SCR, giving practitioners and managers an opportunity to develop their own learning and knowledge within a six week programme of closed workshops.

The group is undertaking a pilot of the PIAT training evaluation material on the 'working with domestic and sexual violence' courses. The outcomes will be used to develop our approach to assessing the impact of safeguarding training on participants.

The Training and Workforce Development Sub Group has continued to meet quarterly and the Named Nurse for Safeguarding in Your Healthcare was appointed chair in September 2011. Membership was subsequently reviewed, and following a period of lower than usual attendance, the Chair wrote to agencies to encourage better participation. The meeting in March 2012 was well attended.

For the year ahead, key priorities will be to develop a training strategy to support the training programme; conduct a training needs analysis to accurately capture the safeguarding training needs across the workforce; and to build capacity across the workforce to deliver safeguarding training by developing a "training the trainers" course and standardised training material.

5.7 Ensure that child deaths are robustly scrutinised and any lessons on preventable deaths appropriately inform the LSCB's work

5.7.1 Child Death Overview Panel activities

The Child Death Overview Panel (CDOP), in place since April 2008, is a joint arrangement between Kingston, Hounslow and Richmond. The Panel evaluates all deaths of children resident in the three boroughs to identify any issues of concern and lessons to be learnt. It also aims to identify any risk factors and trends in the local pattern of child deaths, with a view to informing policies and procedures across all agencies and advising the LSCB on resources and training required to improve responses to child deaths and reduce numbers of preventable deaths. The LSCB received the third CDOP annual report in September 2011.

The CDOP has continued to work well in the last year. During 2011-12 there were been 13 deaths of children from Kingston. None were due to suicide or abuse. There were also no deaths as a result of Sudden Unexpected Death in Infancy, which had been the cause of a number of deaths in past years considered by the panel to be potentially preventable. Since 2010-11, CDOP has produced and distributed a safe sleeping leaflet for inclusion in new birth red books and posters for display in health and early years' settings to promote safe sleeping practices. The message of safe sleeping continues to be promoted by health partners throughout the borough and it appears that this had a positive effect, although further investigation is planned.

During 2011-12 the Panel completed reviews of 14 Kingston deaths occurring both in this period and in 2010-11. Over two thirds of the deaths reviewed occurred in newborn babies, with many being premature babies who had suffered related complications. Only one death was judged to be potentially preventable. The Panel are satisfied that the relevant agency has identified appropriate learning and improvements to practice to reduce the risk to children in future.

At Kingston Hospital, arrangements for bereavement support have benefitted from the designated doctors' creation of a bereavement focus group. This ensures that bereaved families receive coordinated support and have access to a single point of contact in relation to all follow ups there.

By streamlining the information presented at panel meetings, the efficiency and number of cases reviewed has increased. The total number of reviews completed has doubled compared to the previous year. This is important in ensuring that reviews happen in a timely manner and any learning points can be acted upon at the earliest opportunity.

Some of the challenges and areas for development for the Panel include:

- Improving some primary healthcare professionals' engagement in the child death review process; a targeted factsheet is under development in response to this.
- Continued focus on encouraging parents' involvement.
- Securing comprehensive information in relation to all reviews.

A reduction in funding has resulted in new chairing arrangements for the Panel, with the public health representatives from the three boroughs taking on this role on a rotating basis. So far this arrangement has proved beneficial as the learning, analysis and recommendations emanating from the child death review function fits well with the public health remit.

6. Governance and accountability arrangements

6.1 Role and functions

Kingston LSCB has been in place since April 2006 and has two main objectives:

- To co-ordinate the actions of all the agencies that are represented on the Board; and
- To ensure that these actions are effective.

The LSCB is responsible for ensuring that children are protected from maltreatment, that significant negative effects on children's health and development are prevented, and that children grow up in circumstances that allow them to be safe and well cared for. The Board's responsibilities are set out in primary legislation, regulations and statutory guidance.

Terms of Reference for the LSCB have recently been reviewed and updated to reflect national and local policy developments since they were last reviewed. There is now closer alignment with Working Together 2010 in respect of the LSCB's role, functions, and activities. Current working arrangements, for example, in relation to chairing, membership and frequency of meetings are more accurately reflected. This is important in ensuring that all member agencies are clear about the governance of the Board.

