

The Royal Borough of Kingston upon Thames

**Local Safeguarding Children Board**

**ANNUAL REPORT**

**April 2012- March 13**

## Contents

1.	Foreword by the LSCB Chair	4
2.	About this report	5
3.	Technical information	5
4.	Executive Summary	6
5.	Local background and context	8
5.1	Key facts about Kingston	8
5.2	Local and national context to safeguarding services	9
5.3	Statutory and legislative context for LSCB	13
6.	Governance and accountability arrangements	13
6.1	LSCB structure	13
6.2	Links with Health & Wellbeing Board	15
6.3	LSCB Chair	15
6.4	Board membership	15
6.5	Attendance	16
6.6	LSCB support	17
6.7	LSCB budget	17
7.	Progress on key priorities, achievements and challenges	18
7.1	Addressing Ofsted inspection recommendations	18
7.2	LSCB priorities	22
8.	LSCB Sub Groups	29
8.1	Quality Assurance	29
8.2	Training and workforce development	29
8.3	Child Death Overview Panel	31
9.	Monitoring quality and effectiveness of safeguarding arrangements and practice	32
9.1	Quality assurance activities undertaken by agencies	32

9.2	External safeguarding inspections	34
9.3	Learning from complaints	35
9.4	Learning from case reviews	35
10.	Progress on other priority policy areas	35
10.1	Child sexual exploitation	35
10.2	Missing children	36
10.3	Looked after Children	37
10.4	LADO	37
10.5	Forced marriage	38
10.6	Female Genital Mutilation	38
11.	Effectiveness of safeguarding arrangements in Kingston	39
12.	Priorities for 2013-14	39

Appendix 1 – LSCB attendance 2012-13

## 1. Foreword by the LSCB Chair

Welcome to the LSCB's annual report for 2012-13. The past year has been a busy and challenging one for the LSCB as it has sought to focus its work and drive forward improvements to safeguarding services in Kingston. This report shows the progress we have made as a partnership and also some of the ongoing challenges.

Locally, we have experienced a period of significant and wide-ranging change. At a national level too, the child protection agenda continues to have a high profile. Following the Munro Review in 2011, which formed part of the national drive to improve the quality of child protection services in the country, the government's "*Working Together to Safeguard Children*" guidance has been reviewed and a new, significantly reduced guidance published in March 2013. This latest guidance focuses on core legal requirements making it clear what individuals and organisations should do to keep children safe. In this context and with increased local flexibility, leadership of the LSCB and strong partnership working has become even more integral to ensuring that local arrangements for identifying, assessing and planning for children in need and children who require a safeguarding intervention are working effectively.

Coupled with this, we have been operating in a period of increasing financial constraints and significant changes across many public sector organisations. Ensuring that all organisations prioritise their safeguarding role and duties within new organisational structures is an area to which we need to give continued attention.

The LSCB's main focus has been on addressing the Ofsted recommendations arising from the inspection of Safeguarding and Looked After Children's Services in May 2012, on strengthening its quality assurance and performance management arrangements, and improving the quality of safeguarding practice. The LSCB has become more focused, however it is too early to assess the impact of these changes in terms of improved multi-agency working. This report therefore reflects the key areas of progress and areas requiring further work. In the coming year and beyond, we will need to find ways to measure and assess the impact of our activity.

We are at an early stage of our improvement journey but I am confident that we have some solid foundations upon which to build. There is still much to do but also much to build on.



**Deborah Lightfoot**

## 2. About this report

This report provides an account of the Local Safeguarding Children's Board (LSCB) activities during 2012-13 and the work of the partnership in keeping children and young people safe from harm. It is aimed at everyone who is involved in safeguarding children, including members of the local community as well as professionals and volunteers who work with children and families. Our aim in producing this report is to give an assessment of how well services work together to safeguard children, to explain how we have addressed our priorities, what our strengths and weaknesses are, and what we are doing to improve. It should be read with reference to the LSCB Business Plan 2012-13, the previous year's annual report, the Ofsted inspection report on Kingston's Safeguarding and Looked After Children's Services published in July 2012 and the post Ofsted Improvement Plan.

## 3. Technical information

This report has been authored by the LSCB Business Manager with oversight from the Independent Chair of the Board. It was approved for publication by the LSCB on 1<sup>st</sup> October 2013 and published on the LSCB website.

In line with statutory requirements, a copy has been sent to senior local leaders, including the Chief Executive of the Council and Leader of the Council. The report was also presented to the Health and Well-Being Board in October 2013.

Copies are available on-line at [http://www.kingston.gov.uk/info/200236/kingston\\_lscb/672/strategies\\_policies\\_and\\_reports](http://www.kingston.gov.uk/info/200236/kingston_lscb/672/strategies_policies_and_reports) or can be requested by contacting the LSCB business support team at [lscb@rbk.kingston.gov.uk](mailto:lscb@rbk.kingston.gov.uk). The team can also be contacted about any queries.

A wide range of agencies and individuals involved in the partnership arrangements for safeguarding children in Kingston have supported the preparation of this report. We wish to record our thanks to everyone who has contributed.

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## Executive Summary

2012-13 has been a period of extensive change within Kingston's safeguarding services and the broader children's services arena. In May 2012 an Ofsted inspection of Safeguarding and Looked After Children's Services judged the overall effectiveness of safeguarding services as inadequate, identifying significant weaknesses within the Council and concerns about the contribution of partner agencies to safeguarding and child protection. Whilst partnership working was assessed as adequate, the LSCB has needed to focus its scrutiny and challenge more closely on core child protection issues, such as the quality of CP conferences and plans and the work of core groups.

The wider context has been one of far reaching national reforms, for example changes to the welfare system, which will have a significant impact on vulnerable children and families in the borough, and significant changes within many of our partner organisations. Kingston Council is progressing a joint venture with the London Borough of Richmond upon Thames to create *Achieving for Children* which will deliver Children's Services across both boroughs in the future. NHS Health Services have moved towards Clinical Commissioning Groups becoming fully operational and within the Metropolitan Police service reconfiguration has seen a merger of the Child Abuse Investigation and Sapphire commands. Mirroring the national picture but also as a consequence of the inspection outcomes, the past year has seen a continued rise in child protection activity across the key agencies.

The LSCB's main priority has been to oversee, through regular monitoring, the implementation of the Improvement Plan developed in response to the inspection findings and to ensure timely progress. In line with the Ofsted recommendations, the Board's main focus has been to improve its quality assurance and performance management arrangements and to disseminate and embed learning from Serious Case Reviews and Individual Management Reviews across the partnership. Earlier in the year the Board had expected to advance its work on communications, engagement of young people and front-line practitioners, and to assess and review policies and procedures over and above pan London procedures but has focused its attention on these as the most high priority areas.

The Board has begun to develop a more performance orientated and outcomes focused approach, through the development of a multi-agency dataset. Through the use of multi-agency audits it has also put in place mechanisms for ensuring that it has a closer view of front-line safeguarding practice which can be used to identify and drive improvements. Monitoring of SCR action plans has been more rigorous and there has been wider and more active dissemination of learning from Serious Case Reviews across and within partner agencies.

Amongst Board partners there is evidence of increased scrutiny and challenge, with a view to raising standards at both the policy and practice levels. Multi-agency escalation policy and procedures have been revised, although their use needs to be encouraged. An enhanced LSCB training programme has led to higher numbers of staff attending single agency and multi-agency safeguarding courses with high rates of learner satisfaction.

The partnership has also pushed forward a number of important service developments. The Council has implemented a major restructuring of its safeguarding services which has increased capacity and resources and, through the creation of a Single Point of Access (SPA), improved systems for receiving and responding to safeguarding concerns at the front door. Significant re-development of early help services is underway to ensure greater coherence in the provision of services. Changes to the Child Protection Service are resulting in improvements to the CP conferencing process including the quality of CP Plans.

Partner agencies have implemented a number of changes to improve safeguarding arrangements. The CAIT has improved information sharing and, through its daily 'Grip and Pace' meetings, monitoring of children with CP Plans. The Probation Trust has strengthened its Safeguarding Children Procedures to enable better information sharing about vulnerable children with Children's Social Care. Both Your Healthcare and Kingston Hospital Trust have established more robust strategic governance arrangements for children's safeguarding and the hospital has also enhanced arrangements for the referral and assessment of pre-birth safeguarding concerns through changes in its specialist safeguarding midwifery team.

In summary, the past year has been one of progress and development in key priority areas. However it is recognised that these developments need to become more embedded in the Board's work to make a really positive impact on multi-agency practice. The Board must continue to focus strongly on core safeguarding and child protection issues, ensuring effective scrutiny of safeguarding work and co-ordinating developments that improve the quality of front line safeguarding practice and the child's journey through the system.

As the LSCB moves into 2013-14 other key areas for improvement and development include putting in place a better model for engaging young people in safeguarding issues and for engaging with front line practitioners. A quality assurance framework needs to be developed in relation to safeguarding training. We also need to ensure the Board has full representation and attendance from all relevant agencies at an appropriate level of seniority and that its work is supported by sufficient resources.

