



**Annual Report
September 2019 -
September 2020**

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Foreword

This is the first Annual Report that we have published as the Kent Safeguarding Children Multi-Agency Partnership (KSCMP), covering the period from September 2019 to September 2020. As such, it looks at the progress we have made since the new multi-agency safeguarding arrangements came into effect, as well as work undertaken by the Kent Safeguarding Children Board as it prepared for the transition into the new arrangements. The report also sets out our ambitions for the coming year, and how we intend to work together to safeguard children and promote their welfare.

The KSCMP has made good headway in setting, and working to deliver, the priorities the Partnership has agreed for 2020-2023. We have also worked to embed the new arrangements and establish the new Partnership. Whilst the Kent Safeguarding Partners are Kent County Council, Kent Police and the Kent and Medway Clinical Commissioning Group, we value and recognise the important role played by Kent's Relevant Agency partners – including schools, colleges, Probation Services and District Councils – in keeping children and young people safe. To add to this, to ensure the new Partnership Arrangements are being appropriately supported, a review of the KSCMP Business Team has been undertaken; this review was designed to re-shape the Team so that its roles and structures are best placed to support the new Partnership. The review has led to new roles being created and the new for the Team structure is being recruited to at the time of writing.

Moreover, the KSCMP wants to ensure there is a culture of continuous learning and improvement across organisations that work to safeguard and promote the welfare of children in Kent. The Scrutiny and Assurance Framework, which was published alongside the Safeguarding Agreement and together with the Practice Improvement Framework, sets out how we will achieve this. A key part of this is ensuring that learning from Local Child Safeguarding Practice Reviews influences practice. Further information about the reviews undertaken is in Section 4 of this report.

The voice of children and young people will be a key focus of the Partnership's work going forward and it is our aspiration to undertake wider engagement with children, young people, parents, and carers to underpin and inform the work of the Partnership.

Whilst we have made significant strides as we start to implement our strategic priorities and to strengthen our collaborative working, 2020 has been a challenging year. The global Coronavirus pandemic has had a significant impact on services across the partnership and created testing conditions for the ongoing delivery of high-quality provision. Nonetheless, agencies in Kent were quick to respond to these challenges and to ensure safeguarding children and young people has remained a key priority. This is evident in the introduction of new working practices, policies and innovations, and the ongoing commitment of staff to attend safeguarding meetings via virtual platforms. The KSCMP has played a key role in facilitating this work, and we would like to take this opportunity to thank staff from across the safeguarding arena for their hard work and

dedication, which has made – and continues to make – a significant difference to the lives of children and young people in Kent.

1. The Kent Safeguarding Context

1.1 Our Kent Safeguarding Children Multi-Agency Partnership (KSCMP) covers the Kent County Council (KCC) local authority area, which is covered by the Kent and Medway Clinical Commissioning Group and Kent Police. As three safeguarding partners, Kent County Council, Kent Police and Kent and Medway Clinical Commissioning Group, we cover a geographical area of 1,368 square miles with over 350 miles of coastline. Within this area there are twelve district councils.

1.2 The Office for National Statistics mid-2019 population estimate indicates that the population of Kent reached 1,581,600 – 12,900 persons (+0.8%) above the 2018 mid-year figure. Kent's growth rate in 2018-19 was at the lowest level seen over the past ten years, a similar level was seen in 2008-09. Despite this, Kent has consistently seen a higher annual rate of growth than the South East and England for the past ten years.

1.3 The 2011 Census shows that the majority of the population (93.7%) in Kent are classified as White, with the next largest ethnic group being Asian or Asian British (3.3%) including Chinese. The proportion of the population that is White is larger than in the South East and England.

1.4 Kent remains within the same national decile for Indices for Multiple Deprivation (IMD) for 2019 (latest release)¹ as for 2015 for 4 out of 5 summary measures for upper-tier authorities. This indicates that there has been a small increase in deprivation in Kent between 2015 and 2019. However, Kent is ranked within the least deprived 50% of upper-tier local authorities in England for 4 out of 5 summary measures of the IMD 2019.

1.5 Although the KCC area is within England's least deprived third of authorities, there are very different levels of deprivation within the county. East and North Kent districts are more deprived than those in West Kent. Kent's most deprived district is Thanet, which ranks 34th out of 317 authorities. This ranking places Thanet within England's most deprived 10% of authorities. In contrast Kent's least deprived district is Tunbridge Wells, which ranks 273rd out of 317 authorities, placing it within England's least deprived 20% of authorities.

1.6 Kent has an older population profile than England as a whole, with proportionally more working-age residents and older people. Kent has an older average age of population at 41.2 years against 40.2 years for England.

1.7 Mid-year population estimates for 2019 indicate that there are 343,800 children and young people under the age of 18 living in Kent.

¹ Indices of Multiple Deprivation 2019 (IMD2019). Ministry of Housing, Communities and Local Government (MHCLG)

1.8 Kent's school population is 238,511²: this is a 2% increase when compared to 2019's figure of 234,864. 84%³ of children in Kent schools are White British, 4% are Asian or Asian British, 3% Black or British Black, 6% mixed dual background. The percentage of White British children is highest in schools in Dover, Folkestone and Hythe, and Swale and schools in Dartford and Gravesham have the highest percentage of Asian children. There are 456⁴ primary schools, 100⁵ secondary schools, 22 special schools and 6 pupil referral units in Kent.

1.9 ⁶Overall, comparing local indicators with England averages, the health and wellbeing of children in Kent is better or similar to England. The infant mortality rate is similar to England with an average of 69 infants dying before age 1 each year. Other relevant public health data is as follows:

- the teenage pregnancy rate is better than England, with 423 girls becoming pregnant in a year.
- 13.8% of women smoke while pregnant which is worse than England.
- 65.2% of new-borns received breast milk as their first feed.
- the MMR immunisation level does not meet recommended coverage (95%), by age 2, 90.8% of children have had one dose, this is, however, better than the rest of England but lower than the South East as a region (92.48%)
- dental health is better than that found in England and the South East with only 16.3 % of 5-year-olds having one or more decayed, missing or filled teeth.
- 10.3% of children in Reception are obese or severely obese which is higher than England (9.68%) and South East (8.53%) and, at the end of Year 6 this has increased to 19.9% against the England rate of 21.00%.
- the rate of child inpatient admissions for mental health conditions at 77.9 per 100,000 is better than England.
- The rate of self-harm of 357.6 per 100,000 is better than England.

1.10 In regard to educational attainment, at the end of reception, 74% of pupils have a good level of development, above the national figure of 71.8%. GCSE attainment 8 Score is 47.4%, above the national figure of 46.8%.

1.11 There are less children in Kent, 3.82%, living in a household where no adult is working than the rest of England⁷. The rate of family homelessness is lower to that seen in England (4.18%).

1.12 There were 1,807 Looked After Children at the end of March 2020, this equates to 53 Looked After Children per 10,000 of the under 18 population,

² As of January 2020

³ 3% other or refused to provide information.