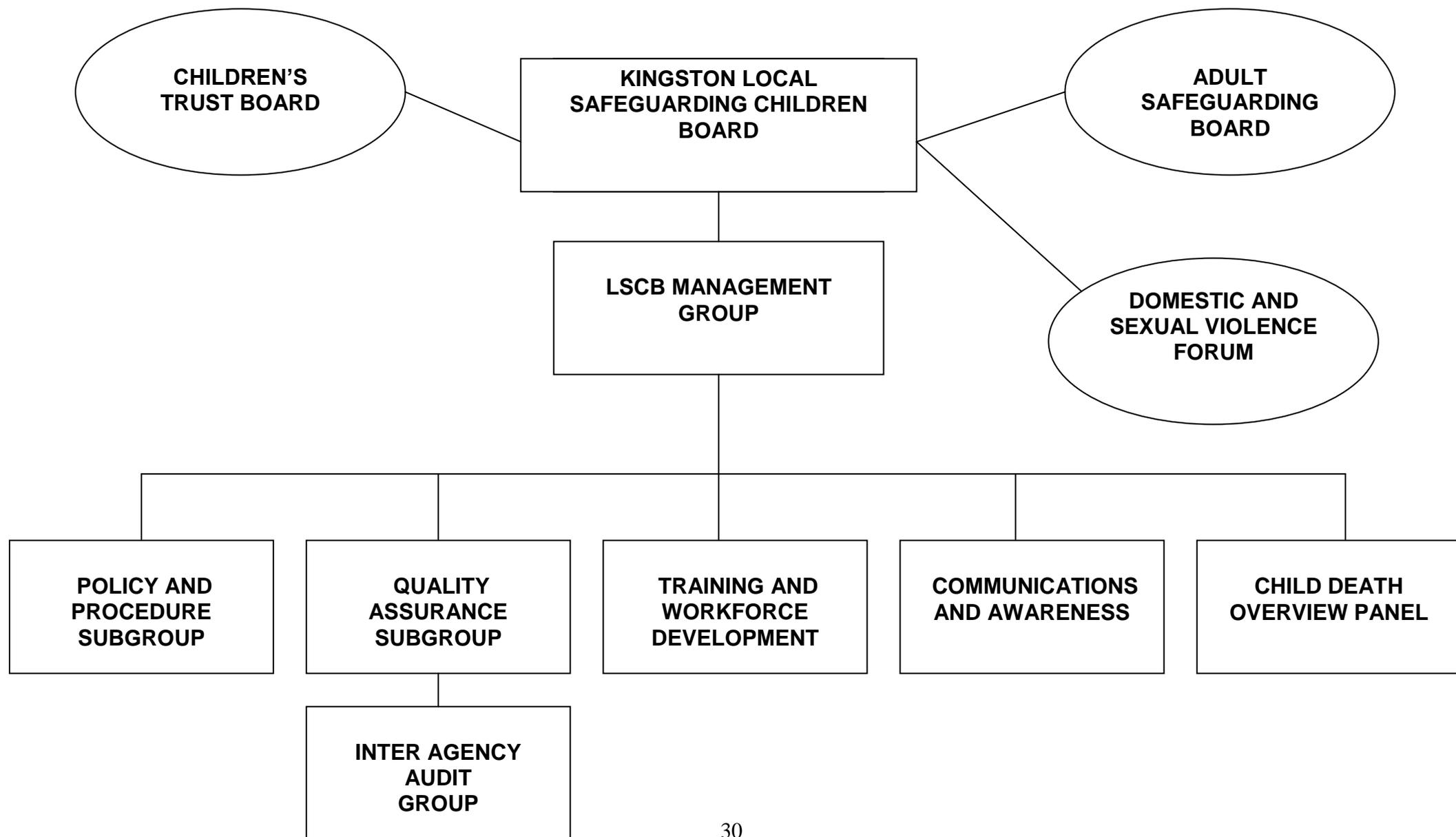
6.2 LSCB structure

The Board has a number of subgroups through which it discharges its wider responsibilities. They are:

- Policy and Procedure
- Quality Assurance
- Inter-Agency Audit
- Training and Workforce Development
- Communications and Awareness
- Child Death Overview Panel.

These are operational groups, which deliver relevant strands of the LSCB's business plan. Each has a multi-agency membership drawn from the relevant agencies and agreed Terms of Reference. See the structure chart below.

Kingston Local Safeguarding Children Structure



In addition to the sub groups, there is a small Management Group to assist the Board in discharging its routine business functions. This is led by the Independent Chair of the LSCB and consists of the chairs of each of the subgroups (with the exception of the Child Death Overview Panel), along with the Regional Detective Chief Inspector for the Child Abuse Investigation Team (CAIT) and LSCB Business Manager. The group takes a lead role in determining the agenda for full Board meetings and making recommendations to the Board on issues raised by the LSCB and subgroup chairs. It also oversees preparation and monitoring of the business plan and the work of the subgroups.

This structure was put in place in April 2011 following an externally facilitated review. It has become more embedded during the course of the year and has proved effective in streamlining the work of the subgroups, as there are a smaller number of groups, and ensuring that membership of each is appropriate, thus making best use of limited resources across all partners. The Management Group is now working well in taking some of the routine decision-making away from the full Board, which has, in turn, created more discussion time at main Board meetings. This time has been used to focus on key strategic issues, for example the impact of budget reductions and service changes on safeguarding children, the Munro Review of Child Protection, and safeguarding young people at risk of sexual exploitation. In addition, the Board has benefited from extended discussion time on issues such as equalities and diversity, private fostering, and member development through interactive sessions at each meeting.