## 5. Local background and context

### 5.1 Key facts about Kingston

Kingston upon Thames is an outer London borough situated on the south bank of the River Thames. With an estimated population of 162,167 residents<sup>1</sup>, it is the third smallest borough in the capital (after City of London and Kensington and Chelsea). At 39,196, children and young people aged 0-19 years make up almost a quarter of the population. Birth rates in Kingston have increased by 28% between 2001 and 2011, standing at 2,289 births in 2011<sup>2</sup>, and it is expected that this level will be maintained in the coming years. Over the same period the proportion of households with dependent children has also increased, from 28.4% (17,452 households) to 30.9% (19,690 households)<sup>3</sup>. This proportion is higher than the England average but similar to London. The percentage of lone parent households is significantly lower than for the rest of England and Wales (5.6% compared with 7.1%).

The borough has become more ethnically diverse and this will continue to be the case in the future. In 2011 25.5% of residents were estimated to come from Black, Asian and Minority Ethnic (BAME) groups, up from 15.5% in 2001, and residents from 'Other White' ethnic groups made up 9.6% of the population<sup>4</sup>. Relative to the size of its population Kingston has significant numbers of Korean, Sri Lankan, Tamil and Arab residents. In fact the borough's Korean population is the largest in Europe and makes up 2.2% of the total.

The school age population is even more ethnically diverse. According to the most recent Schools Census carried out in January 2012, 35.7% of children and young people living in and attending a state school in Kingston were from a BAME group. 32% spoke English as an additional language<sup>5</sup>. Services to children, young people families therefore need to ensure they are responsive to the needs of Kingston's diverse and evolving communities.

Overall, Kingston is an affluent borough where residents enjoy a good quality of life. In 2010 the Index of Multiple Deprivation ranked Kingston as the third least deprived area in the country – after the City of London and Richmond upon Thames<sup>6</sup>. However, there is significant variation across the borough, with pockets of extreme poverty, relative poverty and deprivation, largely clustered in small

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<sup>1</sup> Source: Greater London Authority [GLA] 2012 - Round Population Projections

<sup>2</sup> Source: Office for National Statistics 2011

<sup>3</sup> Source: Office for National Statistics 2011 Census

<sup>4</sup> Source: Office for National Statistics 2011 Census

<sup>5</sup> Spring School Census, January 2012

<sup>6</sup> Department for Communities and Local Government, Indices of Deprivation 2010

areas associated with a concentration of social housing. According to the same study, the Cambridge Road Estate in Norbiton is amongst the 20% most deprived in the country. In contrast Kingston also has some of the most affluent areas in the country; the King's Drive / Pine Gardens Area in the Berrylands ward for example features in the top 3% of least deprived areas in England.

14.9% of children aged 0-19 years (4,995) were reported to be living in poverty in 2010, compared with 20.6% in England and Wales. The majority were living in families claiming out of work benefits, eg Income Support and Job Seekers Allowance.<sup>7</sup> A high proportion (70.9%) were also living in lone parent families. While unemployment rates overall in Kingston compare favourably with London, 39% of lone parent households (the vast majority of whom are female), reported themselves as unemployed in the 2011 Census<sup>8</sup>. This is much higher than the rate of unemployment for the general population.

Recent welfare reforms introduced by the government are likely to have a significant impact on families, especially the most vulnerable. Benefit caps will place some families under additional pressures, which in turn will increase demand on services provided by the Council and its partners. Some families may no longer be able afford to live in the borough due to the high cost of housing.

## 5.2 Local and national context for safeguarding services

In common with other areas nationwide, 2012-13 has been a year of continued and extensive change for children's services in Kingston. In addition to major national reforms such as to the welfare and benefits system and in the national health service which will impact on families, recent years have seen unprecedented reductions in funding for the Council and partner organisations as the government's austerity programme has taken effect. Against this backdrop of dwindling resources, the demand for services has continued to rise. Local partners have therefore had to find new and more efficient ways of delivering services to ensure that the needs of our most vulnerable children and families and those who need additional support continue to be met. Many agencies have been engaged in redesigning their services and within this challenging context of ongoing budget reductions and service restructures, it has been vital for the LCSB to ensure that robust arrangements for safeguarding children are sustained.

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<sup>7</sup> OneKingston Child Poverty Needs Assessment Refresh June 2013

<sup>8</sup> Source: Office for National Statistics 2011 Census

### 5.2.1 Kingston Council

Responding to the challenging financial climate, the Council has pressed ahead with the development of *Achieving for Children*, a joint venture with neighbouring Richmond upon Thames to deliver children's services across both boroughs. AfC will be a local authority company owned by both boroughs and offers the potential for increased efficiencies through integrating services and creating a joint management team. The intention is to develop coherent and responsive preventative services that serve local clusters and to strengthen capacity for safeguarding and meeting the needs of looked after children so that children's and families needs can be met in a more focused and effective way. A Joint Management Team was appointed in shadow form in early 2012. Senior management capacity for safeguarding services has been protected, with each borough retaining a Head of Service for Children's Social Care to ensure a dedicated focus can be maintained on improving safeguarding services in Kingston.

Following the Ofsted inspection of Safeguarding and Looked After Children's Services in May 2012, the Council and its partners have been on a journey to improve safeguarding services. The inspection found the overall effectiveness of safeguarding services to be inadequate, with adequate capacity to improve. The effectiveness of services for Looked After Children was judged to be adequate as was capacity to improve. Partnership working was assessed as adequate; however, despite some progress the LSCB did not demonstrate sufficient attention to core child protection business or adequate understanding of the significant deficiencies in safeguarding practice. In response, a comprehensive Improvement Plan has been implemented, overseen by an independently chaired Children's Services Improvement Board. The improvement work has been led by a new joint Director of Children's Services for both Richmond and Kingston appointed immediately after the inspection. The Council has also invested substantial additional resources (£1.4 million) in the service to ensure there is sufficient capacity and the right structures to safeguard all children and young people.

### 5.2.2 Health Services

The contribution of health agencies to keeping children and young people safe was assessed by the Care Quality Commission (CQC) as part of the Ofsted inspection and was judged to be good. Areas for improvement related to service provision to address the emotional and mental health needs of children and young people; preventative work with children and young people deemed to be at risk and their families; and transition of young people with physical disabilities into adult health services. These areas have been addressed as part of the overall Improvement Plan.

Reforms within the NHS have seen responsibility for the commissioning of local health provision pass to GPs with the creation of Clinical Commissioning Groups (CCGs). For Kingston 2012-13 has been a year of transition towards the CCG becoming fully operational from April 2013. To gain authorisation the CCG had to demonstrate that it has appropriate systems in place for discharging its safeguarding responsibilities and this was granted without any conditions. The CCG has a statutory duty to ensure that the organisations from which it commissions services provide a safe system that safeguards children at risk of abuse or neglect and the safe transfer of this responsibility has been a priority. As part of the changes, the Designated Nurse for Safeguarding Children is now employed by the CCG. This will help to ensure that safeguarding expertise is embedded in the clinical decision making of the organisation, with the role working across all the local health organisations to influence practice.

In line with the National Health Economy, South West London & St George's Mental Health Trust has experienced a period of significant and sustained change and service re-designs. The Trust has developed a Safeguarding Children Governance structure, which includes team/service leads, borough leads, a Named Doctor and Nurse and the Trust Medical Director as an Executive Lead. These structures have been fully maintained with enhanced reporting lines across all levels of the organisation.

Your Healthcare, provider of NHS community healthcare services including School Nursing and Health Visiting services, has also experienced significant financial pressures but has sustained funding for safeguarding services and staffing levels within Children's and Families Services.

### 5.2.3 Police

The Metropolitan Police Service is introducing a new Local Policing Model to come into effect from September 2013. The new model will be rolled out during 2013-14. In addition, the Child Abuse Investigation Command (CAIC) is undergoing a restructure to merge the CAIT and Sapphire commands (the department dealing with rape and other serious sexual violence offences). The new command will also have responsibility for dealing with Child Sexual Exploitation and is being renamed *Serious Sexual Offences, Sexual Exploitation and Child Abuse Investigation Command*.

#### 5.2.4 Probation

For the Probation Service, the government has outlined plans – *Transforming Rehabilitation: A Strategy for Reform* - for privatising 70% of probation work. This means that in the future a range of private and third sector providers will become involved in supervising offenders and the local impact of this will be the need to ensure that these organisations are fully aware of and fulfilling their child safeguarding responsibilities. In addition, London Probation Trust will no longer exist as local trusts will be replaced by a single, smaller national probation service that will supervise high risk offenders.

#### 5.2.5 Schools

Educational reforms mean that schools now have much greater autonomy, with the creation of academies and free schools. Kingston has 11 academy schools (2 primary and 9 secondary) and 13 independent schools. A bid has also been submitted to the DfE by Kingston Education Trust (a partnership between Kingston University, Kingston College and Education Kingston) for a new free school in North Kingston. Within this context, and given schools' central role in identifying and supporting children who are at risk from harm, strong and inclusive partnership working with the whole education sector, including independent schools, remains vitally important.

#### 5.2.6 Early Years providers

Changes to the Early Years Foundation Stage came into effect in September 2012 and include a mandatory requirement for all registered childminders to regularly attend safeguarding training. Previously this was recommended as good practice, however now childminders must be able evidence attendance during Ofsted inspections. In Kingston the LSCB will require all 300 registered childminders to participate in refresher safeguarding training once every two years, having completed the more intensive initial training delivered by Kingston College at registration.