⁴ Inc Academy and Free

⁵ Inc Academy Free and UTC

⁶ Child data drawn from Public Health England Child Health Profile – Kent March 2020

⁷ Children in low-income families local measure (CiLIF) Department of Work & Pensions (DWP)

comparable with our statistical neighbour's⁸ average of 60.70 LAC per 10,000 (2020).

1.13 There were 1,338 children subject to a child protection plan at the end of March 2020, compared with 1,303 as of 31 March 2019 (from CIN Census published data). This equates to 41.3 (from CIN Census published data) children subject to a child protection plan per 10,000 of the child population and is lower than the national average of 55.8 children subject to a child protection plan per 10,000 of the child population but higher than that of our statistical neighbour's average of 38.55 per 10,000 (2020).

Multi-agency dataset

1.14 The KSCMP has adopted the 'Three Lines of Defence' methodology used in a range of national and local assurance models (as described in our Scrutiny and Assurance Framework⁹). Our first tier of defence is 'operational information', both quantitative and qualitative. To support our approach, we aim to develop a multi-agency dataset. The dataset will be framed to cover the partnership's main objectives and ongoing priorities and includes some of the performance indicators reported previously by the three partners.

1.15 The dataset development is currently underway and early work is focusing on the collection of Local Authority information. The next stages of development will draw more data from the other two safeguarding partners and relevant agencies. We aim to include indicators that will inform the safeguarding partners of the risk of harm children are exposed to, for example Child Exploitation (criminal, sexual or otherwise), numbers and frequency of children who go missing from home or care, children in households affected by substance misusing parents/carers, or children who receive a youth caution in Kent. The dataset will be used to inform on the safeguarding system in Kent and how well children are protected, prevented from the risks of harm, supported to recover from harmful situations and that services improve through learning. The dataset will allow the safeguarding partners strategic oversight of safeguarding data and the impact of individual agency performance on the delivery of safeguarding across the partnership. The launch of the dataset will be a priority for the coming year.

⁸ Kent's statistical neighbours are Essex, Swindon, East Sussex, Northamptonshire, Worcestershire, Warwickshire, West Sussex, Staffordshire, Lancashire, Nottinghamshire

⁹ https://www.kscmp.org.uk/_data/assets/pdf_file/0016/111508/KSMCP-Scrutiny-and-Assurance-Framework-Final.pdf. (Pages 8-9)

Performance 2019-20

Table 1

Performance 2019/20	Apr 2019 – Mar 2020	Oct 2019 – Sep 2020
	Full Reporting Year	First Partnership Reporting Year
Number of Children in Care (including UASC)	1,811*	1,852**
Number of children on a Child Protection Plan	1,338*	1,199**
Number of children on a Child Protection Plan for a second or subsequent time	342	317
Number of Child in Need (CIN) plans in place	2,311*	2,360**
Number of Family contacts to Front Door	48,308	49,449
Number of Families in receipt of Early Help Services	2,554*	2,456**
Number of children in receipt of Early Help Services	5,398*	5,049**
Percentage of Families in receipt of Early Help Services for more than 100 working days	18.6%*	11.0%**
Percentage of Early Help cases closed with Outcomes Achieved	71.2%	71.1%
Percentage of Early Help cases closed with an Escalation to Child Social Work Services	11.8%	11.0%
Percentage of Child Social Work Services cases closed with a Step-Down to Early Help	21.4%	18.4%
Number of referrals to Children Social Work Services	22,790	21,301
Number of Children's Social Work Services re-referrals within 12 months	7,952	7,679
Number of Private Fostering arrangements	27*	43**
Number of Unaccompanied Asylum-Seeking Children in Care	423*	474**

Number of Other Local Authority placements in Kent	1,268*	1,324**
Number of Missing Children episodes that started in the financial year (2019-20)	7,409	6,190
Of these, how many were Other Local Authority Children in Care placed in Kent	1,340	927

* as of 31st March 2020

** as of 30th September 2020

1.16 The performance data for our partnership is presented in Table 1 above and analysis and commentary on this data follows below.

1.17 Looking at the Local Authority data for year-on-year comparisons there is minimal change. Due to the Partnership beginning in September 2019, this annual report covers a different timeframe. Despite one snapshot being March 2020 and one being September 2020 the numbers of Children in Care of the Authority and under a Child Protection plan is within a rise of 50 and a reduction of nearly 140 children. The number of children on a Child in Need Plan or a Child Protection Plan for a second or subsequent time also shows little variance, with a rise of less than 50 and a reduction of over 20 children.

1.18 This applies when looking at numbers for a year (again comparing one-year timeframes but staggered time periods) with Front Door contacts rising by roughly 1,000 children a month at the end of September 2020 and Early Help cases maintaining the same rate of successful closures, escalations, and step-downs.

1.19 The number of Private Fostering arrangements has increased; this may be down to the time of snapshot coinciding with a new academic year and possible Foreign Students being accommodated.

1.20 The number of missing children has decreased over the last 6 months, which may be a result of Covid-19 and National Lockdown measures which did see a downturn in the number of children reported missing.

1.21 The number of Unaccompanied Asylum-Seeking Children (UASC) looked after in Kent as at the end of September 2020 stands at 474, this is similar to 423 in March 2020, but is nearly 200 more children than March 2019. Due to this increased pressure the Corporate Director, Children, Young People Services and Education (DCS) declared a critical emergency stating that Kent could not care for additional UASC for a period in mid/late 2020. The County is still asking for the dispersal system to be mandatory rather than voluntary for other Local Authorities to care for these children. The Local Authority resumed their statutory responsibilities towards these children on 7 December 2020.

1.22 Children in custody figures (below) are significantly down on previous years. This is due to a concerted drive by Kent Police to, wherever possible, seek alternatives to arrest/custody for juveniles. Our custody sergeants are trained to challenge officers who present juveniles at the custody desk. The arresting officer must provide clear justification and demonstrate that all other possible alternatives have been considered before the custody sergeant will authorise detention. Figures for children in custody overnight are unavailable due to the way the information is held on internal systems.

Table 2

Oct 19	Nov -19	Dec -19	Jan -20	Feb -20	Mar -20	Apr -20	May -20	Jun -20	Jul -20	Aug -20	Sep -20	Total
148	151	151	184	165	167	98	131	144	14 2	123	150	1,754

1.23 The increase seen (below) in S46 Police Protections¹⁰ is partly due to changes in recording process and training. There has also been an increase in children being identified as at significant risk of harm. This increase does correlate with the first national lockdown, which may be a contributory factor.

Table 3 (Data since June 2020)

Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
34	28	53	47	38	77

¹⁰ (Police Protection is an emergency power under Section 46 Children Act 1989 which allows any police officer to protect a child who is reasonably believed to be at risk of significant harm)

2. Kent Safeguarding Partnership

2.1 On 17 September 2019 we launched our new Kent Safeguarding Children Multi-Agency Partnership (KSCMP).

2.2 The goal of our KSCMP arrangements is to ensure that everyone can recognise, respond, and fulfil their responsibilities to children and families in order to safeguard children. We recognise that this can only be achieved through collaborative working practice across organisations and agencies that work with children and families and carers. These arrangements emphasise that carrying out safeguarding successfully is accomplished by putting children at the centre of the system, and by every person and agency playing their full part. To achieve this our relationships with partners are key and a crucial element of our partnership.