The LSCB has been clear about its challenge role. For example the Director of Children's Services was asked to present the financial plans for safeguarding children given structural changes within the Council and the Designated Nurse for NHS Kingston was asked to explain the potential impact of the NHS reforms on safeguarding services. The Board has also challenged thresholds for children with disabilities. Ensuring that the LSCB offers really robust and impactful challenge to agencies, especially around core child protection business, and strengthens multi-agency auditing are important areas for development in the immediate future.

6.3 Membership

The Board has been led by an Independent Chair since September 2010. It is made up of senior representatives and designated professionals who have a remit for child safeguarding in their respective agencies and who are able to contribute to the planning and scrutiny of services to safeguard children. These are professionals who have the authority to influence and make decisions on behalf of their organisations, including putting forward resources.

The following agencies are statutory members and are currently represented on the Board by the posts listed beneath each agency:

Learning and Children's Services

Director of Learning and Children's Services, Head of Prevention and Integration, Head of Children's Social Care, Safeguarding Service Manager, Professional Standards and Development Service Manager, Child Protection Team Leader & Strategic Manager, Education Welfare Service / LADO.

Metropolitan Police

Detective Chief Inspector, West Region Child Abuse Investigation Teams, Detective Inspector, Community Safety Unit, Kingston Police.

Probation Service

Assistant Chief Officer, Kingston and Richmond LDU, London Probation Trust.

NHS Kingston

Designated Nurse, Safeguarding Children, Child Protection GP Lead.

Your Healthcare

Named Nurse, Safeguarding Children, Board Lead for Clinical Services.

Kingston Hospital Trust

Director of Nursing and Quality, Named Midwife, Child Protection Designated Doctor.

South West London and St George's Mental Health Trust

Consultant Child Psychiatrist, Director of Nursing and Quality.

Substance misuse services

Parental Substance Misuse Worker / Kaleidoscope Project

Cafcass**Lay members**

Other members include:

Elected Members

Lead member for Children and Young People

Council Organisational Development Team

Team Leader, Learning & Development

Safer Kingston Partnership

Senior Strategic Business Analyst – Domestic Violence and Violence Against Women and Girls

Council Housing Services

Interim Head of Housing

Legal Services

Principal Solicitor, Health & Adult Services and Learning & Children's Services Team

Schools

Headteacher, St Philips School, Headteacher, Latchmere School.

Kingston College

Welfare and Safeguarding Manager

Voluntary Sector

Homestart Manager, Chief Executive, Kingston Race and Equalities Council, Project Worker, Children First Project, Kingston Voluntary Action.

In the light of staff changes within the Council and other agencies, some in response to service restructuring, the LSCB Chair and Business Manager carried out a review of the Board's membership in autumn 2011 to ensure that the most appropriate individuals are attending meetings. This has helped to ensure clarity about the core membership of the Board, which needs to be at an appropriate level of seniority, and individuals who may occasionally attend

meetings to deputise or to discuss specific issues and are therefore included in correspondence but not directly involved in decision making.

In addition, to ensure that all members, including those on the sub-groups, are clear about their role on the LSCB and are working to an agreed set of standards, a LSCB membership agreement was drawn up and each person asked to formally sign up to it. The agreement covers areas such as the criteria for membership and members' responsibilities, including in relation to confidentiality and attendance at meetings. This has helped to formalise existing working arrangements.

With the staff changes mentioned earlier, a number of new people have joined the Board over the course of the year, including our lay members. To address this, a formal induction process has been put in place. All new members are offered a preliminary meeting with the LSCB Chair and Business Manager to explain the background, local context and structure of the LSCB; outline roles, responsibilities and ways of working; and to answer any queries that may help the person to fulfil their role effectively. This approach has been well-received. An induction booklet, originally produced for lay members but of wider relevance, has also been issued and is designed to be a working guide during the early stages of work with the LSCB. It includes a checklist of areas that new members should familiarise themselves with, including relevant documentation. As part of the ongoing support on offer, members may contact the LSCB Business Manager at any time if issues arise and they need further support.

The same induction process has applied to the two lay members. However, recognising their probable need for more intensive one to one support in the initial stages, they were each assigned a "buddy" to act as a reference point for queries and with whom they could explore issues and areas of interest. The buddying arrangement has worked successfully largely due to the committed participation of the Designated Nurse for Safeguarding and LSCB Trainer, who both volunteered to take on this role.

Particular attention has been given to ensuring that appropriate support is in place to meet member development needs. In June 2011 Board members were asked to complete a short questionnaire on their professional development needs as LSCB members and invited to make suggestions for improving the support and training on offer. Most of the suggestions related to improving operational aspects of the Board's work to make it easier for members to manage the day to day business, rather than a need for specific development opportunities.