#### 5.2.7 Voluntary sector

Funding constraints continue to be a significant factor for local voluntary organisations working with vulnerable children and families. Some services have been impacted by reductions in Council grant funding at a time when the demand for services is rising. The Children and Young People's Network Forum has played a vital role in ensuring that local voluntary groups are fully informed of changes in statutory services to safeguard children and close partnership working is maintained.

### 5.3 Statutory and legislative context for LSCB

Section 13 of The Children Act 2004 requires all local authority areas to have a Local Safeguarding Children Board in place to oversee, monitor and scrutinise local arrangements for safeguarding children and promoting their welfare. Kingston LSCB was established in April 2006. Its main objectives are to co-ordinate the actions of all agencies represented on the Board and to ensure the quality and effectiveness of agencies' safeguarding work, thus holding agencies to account. The Board's responsibilities are laid out in primary legislation, regulations and statutory guidance, the most recent of which is *Working Together to Safeguard Children 2013* (published March 2013).

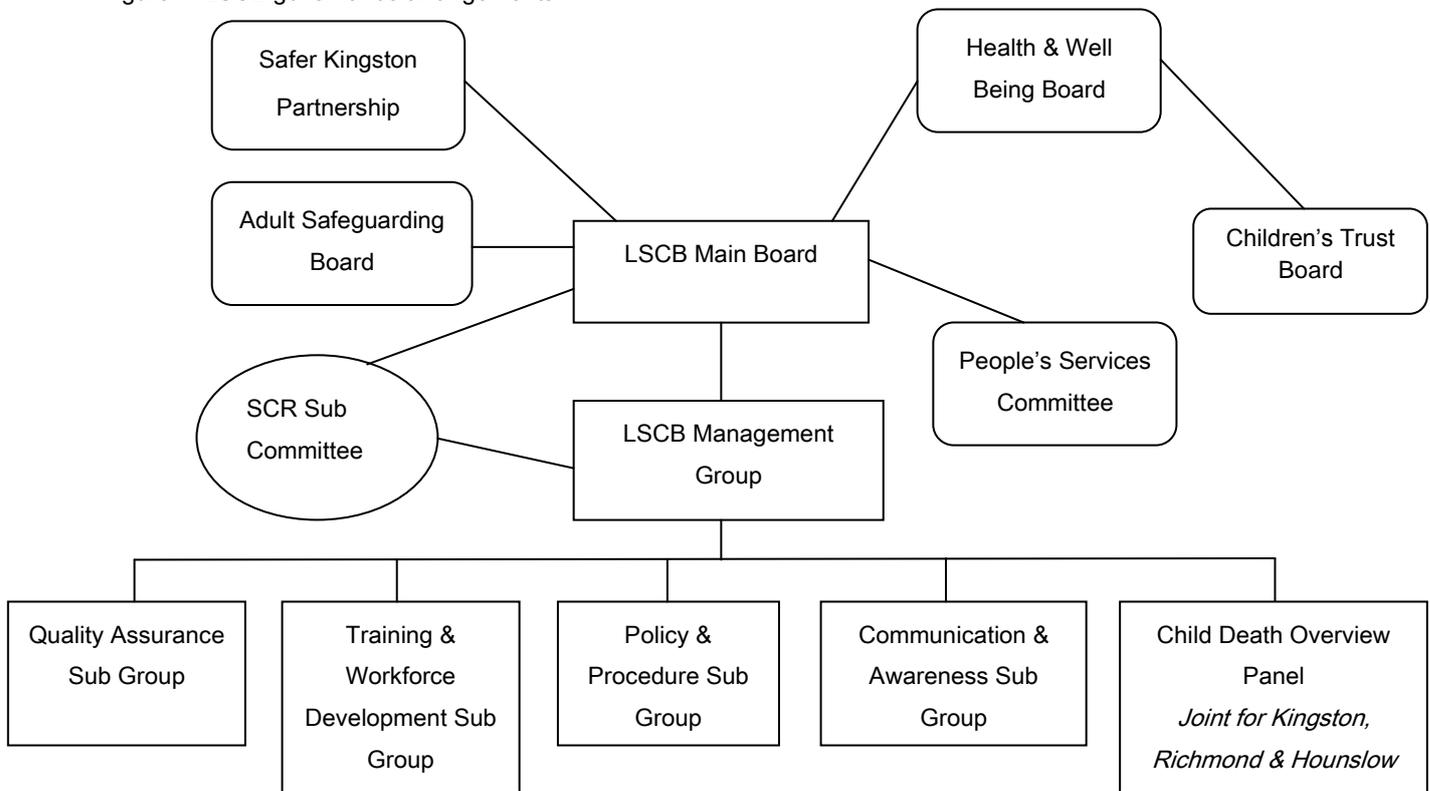
As signalled in the *Munro Review of Child Protection* (2011), the new *Working Together* guidance recognises the central importance of LSCBs, both in providing direction and leadership for inter-agency co-operation to safeguard children and as a vehicle for sharing learning that engenders improvement. The LSCB's independent role has been strengthened so that the Board **must** now be led by an Independent Chair (Kingston has had independent chairing arrangements in place since 2010) who is accountable to the Chief Executive of the Council, rather than the Director of Children's Services. The Board must have sufficient resources to discharge its functions effectively. It is also required to maintain a local learning and improvement framework which is shared across local organisations who work with children and young people.

## 6. Governance and accountability arrangements

### 6.1 LSCB structure

The current LSCB structure has been in place since April 2011 and this and the governance arrangements are shown in Figure 1:

Figure 1: LSCB governance arrangements



The main Board is supported by the LSCB Management Group, which is led by the Independent Chair and comprises sub group chairs, the regional CAIT Detective Chief Inspector, a lay member and the LSCB Business Manager.

During the course of the year, the work formerly done by the Inter-Agency Audit group has been subsumed into the Quality Assurance Sub Group’s remit and work plan. This has streamlined the work strands and made better use of agencies’ time and resources.

The SCR Sub Committee is not a standing committee but has been convened specifically to consider the LSCB’s response to cases that may warrant an SCR.

A review of the Board’s structure and governance arrangements is now necessary to ensure that going forward it is clearly aligned to the delivery of the LSCB’s priorities and there is appropriate representation and leadership from the full range of partners at both the strategic and operational levels. This will form part of the work plan for 2013-14.

## 6.2 Links with Health and Well-Being Board

The LSCB's relationship with the Health and Well-Being Board (HWB) has been a developing one. In place in shadow form since November 2010, the Board was formally constituted as a Council Committee on 1<sup>st</sup> April 2013. Over the last year the main link with the LSCB has been through the Director of Children's Services who is a member of the HWB and vice chair of the LSCB. Significant issues pertaining to child safeguarding such as the outcomes of the Ofsted inspection have been reported to the Board.

In view of the requirement for LSCBs to have strong working relationships with HWBs, as stated in *Working Together 2013*, it will be important for reporting lines and accountabilities between the two Boards to be clearly defined and articulated. This will be included in the LSCB's work plan for next year.

## 6.3 LSCB Chair

In October 2012, the Independent Chair of the LSCB, Ann Domenev, stepped down to concentrate on other work commitments. There followed a period of interim chairing arrangements until the appointment in March 2013 of Deborah Lightfoot as the permanent Chair. Deborah was appointed at the same time to chair Richmond's LSCB as part of the ongoing collaboration between the two boroughs. Anticipating the changes in statutory guidance, the appointment was made by a panel led by the Chief Executives of both Councils and comprising senior representatives from Health and a lay member from Kingston LSCB. The Chair is now directly accountable to the Council's Chief Executive, not the Director of Children's Services as was previously the case, which serves to further strengthen the LSCB's independence and partnership focus.

## 6.4 Board Membership

In line with *Working Together 2010*, key stakeholders such as the local authority, NHS Kingston, Police, St George's Mental Health Trust, London Probation Trust, the West Region CAIT and representatives from the voluntary sector have been consistent contributors to the LSCB. The Lead Member for Children and Young People has also been a consistent presence on the Board, attending meetings and receiving relevant correspondence. This has been particularly important during this last year in underlining the strong commitment to safeguarding amongst the leadership of the Council and in supporting the drive for improvement.

A full list of LSCB members can be found on the LSCB website at:

[http://www.kingston.gov.uk/info/200236/kingston\\_lscb/475/about\\_the\\_lscb/2](http://www.kingston.gov.uk/info/200236/kingston_lscb/475/about_the_lscb/2).

In view of changes in the Health sector, the GP Safeguarding Lead who sits on the CCG Governance Board has been kept informed of the LSCB's agenda and priorities via Board minutes. He also receives regular updates from the Designated Nurse who is a member of the LSCB. As this post is now located within the CCG and has an advisory role in relation to child safeguarding, it is a key link between the LSCB and CCG. After a period of absence from the Board due to capacity issues, the Named GP for Safeguarding has re-established attendance. It is important for the LSCB to ensure strong links with the CCG given the central importance of health provision for children's safety and well-being and these arrangements will therefore be kept under review.

Some difficulties have been experienced with schools' representation on the LSCB. There has been no primary school representative and the secondary / special schools Headteacher representative stepped down part way through the year, although a replacement was identified. In view of their daily contact with children and young people, schools play a vital role in safeguarding children and the LSCB will need to ensure that there is appropriate representation from all types of schools, including independent schools, on the Board. This will form part of the LSCB's work plan for 2013-14.