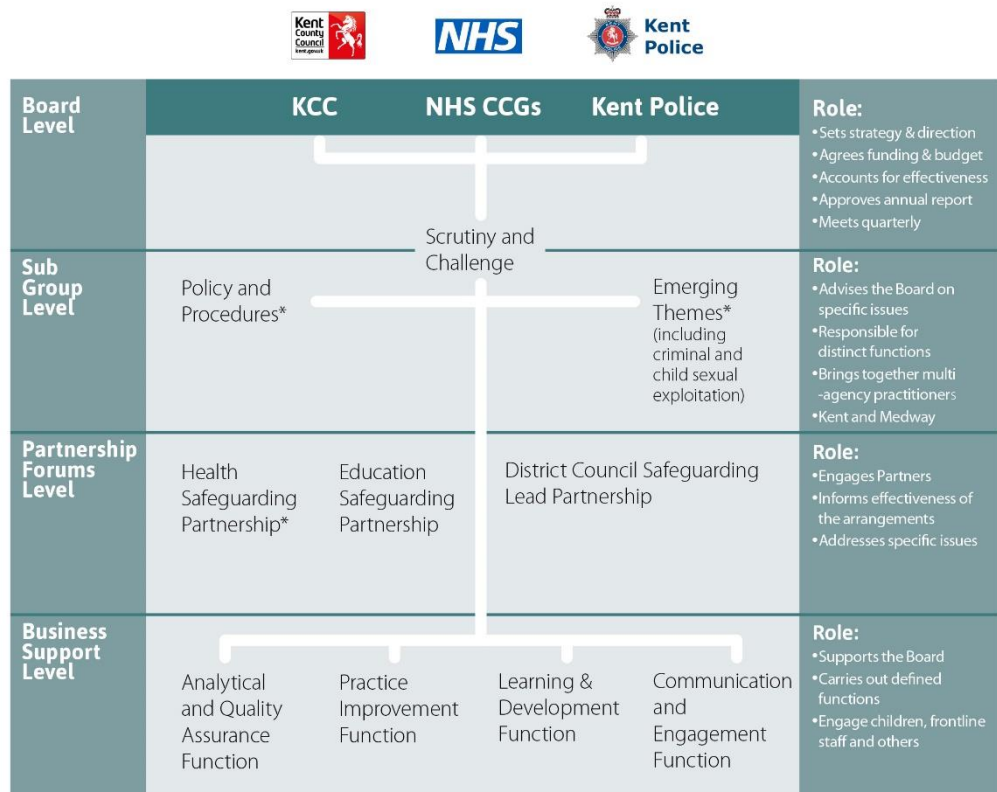
2.3 Our vision is to protect children from harm and prevent them from the risk of being harmed, support their recovery from harmful situations and improve our services through learning. We work together to support all agencies to meet the needs of children and families, whilst seeking to continually improve our services so that we can offer even better levels of support and assistance in the future. We recognise that one agency working on its own cannot achieve this single-handedly and believe that by working together across different organisational boundaries and in partnership with other public sector bodies, and voluntary and community sector organisations, we can provide the most effective support. The structure of our partnership is outlined in Figure 1 below and demonstrates our commitment to working in partnership with all agencies and sectors to safeguard children (Appendix 1 lists the agencies within our partnership).

2.4 As members of the KSCMP Executive Board (KSCMPEB), the safeguarding partners have a shared and equal duty for the safeguarding arrangements in Kent and work together to ensure that safeguarding functions across the county are effectively discharged in accordance with the requirements set out in Working Together 2018.

Key relationships with other Boards and Partnerships

2.5 KSCMP's arrangements link together strategic partnership bodies and workstreams that support children and families, as illustrated in Figure 1 below. During the first year of our partnership, we have worked with other key strategic partnerships who have responsibilities that influence and effect the safeguarding of children in Kent. Members of the KSCMPEB sit on the other key Strategic Boards - Kent and Medway Safeguarding Adults' Board (KMSAB), Kent Community Safety Partnership (KCSP), Kent and Medway Health and Wellbeing Board (KMHWB), and the Kent and Medway Domestic Abuse Strategy Group (KMDASG) – and report back on key activity from those Boards.

Figure 1 Structure of our partnership



* Kent and Medway groups

Scrutiny and Challenge

2.6 The KSCMP arrangements have been developed to create an environment that is conducive to robust scrutiny and constructive challenge as well as a partnership approach to learning and improvement across the children’s multi-agency safeguarding system. We have adopted a mixed approach to satisfy the requirement for independent scrutiny of our arrangements. This comprises of two essential components: the first focuses on the ongoing scrutiny and challenge taking place through the work of the partnership subgroups and the Business Support Team and the second relates to the commission of independent review.

2.7 Our scrutiny and assurance framework provide the local safeguarding systems with a mechanism for quality assurance, audits, and deep dives into specific themes. This includes the use of good benchmarking information to give a clear picture of overall

system performance. We are developing an early warning system based on key indicators which can help inform the safeguarding partners if there are clear signs of system problems. The scrutiny and assurance framework will begin to drive a programme of qualitative and systematic analytical actions by the multi-agency partners and will be used as a means for testing the effectiveness of the multi-agency safeguarding arrangements. The framework includes a programme of single agency and multi-agency audits, underpinned by organisational quality assurance processes in line with Section 11 requirements as defined in the Children Act 2004 (as amended by the Children and Social Work Act 2017).

2.8 Our ambitions for our partnership have been severely curtailed this year by the impact, across all agencies, of the Covid-19 pandemic. However, we remain committed to ensuring the wider implementation of our framework in the next year and look forward to the contribution it will bring to the evaluation of the overall performance of our KSCMP arrangements and how they are improving practice.

Independent Scrutiny

2.9 The aim of the role of the commissioned independent scrutineer is to provide assurance in assessing the effectiveness of the KSCMP arrangements and, through their monitoring and challenge, in judging the effectiveness and quality of our multi-agency arrangements to safeguard and promote the welfare of all children. We have collaborated with the Medway Children's Strategic Partnership Board to provide seamless scrutiny arrangements, being mindful that two of our safeguarding partners cover both areas and have appointed Rory Patterson as our Independent Scrutineer.

3. Our Priorities

KSCMP Priorities for this year

3.1 The first task of our new partnership has been to establish key priorities. From our collective analysis of the most pressing issues identified across the county, the following three priorities, in the order of consideration, have been agreed for 2020-2023:

- **Contextual Safeguarding and Trauma Informed Practice**
- **Neglect – Children under 8 years**
- **Domestic Abuse – Impact on children and young people**

And the cross-cutting themes of:

- **Partnership Working and**
- **The Lived Experience of the Child**

3.2 Our approach to exploring these priorities is given in the following sections along with an outline of our progress during this year. We recognise that our endeavours have, to date, been limited by the impact of the Covid-19 pandemic and are committed to progressing this work in the year ahead.