Commitment from the local authority and partners to working together through the LSCB has continued to be strong. Meetings have been well attended by the majority of agencies, with average attendance at full Board meetings over the course of the year standing at 60.5% (see Appendix 3). The Management Group has had an average attendance rate of 94%. Inevitably, organisational changes and increased pressures on staff as a consequence of reduced resources, have posed some challenges to maintaining consistent and regular attendance at all meetings, especially the subgroups. Where this has been the case and individuals have failed to attend two or more consecutive meetings, the LSCB or Sub Group Chair has written formally to highlight the importance of regular attendance and reminding agencies of their duties. In most cases this has helped to swiftly resolve the issue. Ensuring regular and consistent attendance, through close monitoring, will continue to be a focus in the year ahead.

6.4 Role of Independent Chair, DCS, Lead Member & Chief Executive

The LSCB has a responsibility to form a view about the quality and effectiveness of local safeguarding activity and to challenge organisations where appropriate. To do this, it must exercise due independence. In line with this, the Chair's role is to provide a level of

independence to ensure effective scrutiny and challenge, as well as strategic leadership and direction to the work of the LSCB. Kingston has had an Independent LSCB Chair since September 2010.

The Director for Learning and Children's Services (DCS) has the lead responsibility for improving outcomes for children and young people in Kingston, which includes keeping children safe. The LSCB Chair is accountable to the DCS.

The Lead Member is politically accountable for ensuring that the Local Authority fulfils its legal responsibilities for safeguarding and promoting children and young people. The Lead Member also provides the political leadership needed for the effective co-ordination of work with partner agencies.

The Local Authority Chief Executive and Council Leader play a critical role in ensuring that the relationship between the Children's Trust Board and LSCB is working effectively. The Director of Children's Services is held to account for the effective working of the LSCB by the Chief Executive and can be challenged where appropriate by the Lead Member.

6.5 Relationship with the Children's Trust

The Children's Trust is the local partnership that promotes co-operation and joint working between organisations that have a role in improving outcomes for children and young people. Whilst changes made by the Coalition Government mean that the Children's Trust Board (CT Board) is no longer a statutory body, relevant partners still have a "duty to co-operate" as required by section 10 of the Children Act 2004. This means that local areas are still required to have a CT Board but there are no longer any regulations or government guidance on how this should be done, giving more flexibility to suit local circumstances.

In Kingston the Children and Young People's Trust has operated successfully for a number of years, with the CT Board being the key governance and decision making body. There continues to be a strong commitment amongst partners to maintaining the strong partnership working that has been achieved by the Trust through existing arrangements, although it is recognised that these arrangements will evolve as wider developments, particularly in the health agenda, take effect. Thus a key task over the next twelve months will be to review the governance arrangements between the LSCB, CT Board and Health and Well-Being Board to ensure there is clarity about roles and responsibilities in the light of local changes and national guidance.

Links with the CT Board are well established. The Director of Learning and Children's Services and Lead Member for Children and Young People are members of both the CT Board and LSCB, thus ensuring links at the highest level. In turn, the Chair of the LSCB attends the CT Board and is able to bring safeguarding issues to the Board's attention, as well as ensuring that the LSCB is able to influence the wider planning and commissioning of children's services. Issues discussed at the CT Board over the last year that are relevant to the safeguarding agenda include the Child Poverty Strategy, the development of shared children's services with LB Richmond and the Children and Young People's Plan. At an operational level, the LSCB Business Manager has occasional meetings with the Council's Relationship Manager responsible for supporting the Children's Trust to update on any developments and issues of common interest. There is scope for formalising this arrangement and conducting the meetings on a more regular basis.

A new Children and Young People's Plan has been under development during 2011 and will be published in summer 2012, covering the next four years to 2016. The LSCB has been able to

contribute to this work through the Chair's presence on the CT Board. In addition, the Business Manager, along with other members of the LSCB, attended a CYPP conference in March 2012 at which the framework for the plan was considered and partners worked together to identify key activities that will support delivery of the identified outcomes for children and young people. This provided an opportunity to discuss which activities relating to children's and young people's safety would be likely to make the most difference. LSCB representatives were able to contribute to this discussion in the context of the Board's developing business plan, which ensured that issues identified by the LSCB were taken into account in developing the CYPP, eg concerns raised by young people about travel safety. The alignment of the two planning cycles has therefore helped to ensure that the LSCB provides appropriate support and challenge to the CT Board in developing the plan.

Attention is given to safeguarding issues within the CYPP. At the request of children and young people, safety is a central plank and three related outcome areas are identified, which together encompass the range of issues the LSCB considers important to children's well-being:

- Children and young people live in a stable and supportive home environment;
- Children and young people are safe and feel safe in the communities where they go to school, play and work;
- Children and young people are aware of the risks and know how to stay safe online.