Another issue has been the level of staff changes within partner organisations which has meant ongoing changes to LSCB representation. This in turn has impacted on consistency. Children's Social Care, Kingston Hospital, schools, Housing Services, Kingston Police and Probation have been particularly affected by this. It is also evident that some agencies have delegated responsibility for attending and contributing to the LSCB to more junior officers who do not always have the necessary authority and control over resources to contribute effectively to decision making. Hence, an early task for the new LSCB Chair, to be included in the work plan, is to ensure there is representation from all agencies at an appropriately senior level in line with the new *Working Together*.

## 6.5 Attendance

Average attendance at LSCB meetings in 2012-13 was 62%. This figure is lower than expected, although attendance at some meetings has been as high as 77%. LSCB Management Group meetings have been very well attended with an average rate of 78% for the year. Where there is a significant cause for concern about a particular agency's attendance at Board meetings this is followed up with the LSCB Chair to identify ways of securing improvement. In the last year the LSCB

Chair has written formally to several agencies to highlight such concerns. For a more detailed overview of agency attendance see Appendix 1.

## 6.6 LSCB Support

Co-ordination, development and support for the LSCB’s work programme are provided by the LSCB Business Manager. During 2012/13 the administrative support arrangements for the LSCB have been affected by a Council review which has pooled resources into a central hub located in the Council’s Strategic Business Department. There is a lack of dedicated business support which has affected the Board’s capacity to operate effectively and been a cause for concern. LSCB support will need to be reviewed as part of the LSCB’s work plan to ensure that adequate resources are available to enable the Board to deliver all of its functions as effectively as possible.

## 6.7 LSCB budget

Contributions to the LSCB budget from partner agencies have been consistent with the past several years. The Local Authority is the highest contributor, with the entire share provided by Learning & Children’s Services, followed by NHS Kingston which contributes a third of the total budget. The Metropolitan Police, Probation and CAF/CASS all contribute modest sums that are agreed on a pan-London basis and are consistent with the amounts received by other LSCBs in London. Figure 2 below provides a breakdown of the LSCB’s budget in 2012-13.

Figure 2: LSCB budget 2012-13

Agency	Amount	% of total budget
Local Authority Children’s Services	£103,542	63.3%
NHS Kingston	£52,400	32.1%
Police	£5,000	3.1%
Probation	£2,000	1.2%
CAF/CASS	£550	0.3%
<b>TOTAL</b>	<b>£163,474</b>	

Expenditure over the last year has been in excess of the available budget due to the high cost of conducting a Serious Case Review. The total spend in 2012-13 was £173,008, an over-spend of £9, 534 largely because the SCR costs exceeded the contingency budget held by the Board for such reviews.

*Working Together 2013* emphasises that all LSCB member organisations have an obligation to provide the Board with reliable resources, including finance, and that a disproportionate burden should not fall on a small number of partner agencies. Going forward, review of the LSCB's resource base will need to continue to ensure that the Board can operate as effectively as possible.

## 7. Progress on key priorities, achievements and challenges

### 7.1 Addressing Ofsted inspection recommendations

#### 7.1.1 Monitoring the Improvement Plan

The LSCB has overseen delivery of the Improvement Plan, receiving quarterly reports on progress from the Director of Children's Services. Reports have included updates on the 96 action points in the plan and steps taken to address areas of concern. There has been evidence of increased challenge by LSCB partners during these discussions, for example in relation to the potential impact of service re-structuring on delivering sustainable improvements in safeguarding services. As a member of the Improvement Board, the LSCB Chair has attended five meetings, and has therefore been fully involved in monitoring, supporting and challenging progress and developments.

The inspection identified two main areas for improvement for the LSCB:

- *The LSCB to review its current work priorities to ensure that effective oversight of core child protection business is in place and that regular oversight is maintained of the areas for improvement identified the inspection so as to ensure good and timely progress in all areas for improvement.*
- *The LSCB to ensure that learning from serious case reviews is fully embedded across the partnership.*

Progress in relation to the specific actions underpinning these recommendations is outlined in the following sections.

### 7.1.2 Review LSCB work programme in response to inspection findings

A revised LSCB Business Plan was published in October 2012, with a tighter focus on the LSCB's core business. Actions to improve multi-agency quality assurance and performance management arrangements were strengthened and more attention given to monitoring the quality and effectiveness of child protection arrangements and practice. The revised plan also incorporated actions to address the key improvement points from the inspection for the multi-agency safeguarding partnership.

### 7.1.3 Quality assurance and performance management arrangements in relation to core CP business

The LSCB has invested significant effort in embedding more robust arrangements for quality assurance and performance management of safeguarding activity and outcomes across the partnership. An LSCB quality assurance framework has been developed and the key components are now in place.

### 7.1.4 LSCB dataset

A comprehensive multi-agency dataset was agreed by the LSCB in March 2013. Comprising 35 performance indicators, the dataset will enable the LSCB to focus on the effectiveness of safeguarding arrangements in Kingston, particularly on areas of core business. Quarterly updates will be provided to the LSCB, to include comparisons with previous years' performance, authorities that are similar to Kingston, national performance and achievement of local targets. A full explanation of the story behind the data supplied by agency managers will assist the LSCB in drawing conclusions and identifying any safeguarding performance concerns that require corrective action.

Review of 2012-13 data highlighted several areas for the LSCB's attention. These included the need to better understand the conversion rate from Section 47 investigations into Initial Child Protection Conferences; reduce the number of children subject to a CP Plan for 18 months or longer; and improve the understanding of domestic violence thresholds across the partnership, including appropriate referrals to the MARAC.

As the full quarterly reporting will start in 2013-14, it is too early to comment on the effectiveness of the dataset as a performance management tool. However, it will be kept under continual review and adapted as necessary.

### 7.1.5 Multi-agency audits

During 2012-13 four case file audits were completed by a multi-agency audit group including managers from Health, Police CAIT, Children's Social Care, Education and Probation. The audits focused on children who were the subjects of Child Protection Plans and who were experiencing neglect or emotional abuse through domestic violence or parental substance misuse, these being some of the most significant child protection issues in the borough. Amongst the cases selected were those that had been escalated to senior managers for immediate review and remedial action as a result of the post Ofsted audit process undertaken by Children's Social Care, as it was felt that these cases would benefit from further multi-agency scrutiny.

The audit findings were a mixed picture, with some areas of good practice identified alongside a number of improvement points. A comprehensive set of recommendations were agreed for action by agencies and reported to the LSCB in March 2013. These included the need to:

- Identify and share with agency managers good practice in relation to strategy discussions, including involving agencies other than Police and Children's Social Care where appropriate;
- Improve core group working, in particular to ensure core group work is prioritised by all agencies and records of meetings are disseminated to all attendees;
- Raise the profile of Child Protection Chairs to ensure that if there is insufficient progress in implementing plans for children or gaps in core group meetings these are followed up by managers in a timely way;
- Put in place effective Child in Need Plans when a child no longer needs a Child Protection Plan.

To ensure that the learning from these and future audits leads to the desired changes, all agencies have been asked to cascade the findings to their staff and report back to the LSCB on the action they have taken in response. Progress will be monitored by the Quality Assurance Sub Group.

An audit programme is under development for 2013-14 and will include a review of the audit tool so that an improved audit process can be put in place for multi-agency partners.

Over the next year the framework will be developed further and embedded within the partnership.

#### 7.1.6 Escalation policy and procedures

The LSCB Management Group approved a new multi-agency escalation policy in February 2013. This has been published on the LSCB website as a guide for professionals working across all agencies on the action they should take to resolve problems or disputes between agencies relating to a child's safety and welfare, with the aim of ensuring a swift resolution. The new policy offers clearer guidance, outlining a six step process for resolving or escalating issues and setting clear timescales for action at each point. Escalation procedures are being used within individual agencies but to date no issues have been escalated to the LSCB for resolution.

#### 7.1.7 Review arrangements for overseeing SCRs and IMRs

Disseminating the lessons learnt from Serious Case Reviews (SCRs) and Individual Management Review (IMR) of cases that do not meet the threshold for an SCR is an important part of the LSCB's development and improvement framework. The LSCB has sought to do this in several ways.

A report on learning from recent local Serious Case Reviews was presented to the LSCB in December 2012 with 27 Board members in attendance. Key themes were identified and agency leads asked to disseminate the findings within their organisations, identify improvements and progress the necessary actions. In March 2013 the LSCB Business Manager also delivered a presentation on local SCR themes to 66 social care staff, which was well received.

SCR themes have also informed the LSCB training programme for 2013-14. Multi-agency training on working with unco-operative and resistant families, working with BME families, pre-birth assessment and planning, domestic violence and neglect already featured in the programme and will continue. In addition, a new course has been included on the impact of parental substance misuse on parenting capacity and children's needs. The programme also includes a course on *Messages from Research* in which learning from national and local SCRs is referenced and its implications for local safeguarding considered.

#### 7.1.8 Provide training for LSCB members on applied learning from SCRs & IMRs

Plans were finalised in March 2013 for a workshop to be delivered jointly to Kingston and Richmond LSCB members on "*Learning from SCRs*" in April 2013. The aim is to provide an opportunity for partners to reflect upon key themes from national SCRs, as well as lessons from reviews conducted by both LSCBs, with a view to identifying how such learning can be used to make a tangible difference to safeguarding practice and outcomes for children and young people.