Priority 1: Contextual Safeguarding and Trauma Informed Practice

Why is this a priority?

This topic influences a wide range of business for the partner agencies and other relevant agencies and will be pertinent to their work.

What do we want to achieve?

- An effective multi-agency response to contextual safeguarding.
- An engaged workforce that understands contextual safeguarding and thresholds for tiered child protection interventions and services.
- Partners to act to prevent safeguarding issues arising and minimise the harm and impacts arising from those that do occur.

How will we achieve it?

- Develop a multi-agency approach to contextual safeguarding which identifies and responds to risks outside the family home, using trauma informed practice to understand and meet the needs of children and young people.
- Implement the multi-agency approach, with a commitment from all levels to embed the approach in multi-agency working practice.
- Ensure that high quality training opportunities are available to support staff in the delivery of the multi-agency response to contextual safeguarding.

How will we know?

- Single and multi-agency audits.
- Feedback from service users including hearing the voices of children and young people and incorporating their views into solutions.
- Feedback from front line practitioners and managers.

Working to deliver the priority.

3.3 Integrated Children's Services (KCC) as part of the continued collaboration with the University of Bedford, are implementing our new multi-agency contextual harm management framework which:

- engages multi-agency partners and young people to identify and respond to locations and spaces (including on-line) where risk to children and young people exists.
- collates and disseminates, both strategically and operationally, an analysis of what works in responding to contextual risk; highlights issues of concern and seeks to identify and share information about emerging patterns and trends at district, divisional, county, and regional level e.g., how county lines have operated in Covid-19.
- assesses and maps peer relationships.
- includes a pilot to provide Restorative Community Conferencing
- collaborates with Pupil Referral Units to assess and embed contextual approaches.

- refreshes and relaunches the Exploitation Tool & the Support Levels Guidance (see 3.6 below).

As part of this work there is also a focus on:

- identifying vulnerable young people; tackling their isolation and supporting their emotional well-being during Covid-19, including a virtual open access youth offer and a directory of support.
- enhanced support for transitions from the secure estate to the community through intensive support Resettlement Practitioners and Young Lives Foundation advocacy for Kent young people in Cookham Wood YOI
- embedding a wrap-around adolescent service inclusive of universal, targeted and specialist support (e.g., Positive Behaviour Service)
- maintaining positive professional relationships with adolescents who are subject to extra familial harm.
- intensive support for young people engaged in serious youth violence and evaluating what works in a North Kent and Medway multi-agency project.
- Improved 'Return from Missing' processes to promote analysis.

3.4 Our innovations in this area have been shared through the South East Independent Reviewing Officers Managers Partnership (SEIROMP) where Kent's Independent Reviewing Officer Service hosted a virtual Communities of Practice on Contextual Safeguarding event. This was attended by over one hundred colleagues across thirteen local authorities and included a presentation about the work Kent is doing.

3.5 The Joint Exploitation Group (JEG) has established a process of sharing key messages from meetings via a bulletin which is circulated to all partner agencies across Kent and Medway. Alongside this, the group has developed a quarterly contextual safeguarding report, covering Kent and Medway, which informs partners of patterns and trends regarding emotional well-being, domestic abuse, missing children, county lines and serious youth violence. The JEG are working with partners to produce a summary of this information that can be shared more widely.

3.6 The JEG have launched the multi-agency Child Exploitation Identification and Assessment tool which aims to improve how Kent and Medway disrupt child exploitation and help agencies work together to create safety and reduce harm. The identification tool is designed to support those professionals who do not normally complete social care assessments and the second tool, assessment, and planning, helps professionals to analyse information, identify the most appropriate intervention and formulate a plan which reduces harm in the context in which it is occurring. The tools were launched alongside a series of training workshops and are available at [KSCMP Exploitation page](#).

3.7 The JEG is also reviewing several strategy and policy documents including the child trafficking procedures and the Kent and Medway Gangs Strategy.

3.8 The Kent & Medway Policy & Procedure Group have reviewed the Kent Support Level Guidance to ensure that elements of contextual safeguarding are reflected. Simultaneously, the language used in the document was also reviewed and it is now written from the perspective of a young person with the aim of encapsulating the voice of the child.

3.9 In December 2019 a Professional Curiosity, Confidence and Challenge Conference hosted by Professor Harry Ferguson was held to support practitioners learning and development in contextual safeguarding. The event incorporated presentations from the three safeguarding partner organisations to demonstrate the challenges each face and provide leadership in regard of the topic.

Priority 2: Neglect – Children under 8 years

Why is this a priority?

During recent years there has been strong multi-agency focus on adolescents and contextual safeguarding that, on reflection, may have had an impact on the identification of the vulnerabilities of younger children. This may be particularly relevant in regard of those children-in-need who do not meet the level 4 children's social work threshold or those that do not meet the criteria for the Early Help. There is both specific and thematic evidence of this in recent Serious Case Reviews (SCR). Therefore, this priority will help to level-up any gaps in multi-agency understanding, focus and response to younger children who are at risk of or experiencing neglect.

What do we want to achieve?

- Young children in households where neglect is a feature are helped, and where necessary, protected.
- To ensure that professionals have an enhanced understanding of neglect and the impact on young children.

How will we achieve it?

- Deliver the Multi-agency Neglect Strategy.
- Ensure that high quality training opportunities are available to support the identification of and response to neglect.

How will we know?

- Single and multi-agency audits.
- Feedback from service users.
- Feedback from front line practitioners and managers.
- Data analysis

Working to deliver this priority.

3.10 To underpin this priority work we are in the process of developing a KSCMP Neglect Strategy which will be published in early 2021.

3.11 During this year, qualified and experienced staff from children's centres have developed early years child development training which will be ready for use in January 2021. This training has been made mandatory for all frontline practitioners in KCC Integrated Children's Services. Core modules include:

- Introduction to Child Development
- Pre-natal Development and Preparing for Parenthood
- Communication and Language Development
- Physical Development
- Personal, Social and Emotional Development

3.12 The training includes a specific section on observations. It is anticipated that this module will build on social work staff's understanding of the development stages of a child and, as practitioners, their own emotional responses. The observations module is supported by live sessions led by David Shemmings which will include:

- introducing the importance of observation of young children
- building on how observation can be used in practice.
- introduction to psychosocial methods of observation
- developing the social worker's skillset around the use of observation to understand the development stage of a child and their emotional response.
- developing the management supervision method to encourage the social worker to consider the lived experience of the child and the practitioner's emotional response to it.

3.13. In response to concerns raised by national bodies in relation to serious incidences of neglect of young children during the pandemic, we have recently commissioned reviews of all CIN under five years of age and will also be reviewing all care plans for under 2's living at home on a CP or CIN plan, reporting back in late 2020 or early 2021.

Priority 3: Domestic Abuse – Impact on children and young people

Why is this a priority?

There is a high level of multi-agency referral of domestic abuse but often these referrals do not meet the threshold for intervention. Practitioners need a greater understanding of issues in relation to domestic abuse to make confident and appropriate referrals and understand the impact of those incidences that can result in Adverse Childhood Experience (ACE). Alongside this the partnership will consider how to develop a tiered system of response and intervention focused on the risk to the child. This work will also help prepare for the impact of changes resultant from the national changes within the Domestic Abuse agenda.