6.6 Relationship to other agencies' boards

Each agency's management Board is responsible for satisfying itself that arrangements to safeguard children and promote their welfare are adequate. The LSCB carries out a bi-annual check on these arrangements through the Section 11 audit (see section 7.1). Any issues arising from this are followed up with the relevant agency's representative. If the LSCB has concerns about an agency's safeguarding arrangements it has a responsibility to challenge the agency and bring this to the attention of its Management Board through the LSCB representative. Each LSCB representative should also brief their Management Boards on safeguarding issues and the work of the LSCB.

To assist LSCB members and improve communications, over the next year we plan to strengthen systems for clarifying when members should cascade information from LSCB meetings within their agencies. We will also ensure there are regular opportunities at LSCB meetings for individual agencies to formally report on the quality of safeguarding practice within their organisations.

6.7 Financial arrangements

As shown below, the LSCB is funded by contributions from the Council, NHS Kingston, Metropolitan Police Service, and Probation Service, with the Council being the largest contributor. In the last year, CAF/CASS has also made a modest contribution.

LSCB financial profile 2011-12

RBK Learning and Children's Services	£116,837
NHS Kingston	£52,400
Metropolitan Police	£5000
Probation	£2000
CAF/CASS	£550
TOTAL	£176, 787

Total spend in 2011-12 was in line with the available budget. The main call on the budget was staffing costs, followed by the Child Death Overview Panel, venue costs for meetings, staff travel expenses (eg for training), and operational costs such as photocopying, office equipment

and telephone charges. Such limited resources have afforded little flexibility and hence any additional activities, such as the LSCB conference, have had to be funded through alternative sources.

Budget reductions across agencies mean that it is more important than ever for the LSCB to ensure that financial commitment to the LSCB is sustained and that the Board has sufficient resources to conduct its business. Next year we intend to review the level of resource available to the Board and ensure that all partners make an equitable and proportionate contribution.

7. Monitoring, evaluation and quality assurance activity

7.1 Quality Assurance Subgroup

The Quality Assurance Sub Group is responsible for ensuring that effective systems are in place across all partners to check on the quality of services and support provided to safeguard children. It makes sure that there is a systematic way of assessing the standard of safeguarding practice across LSCB agencies and informing the LSCB of any issues. This group also leads on Serious Case Reviews (SCRs) and managing critical incidents.

A key task for this group has been to ensure that the action plan from the most recent Serious Case Review is implemented in a timely way, through close and regular monitoring during the year. The vast majority of actions have been completed and the remainder progressed, with one exception. Following completion of a previous SCR action plan, an impact evaluation exercise was completed to check that the lessons learnt have been embedded in relevant agencies' work. Focusing on the most critical recommendations, it showed progress in improving safeguarding work in a number of areas, but also flagged areas where ongoing attention is needed. Follow up on SCR action plans is very important for the LSCB in ensuring that services make necessary improvements and that children are safer as a result. Over the coming months, the LSCB will pay strong attention to how learning from such reviews is embedded in practice and review the current sub group arrangements to monitor this.

Also in the last year the QA Sub Group has overseen the Section 11 audit, which we initiated in November 2010. This audit requires agencies to complete a self-assessment to demonstrate that they are meeting their safeguarding responsibilities under Section 11 of the Children Act 2004. Of the 23 organisations asked to complete the audit, 19 submitted a response, although not always within the requested timescales. The LSCB Chair has personally followed up outstanding audits and there has been further communication with the borough's private schools, as only one school responded. An analysis of the outcomes was presented to the LSCB in November 2011, highlighting areas of good practice and where further action and improvement is needed.

Other key outputs include:

- Completion of a LSCB critical incident procedure to clarify roles and responsibilities when safeguarding issues require a swift public response from both the LSCB and the local authority.
- Conclusion of an Individual Management Review by Children's Social Care. This concerned two children who had connections with another local authority and are now looked after by Kingston LA.
- Review, through the LSCB escalation procedure, of one case with emerging multi-agency concerns which resulted in a new intervention plan being put in place for that child.
- Establishing an improved process for managing Serious Case Reviews and critical incidents.

The Board has arrangements in place to scrutinise safeguarding performance across partner agencies. However, we acknowledge the need for improvements in our quality assurance and performance management arrangements. In the next year we intend to strengthen the Board's scrutiny of safeguarding performance and practice, the latter by putting in place mechanisms for the LSCB to engage directly with front-line practitioners and increased multi-agency auditing. We also plan to establish a more co-ordinated approach to monitoring safeguarding performance across the LSCB, by developing a performance dashboard of key indicators and setting priority targets. To support these improvements, the Quality Assurance Sub Group will meet more frequently, with a revised work plan.