### 7.1.9 Ensure an effective system to regularly track progress of all SCR & IMR action plans

In November 2012, a comprehensive review was undertaken of all outstanding actions from Kingston SCRs and IMRs carried out in the last three years. A new monitoring framework was developed by the Quality Assurance Sub Group, which brought together all incomplete actions (at that point) into a single joint SCR action plan. This action plan has been subject to more regular and robust scrutiny by the Sub Group which has resulted in good progress in completing many of the outstanding tasks. Out of a total of 24 actions listed in November, all but 7 had been completed by the end of March 2013. The remainder were judged to require further monitoring to ensure that the changes had been fully implemented and could be evidenced. However, in all cases steps were being taken to bring them to a conclusion.

A similar process of regular scrutiny will be adopted for future SCR action plans, with a revised monitoring template now in place to enable progress to be tracked more effectively.

## 7.2 LSCB priorities

### 7.2.1 Support improvements to safeguarding practice, including the use of evidence based approaches

#### Children's Services

Significant and wide-ranging changes have been implemented by Children's Services over the last year as part of the post-Ofsted Improvement Plan to address the deficits identified by the inspection. By April 2013, all but 14 of the 96 actions (14%) in the plan had been completed which demonstrates good progress.

The Safeguarding Service has been restructured in direct response to inspection and audit findings. A Single Point of Access (SPA) team was established in February 2013 to manage all incoming contacts to the service, together with two Referral and Assessment Teams and two Child Protection Teams. Capacity has been significantly enhanced with the creation of 12.5 full time posts, including 2 management posts and 5 Social Worker posts, as well as 4 Advanced Social Worker posts and a drive to recruit high quality and experienced staff. Senior management posts are now filled with permanent staff, as are some of the Team Manager posts, although a number of posts still require permanent appointments. Whilst progress has been good, there remain some ongoing issues with staff recruitment and retention especially in relation to key posts.

The service has implemented a comprehensive case work audit programme and also developed a Quality Assurance Framework, which includes regular case file audits. The outcomes demonstrate a better application of the threshold for access to social work services, improvement in the timeliness of assessments and improvement in the quality of work. A combination of management information reports and case file audits are used to inform planning, thus ensuring that changes are evidence based.

A new in-house Child Protection Service was launched in January 2013, replacing the previous arrangements with an external provider. Effective business processes and operational procedures have been established aimed at securing greater accountability, rigour and challenge, for example a new template for CP Plans. There is evidence that the quality of CP Plans has improved significantly and they are now more outcomes focused. A new multi-agency Scrutiny Panel is ensuring an enhanced focus and challenge within the CP conference process, and taking steps to address any drift in dealing effectively with cases.

Supervision and learning opportunities for social care staff have been strengthened and steps have been taken to reduce social workers' caseloads. Average caseloads were high in August 2012 at 30.5 but this had reduced to 18 by April 2013. In part, this reflected the surge in work flow to Children's Social Care post Ofsted inspection. For example, the number of cases open to Children's Social Care increased from 847 in 2011/12 to 1038 in 2012/13, partly because a large number of cases were immediately re-opened after the inspection. Likewise, the number of children with CP Plans rose from 91 in March 2012 to 163 in March 2013. This increase has also impacted on other partner agencies such as Health who have had to respond to the higher demand for child protection work.

## Police

Partner agencies have also implemented changes to improve safeguarding practice. The Senior Management Team for the Child Abuse Investigations Team (CAIT) have introduced a daily "Grip and Pace" meeting which reviews all safeguarding issues identified overnight, including sudden infant deaths and children with a CP Plan who become victims of new allegations. This ensures that the senior team reviews, identifies and prioritises enhanced protection measures for children who already have CP Plans. Alongside this, Project Topaz has been implemented to improve information sharing about this group of children. Safer Neighbourhood Teams are now informed of children with CP Plans in their areas. Referrals staff are also required to identify every occasion where a child on a Plan

becomes subject to a new allegation. These incidents are then reviewed by the Continuous Improvement Team and included in the Grip and Pace meeting.

### Mental Health Trust

Within the Trust mandatory safeguarding children training for staff, an updated Safeguarding Children Policy and action in response to serious case reviews has led to an increased knowledge and awareness amongst staff of the potential impact of parental mental health on children and families. There has also been improved recording of dependent children of service users and improved access for staff to the Trust's Named Safeguarding professionals. This is evidenced by the increased number of calls to the Named Professionals seeking advice and consultation particularly from adult mental health practitioners.

### Your Healthcare

Improved governance arrangements are now in place within Your Healthcare. A Safeguarding Committee has been set up, chaired by the Director of Clinical Services, which reports to a high level Your Healthcare Board and is responsible for overseeing effective safeguarding arrangements for children and young people. Restructuring of teams has enabled child protection practitioners to prioritise their safeguarding roles at a time when caseloads have increased by 50% due to the rise in children with CP Plans. This is evidenced by 100% attendance at CP conferences, good quality reports to inform decision making and timely completion of court statements to support care proceedings. In addition, Your Healthcare has provided a part-time Health Visitor post to support the development of the Single Point of Access (SPA) in Children's Services, which will improve inter-agency information sharing and risk assessment at the initial point of contact.

### London Probation Trust

The Probation Trust has undertaken a full review of its Safeguarding Children Policy and Procedures to be launched next year. One improvement has been a new requirement for staff to notify or make referrals to Children's Social Care at every stage of their involvement with service users, including pre-sentencing, prior to the offender's release from custody or at the start of a community order. This had led to an increase in the number of cases being notified to Children's Social Care and therefore improved information sharing and more effective multi-agency working to protect children. Another improvement is the nomination of a dedicated Children's Champion in Kingston and Richmond Local Delivery Unit to take the lead locally for sharing best practice and promoting safeguarding issues.

## Kingston Hospital Trust

Like other agencies, the Hospital has seen an increase in child protection activity over the last year. For example the number of referrals made to local safeguarding services, including Child and Adolescent Mental Health Services and Children's Social Care, increased from 40 in 2011-12 to 117 in 2012-13. Referrals to the Trust and requests for Child Protection medicals increased from 68 in 2011-12 to 98 in 2012-13.

The Trust has strengthened its safeguarding arrangements through an enhanced monthly safeguarding meeting to consider strategic safeguarding issues. The meeting is attended by senior managers from the Trust and the Designated Nurse for Safeguarding to ensure high level ownership and action to address issues. Arrangements for the referral and assessment of pre-birth safeguarding concerns have also been improved. Isis, the specialist safeguarding midwifery team now employs a Maternity Support Worker who is providing additional guidance to expectant mothers under its care on preparing for the baby ante-natally and caring for it once it is born. The team has also put in place an electronic referral form which by reducing paperwork has allowed more clinical time with women in the antenatal clinic, as well as speedier information sharing with GPs and Health Visitors. More generally, the Trust has reviewed the training needs of maternity staff and as required is in the process of training all midwives to Level 3 in safeguarding.

### 7.2.2 Continue to monitor and support approaches that address domestic abuse, poor parental mental health, and parental substance misuse

#### Domestic Abuse

In Kingston domestic abuse is a major factor in children becoming the subject of safeguarding concerns and we know that reported incidences of domestic abuse are rising. During 2012-13 1752 incidents of domestic violence (DV) were reported to Kingston police (a 2% rise on the previous year). The number of domestic violence crimes recorded by the Police was 636, although there was a slight drop in the number of crimes where there was violence with injury. The number of people accessing the one Stop Shop drop-in service also increased by 7% compared with last year. In the same period in 64% of cases (74 out of 116) where an Initial Child Protection Conference was held domestic abuse was either currently or had previously been a factor. This is similar to the previous two years.

In 2012-13 Kingston MARAC considered 122 high risk DV cases which included 131 children amongst their households. There is some concern that the number of referrals to MARAC from

children's social care has remained low at 4% and this situation is being carefully monitored. The domestic and sexual violence training has this year been completely overhauled with an enhanced focus on the use of the CAADA DASH risk assessment. It is now mandatory training for all social work staff to ensure they are equipped with the right knowledge and skills to provide appropriate interventions. A total of 80 staff from various agencies attended this training in 2012-13, which included 12 social care staff although this number is expected to increase.

There has been a multi-agency scoping review into child to parent violence (CPV) to examine the extent of this issue locally and assess the range of options available to victims. The review identified 24 cases reported amongst the agencies involved over a 3 month period in the summer of 2012. CPV was an issue for 4% of people attending the One Stop Shop and 23% of high risk cases considered at the MARAC. The Board will now consider, with partners, a number of recommendations as to how this issue can be best addressed and support provided for families.

Other significant developments in local domestic abuse services include:

- An extension for a further two years of the Independent Sexual Violence Advocacy Service provided by Victim Support Kingston.
- Continued delivery of the Wednesday Women's empowerment programme, which has enabled 28 women to complete the course with very positive outcomes in terms of reducing repeat victimisation and improved safety of children.
- A new programme run at Norbiton's Children's Centre similar to Wednesday's Women for younger woman aged 16-24 years who have children under the age of 5 years. There are plans to roll this out to children's centres around the borough in the coming year.

Specialist support for children affected by domestic abuse is recognised as a gap in local service provision. A funding bid has been submitted to the Mayor's office for policing and crime by the Safer Kingston Partnership and the outcomes will be known in June 2013.