What do we want to achieve?

- To prevent and reduce domestic abuse and ensure when children experience domestic abuse they can access/are provided with the help and services they need.
- To have a competent and confident workforce who are able to recognise and appropriately respond to the needs of children and young people affected by domestic abuse.

How will we achieve it?

- Work closely with the Kent and Medway Domestic Abuse and Sexual Violence Executive to deliver the Domestic Abuse Strategy.
- KSCMP develop a tiered system of responses and intervention to DA.

How will we know?

- Single and multi-agency audits.
- Feedback from service users.
- Feedback from front line practitioners and managers.
- Data analysis

Working to deliver the priority.

3.14 The Kent and Medway Clinical Commissioning Group (KMCCG) Safeguarding team has put together a Domestic Abuse proposal for an equitable Hospital Independent Domestic Violence Advocate resource within each main acute hospital provider and Kent and Medway Partnership Trust. There is also a proposal for additional business support to improve the two-way information sharing process between Primary Care and the Serious Violence processes including Multi-Agency Risk Assessment Conference (MARAC) which is being progressed.

3.15 The KMCCG has committed to match fund the agreed amount from NHS England and Improvement to support the Oasis Domestic Abuse Charity in the work that they are undertaking regarding domestic abuse, trauma, and suicide. The funds will support the development of the child and young person remit of this project.

Other key activities during this year

Self-Harm and Suicide Prevention

3.16 Tragically, during this year there have been several suspected suicides of young people below the age of 18, and amongst our care leavers in Kent and Medway. In response to these events, during the summer of 2020 our partnership has worked with Public Health in Kent and Medway to establish the Kent and Medway Children and Young People Suicide and Self-Harm Prevention Network.

3.17 The network brings together approximately 90 agencies, charities, individuals, and wider partners on a quarterly basis. The work of the network has been informed by our commission of a Thematic Review of Teenage Suicide (August 2020) by Dr Terence Nice from the University of Kent¹¹. The thematic analysis was undertaken with our partner agencies, following the tragic events in Kent and the national recording of an increase in adolescent suicides.

3.18 A Suicide and Self-Harm Prevention Strategy for Children and Young People 2021-2026, accompanied by a dedicated action plan, has been drafted and will shortly be launched for public consultation. The draft Strategy includes six priorities:

- reduce the risk of suicide in key high-risk groups (these include Children in Care and Care Leavers, Children in Custodial Settings, CYP with Neuro Disabilities and CYP identifying as LGBTQ+)
- tailor approaches to improve mental health and wellbeing in Kent and Medway.
- reduce access to the means of suicide.
- provide better information and support to those bereaved by suicide.
- support the media in delivering sensitive approaches to suicide.
- support research, data collection and monitoring.

3.19 The following activities have already taken place:

- free to access Suicide Prevention Training for people working with Children and Young People has been delivered to over 100 people via zoom (In partnership with West Kent Mind). Free to access suicide prevention e-learning is also available (including a specific module on children and young people)
- a free 24-hour mental health text support service was commissioned, and a social marketing campaign was co-designed with young people. This service has already supported over 1000 conversations with people in Kent.
- several grants have been awarded to community groups and charities to deliver projects designed to reduce suicide and self-harm in children and young people.

¹¹ <https://www.kscmp.org.uk/procedures/child-safeguarding-practice-reviews/published-local-child-safeguarding-reviews>

- a new Real Time Suicide Surveillance System has been established in partnership with Kent Police to raise awareness of deaths quicker and to identify potential common themes between incidents or individuals who die in suspected suicides.

Transforming Child Protection Conferences

3.20 The Transforming Child Protection Conferences Project aims to improve the experience for families and young people by changing the way child protection conferences work and improves their effectiveness in reducing risk of harm for children. The overwhelming feedback from parents and young people to Integrated Children's Services within KCC, is that they would like more and better opportunities to see their child protection plan and engage with the development and review of the plan. Therefore, the aim of this project is to better engage children and their families in the conferencing process, before, during and after the conference and deliver a more effective and accessible plan.

3.21 For families, social workers and other professionals, the project has redesigned forms and paperwork to make sure that engagement in the process is inclusive and agnostic of previous experience and knowledge. In a blended team approach, the project has:

- reduced the length of reports and paperwork, making them more succinct resulting in better clarity of information and reducing the time spent completing them.
- made sure that the voice of the family, child and young person is at the heart of all reports and plans.
- made the language used within the paperwork more accessible to everyone.
- redesigned a template to support parents to complete their own reports.

3.22 Alongside this innovation, we are creating video conferencing suites to test the usefulness and feasibility of their use for child protection conferences, the concept being that staff can meet with parents and young people in a physical space while professionals join the meeting via a video call. Live testing has taken place, and this is now operational in 3 localities – Tonbridge & Malling, Ashford, and Thanet. The approach has been well received by professionals who feel the technology is particularly supportive of the current conditions of the pandemic.

Response to the Coronavirus Pandemic

3.23 The pandemic has brought both threats and opportunities to the safeguarding of children in Kent. As a partnership we have had obvious concern for the safety of all children at this extraordinary and difficult time and our focus has been on ensuring the safety of the most vulnerable children in our communities.

3.24 During the initial stages of the pandemic all children who were open to Integrated Children's Services were Red, Amber or Green (RAG) rated to prioritise face to face

visiting for the most vulnerable. Other children who were less vulnerable were contacted virtually. This allowed for contact for all children to continue, without significant reduction with only the method of contact changed. The decision about how best to contact individual children was reviewed weekly and children and their families who were “shielded” or self-isolating could opt in and out of face to face visiting as appropriate. Some form of contact with all children and young people in Kent subject to a Child in Need or Child Protection plan was maintained throughout the first lockdown and subsequently.

3.25 KCC’s decision about how children should be visited was made in the context of the Government’s advice that all children with a social worker should continue to attend school as normal in acknowledgement that school is one of the most protective factors for vulnerable children.

3.26 Covid-19 has meant that health services have been in business continuity and capacity has been limited due to the pandemic, however throughout, safeguarding has continued to be a priority. Community providers have reported that a number of Health Visitors and School Nurses were redeployed. More recently some staff starting to return to usual work, albeit moderated by lockdown considerations and avoidance of face-to-face contact unless risk-based assessment, indicates it. A number of Provider Named Nurses have been redeployed which has impacted on capacity and the CCG will be working with providers to ensure that safeguarding remains a high priority and to seek assurance that statutory responsibilities continue to be prioritised and any risks identified.

3.27 The vulnerability of babies in experiencing serious harm during lockdown when new parents have less professional and community support and at a time of increased stress has been acknowledged nationally as an emerging theme from the pandemic. Nationally and locally there have been significant numbers of babies who have died or been harmed as a result of Abusive Head Trauma. In response to this national concern, locally the health leads within the Health Safeguarding and Reference Group have reviewed what support is offered to the parents of young babies, including how to promote support to new parents on coping with crying. Resources, including Infant Crying and How to Cope (ICON) material, has been shared with providers. The issue has also been flagged on the Covid-19 Recovery multi-agency group around hidden harm (see 3.34) and has been raised during training to GP practices and is an agreed priority moving forward.