7.2 Inter-agency Audit Subgroup

This group (formerly named the Monitoring and Evaluation Sub Group) oversees peer review of cases, case audits, and self-assessments, with particular attention to multi-agency working. From this it identifies learning points and good practice so that safeguarding practice across LSCB agencies can be improved. It reports the outcomes of this work to the Quality Assurance Sub Group and LSCB Management Group.

The multi-agency peer review process involves looking at a chronology of agencies' involvement in selected cases, risk factors to effective safeguarding of the child, and any actions needed to ensure the child's safety. A thematic approach is taken and over the past year has included:

- parents with a learning disability and
- hostile parents who do not engage with services.

In response to an issue identified through previous peer reviews, the group has investigated arrangements for monitoring the welfare of children who are educated at home. Due to the current legal framework, there are limits to the action that local authorities can take. This is a national issue, which we believe carries significant risks. Hence we have highlighted this at national forums such as the LSCB Chairs Network and with NHS London. In the future the LSCB will take an annual report on local safeguarding arrangements for home educated children.

Multi-agency auditing is an area of development for the LSCB. To address this, a pilot audit was undertaken, using an audit tool adapted from the London Safeguarding Board. It looked at Health, Education and Children's Social Care involvement with a child before birth and up to 18 months of age. The Sub Group analysed the outcomes. Learning from this exercise then informed arrangements for a multi-agency audit day planned for May 2012, with a particular focus on children with CP Plans. We have also adapted the audit tool in the light of our experience. Developing a more systematic approach to multi-agency audits is a high priority for 2012-13 and we will be focusing on identified improvement areas in relation to safeguarding practice.

The Inter-Agency Audit Group has had good attendance from core agencies, such as Health, Social Care and Education but, notably, attendance by other organisations has diminished in the last year, in line with the reorganisation of some agencies. This will need to be addressed.

7.3 Complaints

The latest available information on complaints made to Children's Social Care is for 2010-11. There were 23 complaints (an increase of 5 from the previous year) and 9 compliments reported during this period. The majority of complaints concerned the decision making process, which is unsurprising given the nature of social work, and is consistent with previous years. Relatives of children/young people who were referred to, or receiving a service from Children's Social Care, made the majority of the complaints.

Unlike in the past, no complaints were received from young people. This could have been due to the lack of a permanent Children and Young People Participation Officer, who provides support for young people in making complaints. On the other hand, the relatively high level of engagement on the part of young people in Kingston, with opportunities to input to the development of policies and procedures, may be a more positive reason for the reduction in complaints. A permanent Participation Officer has now been appointed and may impact on this area in the future.

In the next year the LSCB will develop its own complaints procedure.

7.4 Individual agencies' quality assurance and audit activity

7.4.1 Children's Social Care

Children's Social Care has a strong record of performance management arrangements. However, over the last two years it is now recognised that this has focused too much on process (national indicators, which are strong, compliance with timescales etc) rather than focusing sufficiently on the impact and outcomes of children. The service is currently developing a revised audit process which will have a prime focus on the outcomes for children, the effectiveness of service involvement, and the quality of social work and supervision.

7.4.2 Schools

The Local Authority has in place a Safeguarding Self-assessment Tool to monitor the quality of schools' safeguarding arrangements and compliance with statutory requirements. 44 out of 45 Kingston schools, including newly converted academies, completed the self assessment in 2011-12. In addition, the Strategic Manager for School Safeguarding carried out a safeguarding audit in 14 schools, each with a report summarising the strengths and the improvements to be made.

An analysis of the self assessments identified the following as positive features of schools' safeguarding arrangements:

- Evidence in 36 assessments of robust risk assessments being carried out and being up to date.
- Updated Child Protection Policies being in place in all 44 schools, approved and reviewed by the governing body. The policies were judged to be accessible and appropriately linked to the relevant procedures, including the LADO procedure, anti-bullying policy and E-safety procedure.
- Evidence from 43 schools to show that their governing body provides effective leadership to school safeguarding.
- All schools adhering to the safer recruitment procedure, with relevant senior school staff having received the safer recruitment training.

Most schools reported that they have re-focused their safeguarding work on the way schools teach and how they help children to feel safe and keep themselves safe. Several schools confirmed that they have evidence to show that the school promotes child protection and the safeguarding of children through PSHE and other aspects of the curriculum (i.e. issues of personal safety, self-esteem, bullying, relationships, domestic abuse, e-safety, etc.).

Whilst each school is different, some common issues and improvement points were identified through both the self-assessments and audits. These were as follows:

- Some schools are confused by the conflicting advice on CRB checks given by Ofsted and the LSCB. While the LSCB has maintained that all school staff should be CRB checked every three years, guidance from the DfE and Ofsted now suggests that this is not needed and may be considered a misuse of school resources. The Local Authority is now formulating a new policy in response to the changed guidance from government.