### Parental Substance Misuse:

In 2012-13 25% of individuals engaged in drug treatment and 22% of people engaged in alcohol treatment in Kingston were parents. This is in line with the national picture. In the same period, in 51% of cases (59 out of 116) considered at an Initial Child Protection Conference drug and /or alcohol misuse by the parent or other significant adult was a significant factor. To support families in

reducing the harm associated with parental substance misuse and fostering parenting skills and positive family functioning, Kingston Strategic Partnership for Alcohol and Drugs has commissioned Addaction to deliver an innovative pilot Breaking the Cycle project. As part of this a Children's and Families Substance Misuse Worker has been based in Children's Social Care to increase the numbers of drug and alcohol misusing parents who access and engage with treatment services. The worker also provides substance misuse training for safeguarding social workers. The majority of families who have engaged with the project have experienced positive changes in relation to substance use, reduction of harm, parenting efficacy and family functioning.

### 7.2.3 To assess the effectiveness of early help: in particular to support an expanded role for children's centres

Kingston has a wide range of community based early intervention services across the partnership to support vulnerable children and families. However, the need to establish greater coherence in the provision of early help services has been recognised and a new and re-focused approach to early intervention is therefore being developed.

Through a redesign of existing provision, plans are in place to establish four new multi-agency locality teams to deliver more joined up early help services. The new Protection and Early Help Service will provide a coherent Level 2 early intervention and step down service by bringing together and restructuring family support, targeted youth support, strengthening families, edge of care and multi-agency support services. The new locality teams will work closely with universal services such as schools, children's centres and youth centres. This redesign will provide new opportunities to ensure that early intervention is effective with clear management of risk.

Progress has also been made in developing clear pathways for stepping up and stepping down cases between Children's Social Care and Protection and Early Help Services. A new joint Threshold Framework has been developed across Kingston and Richmond following consultation with partner agencies through the LSCB. Developments are however at an early stage and therefore it is too early to assess their impact.

Children's Centres have continued rigorous monitoring of children aged 0-5 who are known to Children's Social Care to ensure that wherever possible they are registered with a centre and families are able to benefit from the range of services on offer. Since October 2012 the number of children registered with their local centre has increased from 61% to 70%. There have been 55 new

registrations since this time and the number is increasing each quarter. Of the Children aged 0-5 who are subject to a Child Protection Plan 81% of these children have registered with a centre, with 71% of these children accessing and attending a service within the last 3 months. The children and their families have accessed a wide range of services, including Health Visiting Services, Midwifery Services, Stay & Play sessions and Parenting Programmes.

#### 7.2.4 Further develop engagement with children, young people and their families

Supported by the Youth Participation Worker, Youth Council representatives made a positive contribution to the LSCB earlier in the year through their involvement in the Communications Sub Group, helping to develop the LSCB newsletter. It is recognised however that young people's participation is currently under developed and that a new model should be developed that is informed by good practice in other areas.

An important development this year has been the introduction of the 'Viewpoint' system to assist professionals in gathering children's view in a non-invasive way. Following a successful pilot, the system will initially be rolled out to all Looked After Children to gain feedback on their experiences of being in care and the care and support they have received. However, there is potential to extend its use to children who are receiving safeguarding or child protection services in the future which the LSCB will explore.

#### 7.2.5 Develop an LSCB newsletter and focus groups to improve communication and identify issues in the community and with practitioners across agencies

The first edition of an LSCB newsletter targeted at all staff who work with children and young people in Kingston was launched in March 2013. The newsletter is intended to be an accessible and user-friendly resource that will raise awareness of children's safeguarding and the work of the Board amongst all sections of the children's workforce. It will be developed further in the coming year.

Establishing opportunities for the Board to engage more directly with front line practitioners so that it has a better grasp of the issues they face and how they can be supported to improve safeguarding practice is an area that is currently under-developed. More attention needs to be given to the best way of doing this.

## 8. LSCB Sub Groups

### 8.1 Quality Assurance Sub Group

The focus and effectiveness of multi-agency quality assurance activity, facilitated by the Quality Assurance Sub Group, has improved considerably in this last year. Membership of the group has been refreshed to ensure it is fully representative of the key agencies. For example, a Housing representative will attend in the future as this was identified as a gap. Attendance has improved markedly as a result, from 45% at the beginning of the year to an average annual attendance rate of 72%.

Leadership has also been strengthened through new chairing arrangements which took effect in early 2013. The Assistant Director for Standards and Improvement now chairs the group and there is now a more robust performance management approach within an environment where agencies feel able to challenge – and support - each other. This, together with more frequent meetings, has given added impetus to the group and created more rigour in assessing partners' performance, both collectively and individually.

As outlined in earlier sections of this report, over the last 12 months the QA Sub Group had focussed its efforts on developing a quality assurance framework for the LSCB to include the multi-agency dataset and audits and more rigorous monitoring of SCR and IMR action plans. In addition, plans have been agreed for conducting the bi-annual round of Section 11 audits.

### 8.2 Training and Workforce Development

This has been a busy year for the Training Sub Group. A total of 2,854 staff from a wide range of sectors within the children's workforce attended safeguarding training provided by the LSCB (the vast majority of which are multi-agency) or by their own agency. This is more than double the numbers recorded in the previous year (1,258). The marked rise can be explained by the increased number of training courses on offer this year and higher take up with fewer cancellations. Also, the sub group has improved the gathering of information about the numbers attending single agency safeguarding training which gives a more accurate picture of the activity taking place.

Three courses had to be cancelled due to low take up. However, encouragingly the proportion of 'no shows', where staff do not attend without any prior notice or explanation, has reduced to 6.4% of the overall numbers. This is thought to be a direct consequence of the Board's decision to charge a fee

where courses are cancelled with less than ten days notice and no replacement is nominated. Courses continue to be evaluated highly for learner satisfaction. A breakdown of attendance across the different agencies is shown in Figure 3.

Figure 3: attendance at safeguarding training in 2012-13

Agency	Nos of staff attending LSCB training or single agency safeguarding training
Local Authority (excluding schools)	303
Early Years settings	70
Schools	566
Your Healthcare / NHS Kingston	327
Kingston Hospital	1239
Police	102
South West London & St George's Mental Health Trust	5
Private sector	2
Voluntary sector	126
Other	114
<b>TOTAL</b>	<b>2854</b>

Additional external funding allowed the LSCB to deliver an enhanced training programme during 2012-13. This included new courses on female genital mutilation, honour based violence and forced marriage and child sexual exploitation, all of which were well-attended, as well as a more creative approach to learning and development through an externally facilitated multi-agency action learning set on neglect (a major theme in a local SCR). The model used was evaluated positively, with practitioners reporting increased insight into aspects of neglect and safeguarding and active use of the learning in their day to day practice. The core training programme was also extended to include new courses on key safeguarding issues, including Child Development, Pre-Birth Assessment, Safeguarding Disabled Children and Messages from Research.

The most popular courses were the basic child protection awareness courses and multi-agency safeguarding training for groups 2 & 3.

Other significant developments include:

- A Level 1 safeguarding e-learning package is now in use by local third sector organisations working with children and families. Feedback indicates improved awareness of safeguarding issues.
- An LSCB Level 2 safeguarding training course has been developed by the LSCB Trainer for use by agencies who would like to train their own staff to deliver this training in-house. A 'Train the Trainers' course has been developed and delivered to ensure consistency, with good evaluations.

The Sub Group has benefited from consistent leadership from the Named Nurse, Safeguarding and attendance has improved with good multi-agency representation, although there are some agencies that do not attend regularly. This issue is being addressed.

Development of an evaluation tool to assess the impact of training on front-line practice will begin the process of providing evidence that safeguarding training impacts on reducing risk to children. This will be a priority for the coming year. It is also important that training provided in-house is quality assured so that we can be confident that all training is of a high standard. A quality assurance framework therefore needs to be developed and implemented.

### 8.3 Child Death Overview Panel

The Child Death Overview Panel (CDOP) has continued operating as a joint arrangement between Kingston, Hounslow and Richmond and since August 2012 has been chaired by Kingston's public health representative.

During 2012-2013 there were ten deaths of children from Kingston. None were due to suicide or abuse or a result of Sudden Unexpected Death in Infancy. Of the twelve deaths reviewed by the panel during the year (occurring both in 2012-13 and preceding years), none were judged to have modifiable factors, whereby intervention may have prevented these or future deaths. All but one of the reviews were conducted within a year of the child's death and half were within six months, thus ensuring that any learning or actions regarding follow up, for the family for example, are identified and enacted in as timely a way as possible.

Neonatal deaths continue to represent the highest proportion of deaths in Kingston (5 out of the 10) and, in view of this, a CDOP meeting was dedicated specifically to the review of neonatal deaths.

The panel was assisted by guest obstetricians and neonatologists whose expertise enhanced the review process. These meetings will be repeated at least once a year.

Several learning points have arisen from the Kingston case reviews:

- Advice from the London Ambulance Service that where possible contact should be made by portable phone so that the service can be updated on the casualty's condition and give advice about emergency aid where needed.
- The need for advice to women who change partners during pregnancy to use a condom to prevent sexually transmitted infections which may affect their unborn baby.
- The need for close supervision of children near roads and the importance of cycle helmets.

The LSCB will consider how this learning can be addressed to further reduce the likelihood of preventable child deaths.