3.28 National learning on this has identified that messages are much more effective if they are consistent and if this is a multi-agency priority. As such one of the Designated Nurses is putting together a Task and Finish Group with Health and Safeguarding Reference Group members to look at options including awareness raising and training. A joint audit between Children’s Social Care and Primary Care is also taking place on the quality of information sharing in general practice for children subject to a CP plan. The findings of this audit will be presented to the Executive Board in April 2021.

3.29 In May 2020, under the auspices of the Kent and Medway Resilience Forum, all agencies across the children’s sector came together in a Children and Young People

Recovery Cell to plan together the recovery from the national emergency. This process provided a vital opportunity to hear from professionals across the sector and children and their families about their experience of the pandemic, to reflect on the lessons learnt and make plans to increase the resilience of our safeguarding response to future challenges posed by COVID-19.

3.30 Hearing the voices of children and young people describing their experience of the pandemic has been a key element of our recovery work and central to the safeguarding of children during these extraordinary times.

3.31 We have undertaken extensive liaison work across the geography of our partnership, with Medway Council and with colleagues in schools to ensure contact with the widest range of children and young people possible to hear what our children and young people feel about their experience of the pandemic. The following groups of children and young people contributed their views:

- 30 young people supported by the Medway 16+ service (via focused conversations with their PAs)
- a range of young people accessing Medway Youth Service, including some traditionally 'harder to reach' young people.
- three young people via the Shepway Youth Hub
- a group of young people through Kent Youth Voice (a collaborative countywide youth project with KCC and Headstart, Members of the Kent Young Adults Council)
- members of the Kent Children in Care Council (OCYPC)
- a range of Kent care experienced children and young people and adopted young people, aged between 7-22
- two groups of young people via the Open Access Youth Hubs, Thanet
- a Young Person Voice Survey with Year 10 pupils, St Anselm's School, Dartford
- findings from the Headstart Mid-Point Survey, May 2020; and
- children with complex needs who are supported by KCC's Disabled Children Service.

3.32 There were several overarching themes which have come to light following discussions with children and young people. These include:

The Use of Digital Technology: The majority of children and young people felt that the increased use of digital technology by professionals and support workers was positive. Some young people commented they found their teachers were offering good levels of support via email and some liked to receive text messages from their social workers. However, most of the feedback focused on the use of social media platforms – particularly MS Teams, Zoom and WhatsApp with disabled children expressing a preference for Zoom. Many children and young people felt the use of these forms of media was helpful as it had led to more 'casual' i.e., informal, conversational styles of interaction with professionals; this was seen as less invasive of their personal space and less intimidating than face-to-face discussions with 'authority figures' may have been in the past. Some respondents told us that meetings on social media were constructive as

they allowed them to have a face-to-face conversation. This was considered important as children and young people were able to see other people's facial expressions and, by extension, to have a meaningful conversation with them. Phone conversations, conversely, were felt by some to be much less personal and less helpful as a result. Whilst several respondents told us that virtual meetings could take the place of many meetings which had previously only been conducted in person, most also said that social media meetings should sit alongside and compliment in-person sessions after the pandemic, rather than supplant them wholesale. It was also felt this style of engagement would not suit all children and young people, and that this should be taken into consideration going forwards. Other feedback on this theme mentioned that:

- professionals should engage with children and young people through different forms of social media, depending on what platforms young people are used to using and what new media is developed as time goes by
- training should be made available to staff, carers, and young people regarding the use of technology.
- 'easy access' guides or 'cheat sheets' giving a set of key messages e.g., on the use of parental controls should also be developed.
- more services and resources should be put online e.g., practical as well as academic learning such as cookery sessions; virtual youth groups; and support for positive mental health accessible via Smartphone.

Lastly, some young people reported that during the pandemic they had received calls from their social workers to check they were well, i.e., they were not being called for statutory reasons. This made them feel valued and 'like they matter', and they would like this to continue. However, it is essential this is done at the right pace for each young person. Professionals also need to give children and young people notice in advance when they are going to call to make sure it is convenient.

Flexing to Meet the Needs of Children and Young People: Children and young people reported that in general the level of support they have received from their schools is good, though there have been notable differences in how and what work has been set for home learning. Young people who have been at school said their schools have been flexible with them about work and timings, and this was viewed positively. Young people also reported a greater level of flexibility in how they can contact their social workers and PAs (both in terms of frequency and timing) and this has led to an increase in interaction, making them feel more connected and better supported during the pandemic.

Equality of Access: Children and young people are aware of the pitfalls of digital poverty. This relates to both a potential lack of hardware, with some children and young people only being able to access online technology via their smartphones, for example, and a lack of connectivity e.g., no wi-fi. However, not all children and young people feel this is an issue for them personally. Staff are asked not to make assumptions about what technology each young person may have access to. Young people also highlighted that the current situation has led to delays in some of them receiving benefit claims e.g., universal credit payments, setting up allowances etc. If the current situation becomes the

'new normal', providers may wish to plan for this to reduce the impact any backlog in payments may have on young people.

Physical and Mental Health and Wellbeing: Some young people have reported receiving good levels of support from their GPs during the lockdown. However, the majority of children and young people reported some level of negative impact on their mental health during the pandemic and a paucity of support on offer to them in response. The exception to this is children with a disability who expressed no severe levels of depression and anxiety during the pandemic and whose feedback focused on the positives of the situation in that there was more time to spend with their families and to have opportunities to relax. For the greater number of children who did experience negative impacts, issues range from feelings of social isolation to heightened senses of anxiety and depression. These issues have been compounded by a significant increase in screen time, which young people generally appear to view negatively; a lack of support from peers and teachers outside of school; and more reported instances of cyber bullying. Many have voiced concerns about Coronavirus and their worries that family, friends, or they themselves may become ill. However, several children and young people have also expressed positive mental and physical benefits to the pandemic, for instance, enjoying more outdoor activities such as walking and bike rides with family and friends. Furthermore, young people highlighted that the current situation has led to more people in general taking health services more seriously and this is something that could be built on e.g., the consistent public health message telling people to wash their hands has permeated into the public's day-to-day behaviour.

Loss of Learning and Diminished Job Prospects: A number of young people are concerned that the current situation will have a negative impact on their future career prospects, with many believing it will be 'harder than ever' to get a job in the near future. Some – particularly secondary school age children - are also struggling to adjust to remote working and are worried that a lack of face-to-face teaching will produce a gap in their learning, leaving them ill prepared for their future studies. Some young people further feel the estimated grading system will leave them at a disadvantage when they take future exams.

3.33 Our partnership is working to capitalise on the strengths and opportunities highlighted by this work as well as to respond to the vulnerabilities and challenges identified by this valuable insight into children's experiences of the pandemic.