- A number of schools have been advised to publish their safeguarding and other safety related policies and procedures on the school website to allow easy access to parents.
- 3 schools did not have a separate LADO allegation procedure but combined it with their main Child Protection procedure. All these schools have now developed a separate allegation procedure to be compliant with the relevant legal requirements.
- 7 schools were reminded to check whether their policy and practice reflects the change in technologies that the school and pupils may use. All these schools have now added a link on their website to the E-safety Smart poster or “Think You Know” online safety page.

In relation to each of these improvement areas, action points have been agreed by each school, with measurable outcomes to be achieved by November 2012. The LA Education Welfare Service will monitor the implementation of these action points and provide advice and challenge where necessary.

7.4.3 Your Healthcare

A number of child safeguarding related activities have been audited during 2011-12. Key outcomes include:

- record keeping standards – these were judged to be compliant with Nursing and Midwifery Council (NMC) standards. The standard of recording in the RiO electronic records was noted to be excellent, which means that errors are less likely.
- Child protection supervision – attendance by staff was in line with the Supervision Policy. The quality of the supervision was noted to be exemplary, with the rationale for supervision clearly stated.
- Practice in relation to child protection plans – key findings were that 96% of children with a CP Plan were seen by a relevant professional (an improvement on the previous year); the views and wishes of 88% of children had been recorded; health visitor child observation was judged as excellent; the school nurses’ engagement with young people was noted as being child centred; and all practitioners had received an appropriate level of safeguarding training.

7.4.4 Kingston Hospital

The Hospital has carried out two child safeguarding related audits in the past year. The first was to review whether robust processes are in place following case conference information being received by the Hospital. The audit found that in the sample of cases considered, for all the children known to Paediatrics where the professional was unable to attend the conference, reports or clinic letters were sent in line with hospital guidelines. The main recommendation related to record keeping. From now on, case conference information will be filed in the records of those children known to Paediatrics but for the majority will be logged on to a separate database, which is a more efficient and secure system.

The second audit looked at whether all Kingston children who are subject to a Child Protection Plan, whether in this local authority or another, have an alert against their name on the Hospital’s IT system. This is important in ensuring that these vulnerable children can be easily identified should they present at the hospital. The audit found that 92.5% of children on a CP Plan (out of a total of 118) had been given an alert. A small number could not be given an alert as they were unborn. In only three instances had an alert not been added without good reason. This was rectified immediately.

7.5 External inspections of safeguarding arrangements

7.5.1 Announced inspection of Adoption Service

The Adoption Service in Kingston is responsible for recruiting, preparing, assessing and approving people who would like to adopt a child, including children who are in the care of the local authority. The team match, introduce and place children with adopters and provide support for adopters, children and birth families. An announced inspection of the Service took place in January 2012.

The inspection paid specific attention to safeguarding arrangements, reporting on the quality of work to protect children from harm or neglect and helping them to stay safe. This aspect of the Service's work was judged as good. The Service was commended for its thorough assessment and vetting of prospective adopters to ensure their suitability to care for a child who requires a permanent home. The recruitment and selection process was considered to be robust, which means that only appropriate adults are selected. Inspectors also felt that the involvement of Adoption Panel members in assessing and approving adopters provided an additional safeguard for children, as it involves a further level of scrutiny from experienced individuals. The detailed health and safety assessments undertaken on prospective adopters' homes was highlighted as covering all appropriate areas that may impact on a child's safety. Finally, the positive outcomes achieved for children who are adopted were noted: 'Children who have been adopted enjoy living in safe, stable and caring environments'.

7.5.2 Youth Offending Service

Kingston's Youth Offending Team is a multi-agency team, comprising representatives from the Police, Social Care, Education, Probation and Health Services. It works with young people who offend or are at risk of offending. The core aim of the service is to prevent young people aged 10-17 from breaking the law and, for those that do offend, to prevent them from re-offending, and to support victims of crime.

In December 2011, Her Majesty's Inspectorate of Probation carried out an inspection as part of the rolling programme of YOS inspections across the country. Safeguarding was a major strand in the inspection; this involved looking at how well young people who come to the attention of the Service are safeguarded and their well-being assured. Judgements were made by reviewing a sample of cases to assess whether safeguarding work was of a sufficiently high quality.

Overall, the inspectors found that there is comprehensive, accurate and timely assessment of young people's safeguarding needs and that appropriate plans are put in place to address those needs and to reduce vulnerability. This happened in 62% of the cases that were reviewed, which is above the national average. At the same time, they judged that a "moderate" level of improvement is needed to ensure that safeguarding work is of a sufficiently high quality in all respects. The required improvements include:

- ensuring that safeguarding needs are fully considered in a higher proportion of cases;
- better quality and more timely plans to manage the young person's vulnerability;
- better use of these plans in informing interventions;
- more effective management oversight of vulnerability assessments in a higher number of cases.