Attendance at CDOP meetings has been mixed with some issues regarding police and social care representation across the three boroughs and within Kingston. Attendance will be monitored in conjunction with the LSCB to ensure there is improvement.

In the year ahead, it will be a priority for the CDOP to review and renew its processes in order to maximise effectiveness, learning and responses to the lessons identified. A Development Day is planned for this purpose. Another key priority is for the panel to tackle the backlog of cases in order that all deaths are reviewed within six months, other than in exceptional circumstances.

## **9. Monitoring quality and effectiveness of safeguarding arrangements and practice**

### **9.1 Quality assurance activities undertaken by agencies**

In addition to supporting the LSCB led quality assurance activities detailed earlier in this report, partner agencies have undertaken a range of audits and reviews during 2012-13 to assess and improve the effectiveness of their safeguarding systems and quality of practice.

### 9.1.1 Children's Services

Children's Social Care completed an extensive programme of audits in response to Ofsted requirements. Between July and December 2012 a total of 819 individual children's records were audited in three phases. The first phase focused on decision making at the point of contact with Children's Social Care. 493 cases were reviewed as a result of which approximately a quarter were re-opened for further action. The second phase focused on the quality of work undertaken with children and young people subject to Child Protection Plans and looked at 108 cases. The third phase reviewed the quality of social work intervention with children subject to Child in Need Plans, which included 218 children, 59 of whom were disabled children. A holistic review of each child/young person's journey through the system was undertaken, including analysis of the multi-agency process, to gain a deeper understanding of the areas requiring improvement.

Key findings reflected issues already highlighted by the inspection, for example in relation to:

- Information gathering and basic checks, risk analysis, application of thresholds, management oversight, decision-making and case recording at the point of contact;
- The quality and effectiveness of CP Plans, documentation of core group meetings, challenge by CP Chairs and by managers within social work supervision;
- The need for a robust system to ensure children and young people for whom an assessment has been completed have an approved child in need plan.

The findings, themes, recommendations and actions were reported to the LSCB in December 2012. Action plans were developed setting out clear timescales for improvement, led by the Head of Children's Social Care, with ongoing 'dip-sampling' of cases to test that changes are taking place.

### 9.1.2 Probation Trust

The Probation Service audited cases where there were identified child safeguarding issues in January 2013. Some areas for development identified as a result included the need for:

- better recording of safeguarding issues within the offender database and in risk assessment;
- Probation staff to actively follow up with Children's Services if they do not receive a response to enquiries;
- More consistent application of the Trust's safeguarding children policies and procedures.

To address these areas, the Trust will organise two safeguarding children training events for all practitioners to discuss best practice and discuss the findings in a full service staff meeting.

### 9.1.3 Kingston Hospital

The Hospital has audited three aspects of children's safeguarding work in the past year. The first was a re-audit to test whether children living in Kingston who are subject to a Child Protection Plan have an alert against their name on the Trust's IT system to enable swift identification and appropriate action. 99% of children with a CP Plan had been given an alert which demonstrates that accurate information is recorded on the system.

The second audit investigated the completion of 'consent to share information' documentation within children's A&E records. While the relevant paperwork was completed in the majority of cases, there was a significant proportion where this did not happen. To address this, the hospital will now include consent for sharing information on the triage page of children's A&E records and emphasise the importance of full and accurate documentation to all staff.

The final audit looked at staff awareness of designated child protection professionals, child protection guidelines and staff training and covered 83 staff. The findings showed excellent awareness and training levels amongst paediatric doctors, ward nurses and A&E nurses. However, there was room for improvement amongst senior hospital staff who have contact with children, staff on the labour ward and midwifery staff. This will be addressed by ensuring that child protection forms part of induction for all new staff and via teaching sessions, staff meetings and newsletters.

## 9.2 External safeguarding inspections

### 9.2.1 Health Services

Health Services were inspected by the Care Quality Commission as part of the Safeguarding and Looked After Children's Services inspection in 2012. The contribution of health agencies to keeping children and young people safe was found to be good. Areas for improvement related mainly to services for Looked After Children for which an action plan was developed. The majority of actions have been fully implemented.

South West London and St George's Mental Health Trust was subject to a safeguarding children inspection in April 2012. The most significant outcome was the need for a review of Child and Adolescent Mental Health Services (CAMHS), which commenced in September 2012 with the aim of improving access to services. A funding bid has been made to the national 'Improving Access to Psychological Therapies' programme, which if successful, will help to transform the CAMHS service in Kingston.

### 9.2.2 Learning from complaints

During 2011-12 the Council received 24 complaints relating to children's social care services, a slight increase on the 23 complaints received the previous year. Dissatisfaction with the decision-making process, service quality or service delivery were the main reasons for making complaints.

Despite efforts to ensure that all children and young people are supported to make complaints should they wish, only two complaints were received in 2011-12 and there has been little improvement. A new complaints leaflet has been produced for looked after children to help them to better understand and use the complaints process where appropriate. The Council's complaints officer is also working with senior managers to identify new and alternative ways for children and young people to make complaints.

No complaints were referred to the LSCB for consideration during this period.

### 9.3 Learning from Case reviews

During the past year the LSCB has unfortunately had to carry out a Serious Case Review (SCR). The details of the review remain confidential at the time of writing. A range of agencies have been involved with the review and the lessons identified both for the partnership and for individual agencies are being addressed through a comprehensive action plan. Delivery of the action plan will be closely monitored by the Quality Assurance Sub Group.

Also in February 2013, the LSCB published the Executive Summary of a report into a SCR that had been completed some two years previously. Publication had been delayed pending the conclusion of criminal proceedings relating to the case. This was a historical case concerning serious abuse and neglect within a large family over a long period of time and the review had identified significant lessons for the agencies involved. With the exception of one outstanding area, the action plan from the review has been fully implemented.

## 10. Progress on other priority policy areas

### 10.1 Child sexual exploitation

Local work to tackle Child Sexual Exploitation (CSE) includes delivering training to staff across the partnership to enable better identification of CSE risks and indicators. Three multi-agency sessions

were delivered during the year by the children's charity Barnardo's attended by 45 staff. A list of warning signs and vulnerabilities published in the Children's Commissioner's interim report on CSE in November 2012 was circulated to staff in all agencies to further raise awareness. In a related project, the Youth Support Service has been working with Kingston University to undertake research and identify appropriate resources to work with young people on cyber safety and on line grooming. A training package for professionals has been produced as a result.

In order to ensure a co-ordinated strategic approach to this agenda the LSCB has agreed to establish a CSE Task and Finish Group. This group will be led by the Head of Children's Social Care and include representation from health, schools, Police, Youth Offending Service, Youth Services, Youth Support Service and Looked After Children's Service. Priority early tasks will be to develop a CSE strategy, agree a process for risk assessment and referral, and establish an operating model that enables systematic intelligence gathering of the scale and nature of the issues in Kingston and multi-agency review of individual cases. It is recognised that greater impetus is needed to ensure the LSCB is fulfilling its responsibilities in relation to sexual exploitation.

## 10.2 Missing children

During 2012-13 Kingston Police recorded 203 incidents of a child or young person missing from home <sup>9</sup>. Some children may be reported missing more than once. This figure includes 8 Looked After Children (LAC) who went missing from care over 22 separate episodes, which is 4% of the overall looked after population. The majority of missing Looked After Children were aged 16 years or above.

The LSCB received the 2011-12 annual report on missing children in June 2012 and identified some areas for improvement, as did the Ofsted inspection, in particular the need for better strategic oversight and embedding of procedures. A new multi-agency Missing Children Review Panel is now in place, chaired by the LAC Service Manager, and has been meeting six-weekly to review performance, collate and analyse data, identify areas of concern and inform local strategies and plans. The LSCB has also approved a revised Children Missing from Home and Care Protocol to clarify aspects of the procedure for dealing with such cases and make more explicit links to the potential risk of sexual exploitation where young people are persistently absconding.

Improvements have been supported by a new recording system within Children's Social care to ensure that information on all missing children is recorded appropriately. Strategy meetings are now

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<sup>9</sup> This figure relates to children and young people aged up to 18 years who were reported missing from a Kingston address between 1<sup>st</sup> April 2012 and 31<sup>st</sup> March 2013.

held consistently and a robust multi-agency plan is put in place for every child missing from care. The Head of Children's Social Care also reviews information on children missing from care on a weekly basis.

### 10.3 Looked after Children

In March 2013 Kingston had 134 Looked After Children, including those in respite care. After a rise in the first half of the year numbers are gradually reducing. The Council's Corporate Parenting Panel has been re-launched and is now chaired by the Chief Executive to provide greater independence. Links with the LSCB have been also strengthened through inclusion of the LSCB Business Manager on the panel. Issues relating to placement stability, placement distance from home and housing needs have been considered and will form part of its work programme for next year.

Independent Reviewing Officers are now employed directly by the Council. There is evidence that the quality of the IRO Service has improved as a result.

Joint work between Children's Social Care and Health Services, has led to improvements in sign-posting looked after children and care leavers to sexual health services. As well as helping to prevent pregnancies, any young person who becomes pregnant is referred to the Isis team at Kingston Hospital for extra support, with full involvement of the health visitor. This service is proving successful in ensuring that positive relationships are built at an early stage between the young person and health professionals, which is a protective factor for the unborn child. The presence of a Health Visitor within the Single Point of Access (SPA) is also ensuring that children of care leavers receive a timely and appropriate response from both universal and targeted health services to prevent problems from escalating.