3.34 During the first national lockdown in March 2020 demand for all services across the children's sector in Kent declined. There was a dramatic reduction in contacts into the Front Door causing concern that potentially children could be experiencing hidden harm. Multi-agency demand modelling was commissioned to ensure that we can anticipate fluctuating pressures caused by the pandemic and have the necessary staff and resources in place to ensure a robust safeguarding response, both during the initial recovery and in responding to subsequent lockdowns or other arrangements borne out of the conditions of the pandemic. Our model is based on the premise that demand that would typically be in the system which does not appear, due to the changes brought

about by the pandemic, will, at some point, return as a spike. As we learn more about the changing conditions of the pandemic and the subsequent behaviours of the community, we will continue to refine our modelling and further reiterations will support our planning in the coming year.

3.35 To summarise, our learning from the pandemic has been wide and many of the innovations that were necessitated through the initial stages of lockdown will stay with us. As safeguarding partners, we will work to embed these lessons and review our pre-existing ways of working whilst developing new approaches to overcome the emerging challenges as the pandemic continues.

3.36 Key lessons include:

- remote and virtual working has enabled greater collaboration with partners in many cases.
- using digital channels helps us to stay in contact with families but doesn't always enable quality social work assessment and intervention.
- staff are able to work remotely effectively but need face to face time with colleagues.
- young people want to engage with us virtually, but we don't always have the skills to enable this to happen.
- young people with Mental Health challenges want to see practitioners in person.

What innovations will stay with us?

- video conferencing for CP Conferences, Fostering Panels and Adoption Panels
- digital and Virtual Youth Offer
- regular virtual training opportunities for staff
- agile remote working for staff
- connecting with young people and families using social media channels outside of planned assessment/ intervention visits
- regular community focussed multi-agency discussion and planning meetings.

3.37 Despite the pressures of the pandemic, the groups within our partnership architecture have continued to meet online and deliver to established work programmes. The JEG has recognised that as many people are spending more time online there is a growing focus on the importance of staying safe online. In response to this the Kent and Medway Online Safeguarding Group have established a multi-agency network of 'Online Safeguarding Champions'. Champions are expected to attend Online Champion Forums, which take place on a quarterly basis, to ensure knowledge is kept up to date.

Learning and Improvement

Our Approach to learning and Development

4.1 Working Together 2018 emphasises that a core element of local safeguarding activity should include:

- early identification and analysis of new safeguarding issues and emerging threats
- learning being promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice.

4.2 Multi-agency training is an essential mechanism that enables the collective understanding of local and national safeguarding priorities, local need, policies, procedures, and services. To this end, KSCMP has developed a comprehensive multi-agency learning and development offer for all practitioners working with children and young people in Kent, including:

- face-to-face, multi-agency training courses (full day, half day and shorter 'need to know' sessions, available at no cost)
- new courses to support partner priorities or gaps, e.g., Understanding Kent Support Levels and Safeguarding Vulnerable Adults
- e-learning (a suite of over 50 courses, available at no cost)
- learning events, conferences, and seminars
- organisation of sessions for external conferences e.g., Mid Kent College
- administration of courses delivered by partner agencies e.g., Core Skills (KCC CYPE)
- organisation of priority training for statutory partners e.g., training for CCG
- rollout of training offered by national partners e.g., online sexual abuse training – Marie Collins Foundation
- evaluation, impact, and quality assurance.

Section 11 Audits

4.3 Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children' (Working Together 2018). In Kent we request over 40 audits from agencies and organisations providing services for children and their families in Kent, with many more group and individual services commissioned within the scope of duties outlined in the Act. We collect these self-assessment audits once every two years and, due to the pressures of pandemic on all agencies, a full report on the current audit collection will be made in the partnership's next annual report.

4.4 45 audits were received in 2018-19, responses demonstrated agencies have policies and procedures in place and staff are enabled to access these and supplementary training, to safeguard and improve the welfare of the children and young people of Kent. Where areas of weakness were identified most agencies had plans in place to address these, the evidence of which we will be able to assess in the present collection. Where no evidence was supplied agencies were asked to plan how they will work towards compliance and submit further evidence/action plans demonstrating this. This was progressed and brought to the attention of the full Board to consider.

4.5 In the current collection we have received nearly 30 audits out of an expected return of 40, 40% of which consider themselves 90% or more compliant, 74% consider they in some part or fully meet requirements set out, or the sections are not applicable, within Section 11 (these figures will change as more audits are received and analysed). On early scan there appears to be no one area that agencies are concerned with, it seems initially that any concerns are individually held and are not symptomatic of widespread areas of concern.

Child Safeguarding Practice Reviews

4.6 Under previous safeguarding arrangements a Child Safeguarding Practice Review (CSPR's) was a multi-agency case review carried out by the Local Safeguarding Children Partnership (LSCP) of the circumstances of serious child safeguarding cases.

4.7 Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected.
- the child has died or been seriously harmed.

4.8 The purpose of the review was to:

- establish whether there are lessons to be learnt from the case about the way local professionals and organisations work together to safeguard and promote the welfare of children.
- identify what those lessons are, how they will be acted on, and what is expected to change as a result, and therefore, improve inter-agency working and better safeguard and promote the welfare of children.

4.9 Under KSCMP arrangements a new process of review is in place. Where a case is notified to the National Child Safeguarding Practice Review Panel, (CSPRP), by the Local Authority, the responsible local Safeguarding Partnership has 15 days in which to co-ordinate and present a rapid review into the case; this includes contacting agencies for details of their involvement with the child and family and presenting this to the Kent Rapid Review Group who in turn discuss the case and make a recommendation to the

CSPRP as to whether a Child Safeguarding Practice Review should be undertaken. However, if a case is not notified to the CSPRP, but a notification is made to KSCMP, then it is the responsibility of the KSCMP Practice Review Group to discuss the case, request additional information as required and determine whether a local practice review should be undertaken to ascertain the relevant learning.

4.10 During the transition from the Kent Safeguarding Children Board (KSCB) to the new Safeguarding Partnership, one Serious Case Review (SCR), (Child R), was formally handed over to the partnership. The following four SCRs were officially signed off by the KSCB prior to the transition stage, however, they are yet to be published due to awaiting the outcome of parallel proceedings:

- Child K
- Child L
- Child M
- Children O & P

The KSCMP has not yet published any Child Safeguarding Practice Reviews, however, three reviews commissioned by KSCB were published this year. During this year we have commissioned three local child safeguarding practice reviews and we have also commissioned three learning lessons reviews.

4.11 Thematic Review of Teenage Suicide – Published August 2020.

This thematic analysis was undertaken with our partner agencies, following a rise in the number of adolescent suicides in Kent, which reflected a rise in adolescent suicides nationally. The review was undertaken by Dr Terence Nice from the University of Kent. Key findings in the report included:

- the importance of a rapid response to children and young people in crisis
- increased suicide prevention training opportunities for staff to better equip them to work with children and young people.
- a greater awareness of, and capacity to understand, the role that social media plays in the life of young people.
- the experiences of young people and their families should be an integral part of the planning and future design of any suicide prevention strategies.
- support to families impacted by suicide need to be managed in a respectful, timely and appropriate manner.
- a greater understanding of protective factors is required, considering how these interact and interlink to provide effective and appropriate support to the young person.