The YOS has addressed these issues in an improvement plan completed in response to the inspection report and submitted to HMI Probation. The safeguarding element will also be an

area for scrutiny by the LSCB through its business plan; the Board will be seeking assurance that the recommended improvements have been implemented.

7.5.3 Care Quality Commission review of compliance at Kingston Hospital Trust

This review took place in November 2011 and included an assessment of how effectively the Hospital safeguards people who use services, including children and young people, from abuse. Both patients and staff were spoken to during the visit.

The overall conclusion was that the Hospital Trust was meeting the required standard and that safeguarding arrangements were sufficiently robust to minimise the risk of people using the services being abused, harmed or neglected. It was also noted that the Trust had acted upon outcomes from safeguarding investigations and reviews to identify risks and implement areas for improvement.

8. Progress on other policy areas

8.1 Policy and Procedure Subgroup

The LSCB has delegated responsibility to this group for preparing and reviewing all multi-agency safeguarding policies, procedures and protocols and ensuring that they are in line with current legislation and government guidelines.

The development of a multi-agency escalation procedure has been a key task for the group. This was produced in response to the most recent Serious Case Review and sets out the pathway through which professionals can escalate concerns about action taken by another agency which impacts on a child's safety or welfare. It is essentially a guide for resolving inter-agency disagreements relating to children's safety. The procedure was adopted by the LSCB in June 2011.

Other inter-agency documents that the group has had a role in developing or reviewing include:

- Fabricated and Induced Illness Policy ~ providing guidance for agencies on dealing with cases where fabricated or induced illness is suspected or identified.
- Substance misuse protocol ~ a joint protocol between adults and children's services on safeguarding children affected by parents, carers or other adults substance misuse.
- Families Apart Protocol ~ raising awareness of children, young people and families who have been impacted by a family member being in prison with the aim of improving outcomes for this group.
- Young Carers protocol ~ aiming to raise awareness of the needs of young carers and their families and to ensure that partners work together to support them to achieve their full potential.

Local procedures in relation to child trafficking, Female Genital Mutilation and forced marriage are under development, but have not been finalised at the time of writing. The first two are based heavily on the supplementary procedures on these topics which accompany the London Child Protection Procedures, but with some updates and local contact and resource information added for reference. Additional funding from the Children's Workforce Development Council has meant that training can also be offered on these topics during 2012-13 through the LSCB training programme.

Whilst the focus is primarily on inter-agency agreements, the P&P Sub Group is also one of the governance mechanisms used by partner agencies for quality assuring single-agency documents relating to safeguarding. Over the last year the following agencies have brought their own safeguarding policies for review by the group:

Council

- Procedure for children not collected from school at the end of the school day and where a parent is not at home to receive a child who receives Home to School transport.
- Prevention and Children's Social Care thresholds document
- Safeguarding guidance for Early Years providers
- Guidance for managing allegations against adults who work in Early Years settings

NHS Kingston

- Child Protection Policy

Your Healthcare

- LAC health assessment policy

- Child Protection policy.

Occasionally the group will also act as an expert advisory group for organisations that are not part of the LSCB but have a strong relationship to the borough and would like advice and guidance on their safeguarding policies. For example Fulham Football Club, which has a training facility in New Malden, referred its safeguarding policy to the LSCB and the group was able to offer a number of suggestions for improvement.

Ensuring that the Policy and Procedure Sub Group is led effectively has been a particular challenge over the last 12 months. It was initially chaired by the LSCB Business Manager as an interim measure and then, for a short time and more appropriately, by the Head of Children's Social Care. However, due to the manager's departure from the Council in November 2011 that arrangement came to an end and again interim chairing arrangements came into effect, this time with the Designated Nurse for Safeguarding. This has created a lack of consistency and continuity for the group, although despite this, it has been able to progress the work plan reasonably well. It will be a priority in 2012 to establish more permanent chairing arrangements.

9. Priorities for 2012-13

Our business plan for 2012-15 details the range of activities that the LSCB will take forward over the next year to ensure we are meeting our core responsibilities well. Within this framework, we have identified the following as key priorities:

- To strengthen the LSCB's knowledge of the quality and effectiveness of safeguarding practice, in particular the quality of Child Protection Plans, Child Protection Conferences and core groups, by expanding the use of multi-agency audits.
- To put in place a more co-ordinated and rigorous approach to monitoring safeguarding performance across the LSCB through the development of a LSCB dashboard.
- To support the use of evidence based approaches to improve safeguarding practice.
- To continue to monitor and support approaches that address domestic abuse, poor parental mental health, and parental substance misuse.
- To assess the effectiveness of early help: in particular to support an expanded role for children's centres.
- To further develop engagement with children, young people and their families.
- To develop an LSCB newsletter and focus groups to improve communication and identify issues in the community and with practitioners across agencies.