### 10.4 Local Authority Designated Officer (LADO)

A total of 61 cases were referred to the LADO in 2012-13 compared with 32 cases in 2011-12. The increase can be attributed to improved awareness amongst agencies of the LADO procedure. A significant proportion of the referrals (34 %) related to staff working in Education and schools, followed by Early Years (13 staff) and private and voluntary organisations (11 staff). In 10 out of the 61 cases, the person who was the subject of an allegation had a child about whom there were child protection concerns. These cases were investigated by the Police and Children's Social Care and in

4 cases no further action was required, while in 6 cases Child Protection plans were put in place. Investigations resulted in 36% of allegations being substantiated; the remainder were unsubstantiated.

There is evidence of an increased number of allegations from schools and other educational institutions relating to physical contacts and use of social media. This will need to be monitored and incorporated into work to address safe practice and e-safety.

During the course of the year, key activities have included work to ensure that use of LADO procedures are firmly embedded within children's social care services so that all cases that may require a LADO intervention are referred in a timely way. This has been achieved through inclusion of LADO procedures in staff induction, distribution of a LADO procedural leaflet to all practitioners and attention by senior managers to cases that may require a referral during practice supervision and case monitoring. In addition, to address issues around understanding of LADO procedures specifically in relation to foster carers and adopters, guidance has been produced for staff working in the LAC team. This has led to a reduction in the number of cases that are inappropriately referred to the LADO.

### 10.5 Forced marriage

The LSCB has published local guidance to assist professionals in all agencies to deal with cases of forced marriage. This has been accompanied by multi-agency training on honour based violence and forced marriage which was attended by 30 staff from across the local authority, health agencies, Police and voluntary sector.

Feedback from domestic violence practitioners indicates that there is growing awareness of this issue amongst key agencies such as schools and the hospital. Schools play a vital role in identifying and protecting young people who may be at risk of forced marriage, especially in the run up to the summer holidays which is an especially vulnerable time. In view of this, in summer 2012 the Board issued a reminder to school staff of potential warning signs, emphasising the need for extra vigilance and signposting to sources of information and support. However, the issue is under-reported. In Kingston only one case of potential forced marriage was recorded by the Police in last year.

### 10.6 Female Genital Mutilation

Due to its hidden nature cases of FGM are also under-reported and therefore it is difficult to get a true picture of the numbers of children and young people who may be affected locally. For example no cases were recorded by Kingston Police during 2012-13.

A local multi-agency procedure for safeguarding children at risk of FGM was published by the LSCB in August 2012. 34 professionals from Children's Social Care, Police and Health staff also attended

training on this issue. Continued awareness raising is key to improving detection and ensuring timely safeguarding interventions and the Police have notably identified this as one of their priorities for the coming year.

## 11. Effectiveness of safeguarding arrangements in Kingston

Kingston's safeguarding services have been assessed as providing inadequate support and protection to the borough's vulnerable. Significant weaknesses have been identified in the child protection work carried out by the Council and partner agencies and in services consistently fulfilling statutory requirements. There are weaknesses in relation to the quality of safeguarding practice, assessment, planning, management over-sight, supervision and decision-making.

The past year has seen rapid and decisive action across the LSCB to address these weaknesses. Whilst previously the partnership was not fully cognisant of the depth of the issues, it now has a deeper understanding of the improvements required and is focusing its activity accordingly.

There are signs that the changes that have been implemented are bearing fruit and standards are rising. However many of these changes are recent and there is still much to do to embed change. The effectiveness of new operational structures needs to be tested. The quality of practice is still variable and management capacity and supervision is inconsistent so that we cannot be assured that in every case vulnerable children receive the help and support they need to keep them safe. Safeguarding services thus have some way to go before they can be judged to be consistently performing at an adequate level.

## 12. Priorities for 2013-14

Under the leadership of the new Chair, the coming year will be one of consolidation and further development as we embed the changes we have made and continue to drive forward the improvement agenda. We will also need to ensure we are compliant with any new requirements in out of *Working Together 2013*.

The LSCB has identified the following priorities for 2013-14:

- Continue to oversee and monitor delivery of the Children's Services improvement plan.
- Embed quality assurance arrangements within the partnership, including the LSCB dataset, multi-agency auditing and Section 11 audits.
- Co-ordinate and support developments that improve front-line safeguarding practice.
- Develop a Learning and Improvement Framework for the LSCB.
- Ensure a co-ordinated, multi-agency strategic approach to tackle child sexual exploitation
- Co-ordinate and support approaches to address the impact of domestic violence, parental substance misuse and parental mental ill-health on children and young people.
- Lead multi-agency action to address the risks to children from information technology and social networking.
- Develop a model for better engaging children and young people on safeguarding matters and the LSCB's work.

Appendix 1

ATTENDANCE AT LSCB MEETINGS 2012-13

Attendance at LSCB Main Board April 2012 – March 2013

AGENCY	REPRESENTATIVE	14.6.12	13.09.12	4.12.12	12.2.13 (extraordinary meeting)	12.3.13
<b>LSCB</b>	Independent Chair	Y	Y	Y	Y	Y
	Business Manager	Y	Y	Y	Y	Y
<b>Local Authority</b>	Lead Member for Children & Young People	Y	Y	Y	Y	N
Learning & Children's Services	Director of Learning & Children's Services	Y	Y	Y	Y	Y
	Head of Children's Social Care	N	N	Y	Y	Sub
	Child Protection Team Leader / Conference Chair	Y	Y	Y	N	Y
	Service Manager, Professional Standards & Development (interim)	Y	N	Y	Y	Y
	Head of Prevention and Integration	Y	Y	Y		
	Strategic Manager Education Welfare Service / Education Safeguarding Lead	Y	N	Y	Y	N
	Assistant Director, Standards & Improvement				Y	Y
	Parental Substance Misuse Worker			Y	N	Y
Housing	Head of Housing	Y	Y	N	N	Y
Adult Social Care	Service Manager, Adult Safeguarding	N	Y	N	Y	N
Legal Services	Principal Solicitor, Health & Adult Services and Learning & Children's Services Team	Y	Y	Y	N	Y
Strategic Business / Safer Kingston Partnership	Domestic Violence Co-ordinator	Y	N	Y	Y	Y
Strategic Business / Organisational Development	Learning & Development Lead Consultant – Social Care	N	N	Y	N	Y
	LSCB Trainer	N	Y	Y	N	N
<b>Health Services</b> SW London & St George's Mental	Consultant Child Psychiatrist, Kingston FACT	Y	Y	N	Y	N

Health Trust						
	Associate Director of Nursing	Y	Y	Y	Y	N
GPs	Lead GP, Safeguarding	N	N	Y	N	N
Kingston Hospital	Director of Nursing & Quality	N	Y	Y	N	Sub
	Designated Doctor	Y	Y	Y	Y	Y
Your Healthcare	Board Lead Clinical Services, Your Healthcare	Y	Y	Y	Y	N
	Named Nurse, Your Healthcare	N	Y	Y	Y	Y
NHS Kingston	Designated Nurse, Safeguarding	Y	N	Y	Y	Y
<b>Police</b>	DCI, West Region CAIT	Y	Y	Y	N	Sub
	DCI, Kingston Police					
<b>Probation</b>	Assistant Chief Officer	N	N	Y	Y	N
<b>Schools</b>	Secondary/special School Headteacher,	Y	Y	N	N	N
<b>Kingston College</b>	Welfare & Safeguarding Manager	Y	N	N	N	Y
<b>CAFCASS</b>	Service Manager, High Court Team	N	N	N	N	N
<b>Voluntary Sector</b>	Chairman, Kingston Racial Equality Council	N	N	N	N	N
	Children First Project Co-ordinator, Kingston Voluntary Action	Y	Y	Y	N	Y
	Manager, Kingston Homestart	Y	Y	Y	N	N
	Safeguarding Officer, Diocese of Southwark	Y	Y	N	Y	N
<b>Lay members</b>	Lay member	Y	Y	Y	N	Y
	Lay member	N	N	Y	Y	N
<b>TOTAL</b>		<b>(68%) 23/34</b>	<b>64% (22/34)</b>	<b>(77%) 27/35</b>	<b>54% (19/35)</b>	<b>48% (17/35)</b>

Attendance at LSCB Management Group April 2012 – March 2013

AGENCY	REPRESENTATIVE	16.05.12	26.08.12	14.11.12	13.02.12
LSCB	Independent Chair	Y	Y	Y	Y
	Business Manager	Y	Y	Y	Y
Local Authority	Head of Children's Social Care				Y
	Service Manager, Professional Standards & Development	Y	Y	Y	Y
	Head of Prevention and Integration	N	Y	Y	
NHS Kingston	Designated Nurse, Safeguarding	Y	Y	Y	Y
Your Healthcare	Named Nurse, Safeguarding	N	Y	Y	Y
Police CAIT	DCI West Region	Y	Y	Sub	N
Voluntary Sector	Kingston HomeStart Manager	N	N	Y	N
Lay member		Y	N	N	Y
<b>TOTAL</b>		<b>67% (6/9)</b>	<b>78% (7/9)</b>	<b>89% (8/9)</b>	<b>78% (7/9)</b>