4.12 As described in Section 3 above additional work is underway to ensure embedding learning for all agencies as part of the overall approach taken by the Suicide Prevention Network and their forthcoming strategy.

4.13 The full reports and briefing papers for all recently published reviews are available on the KSCMP website here: <https://www.kscmp.org.uk/procedures/child-safeguarding-practice-reviews/published-local-child-safeguarding-reviews>

Multi-agency audits

4.14 Under the previous safeguarding arrangements a bi-annual safeguarding audit took place and included as many relevant multi-agency partners as could participate. The audit was balanced to look at the whole safeguarding spectrum to detect improvements and areas for focussed attention. The final round of audits under the auspices of the previous safeguarding arrangements notes more partners responding and these responses reflecting on agency practice and impact. More audits evidenced the voice of the child and wider family in all areas reviewed. Professional curiosity has been evidenced and discussed as an area that should remain on the partnership agenda with training and multi-agency support at the forefront.

4.15 Joint Targeted Area Inspections topics are integrated into our auditing schedule. Child Sexual Abuse (CSA) was a focus this year, with agencies asked to assess how well they recognise, respond, and work to prevent CSA. Agencies were concerned there is an over reliance on verbal disclosure by children and the need to provide ample evidence, both of which can be limited in cases of CSA. Discussions were strong with all professionals asserting that children are seen, heard, and responded to. It was acknowledged that, as with all safeguarding, there is a need for continued training, awareness raising, information sharing, professional curiosity, and tenacity around CSA. Any inherent unease in discussing CSA should be overcome with children at the heart of our multi-agency response.

4.16 During this year, although we have been involved in individual agency audits and continue to seek assurance of safeguarding functions from all agencies, because of the transition from Board to Partnership, capacity issues and the impact of the pandemic there have not been any specific partnership audits. Multi-agency auditing is a core component of the Partnership's Scrutiny and Assurance Framework and we plan to develop this method of safeguarding practice assurance from professionals, families, and children alike.

Training¹²

4.17 Learning from local audits, inspections, child deaths and national and local case reviews is routinely incorporated into KCSMP learning and development at the earliest opportunity, as are any changes to national and local processes. KSCMP's 'Training Tree' (Appendix 2) represents the comprehensive range of face-to-face courses offered.

¹² Detailed information about our training programme and our approach to learning and development is available in our training annual report on our website <https://www.kscmp.org.uk/about-kscmp>

The focus of the 'core' courses relates to essential elements of safeguarding and these are co-developed with subject matter experts from partner organisations to incorporate local information as well as that of national relevance. The training tree has been well received and is also used as a workforce development tool.

4.18 As a partnership, we aim to continuously extend our engagement with partner organisations to support new and existing learning opportunities for the multi-agency workforce across Kent. In this reporting year we continued to work with West Kent Mind to deliver the 'Youth Suicide Awareness and Prevention' course, which was enhanced by a collaboration with Headstart to deliver a 2-day accredited Youth Mental Health First Aid course.

4.19 Additionally, new relevant safeguarding topics were identified, and courses added to the learning and development offer as appropriate e.g.: MAPPA (Multi Agency Public Protection Arrangements) and SARC (Sexual Abuse Referral Centre). Our courses are regularly reviewed to ensure that they reflect both statutory guidance and national/local safeguarding issues. Nationally mandated learning is also readily available to practitioners i.e., Female Genital Mutilation, Prevent, General Data Protection Regulations (GDPR). Government policy and national research papers are regularly tracked to ensure that information from key developments is assimilated and used to inform relevant course content at the earliest opportunity i.e., the Domestic Abuse Bill.

4.20 Horizon scanning takes place daily via review of bulletins from national partners, social media platforms and websites, including You Tube. Membership of a range of relevant national organisations such as the NSPCC, SCIE (Social Care Institute of Excellence), Research in Practice and Marie Collins Foundation (MCF) also ensures access to useful safeguarding resources. Information provided by the Children's Commissioner and the Local Government Association (LGA) is regularly incorporated in the learning offer and information from national inspection reports are also considered and any issues arising appropriately reflected in programme of learning. In addition to the routine review of national Serious Case Reviews (SCRs) and the use of this information to inform our courses, a comprehensive bi-annual audit is carried out of all national SCRs over a 12-month period. Cases are further interrogated to produce a list of topics and issues relevant to our key stakeholder groups: children and young people; parents and carers; practitioners and managers and organisations. The resultant information is then shared widely with partners.

4.21 Our training is informed by local priorities and any issues that partners have identified from working with children and families. Information from self-assessments and audits are considered as well as safeguarding data that is routinely provided and any available local research. The KSCMP subgroups are key to identifying priority areas across the county and in respect of partner agencies. Information from the Kent and Medway Child Death Overview Panel ensures that learning from child deaths and local practice reviews is identified at the earliest opportunity, incorporated into the training offer and shared more widely with partners via our website; online briefings; learning events;

new courses; revised course content; additional e-learning courses and our new '5 Minute Factsheets'.

4.22 We have enhanced our focus on practise and are committed to ensuring that the multi-agency workforce has the knowledge, skills, confidence and understanding to support the children, young people, and families with whom it works. We are also committed to developing a consistent approach to multi-agency training, underpinned by robust evaluation processes to support a focus on the core objectives, i.e., a clear understanding of current safeguarding issues and the lived experience of children and young people; practise improvement; the delivery of effective services and meeting the training needs of partners.

4.23 In the coming year a training needs analysis will be conducted to identify additional local training that may be required by multi-agency partners. Our training programme will build on the existing variety of training approaches and will continue to be flexible, current, and reflective of local need. Our learning and development activities will promote the application of theory and research to achieve evidence-based practice and expertise, shared perspectives and learning to better support and safeguard children and young people in Kent.

5 Resources

5.1 It was agreed by the full Safeguarding Children Board in February 2019, that each partner agency would continue with their existing financial contributions for the full financial year of 2019-20.

Agency	Contributions 2019-20
KCC Children, Young People and Education	£92,314
National Probation Service / Kent, Surrey, and Sussex Community Rehabilitation Company	£7,876
Kent Police and Crime Commissioner for Kent	£45,934.00
CAFCASS	£550.00
Connexions (CXK)	£1,000.00
Kent CCG (each) x 7	£8951.85
Health Providers (each) x 6	£8951.85
Total Health Contributions	£116,374.05
Kent Fire and Rescue Service	£5,000.00
District/Borough Councils (each) x 12	£1,500.00
Total Council Contributions	£18,000.00
Total	£287,048.05

Headline budget figures for the financial year 2019-20:

INCOME	2019-20 total contributions
Balance b/f from 18/19	£38,938.49
KCC contributions	£92,314
External contributions	£194,734.05
Training income	£64,581.90
Total	£390,568.44

EXPENDITURE	2019-20
KSCMP*	£326,604.10
Training**	£60,574.95
SCRs	£38,751.76
Independent Chair	£12,675
Total	£438,605.81

*Includes staffing and all associated costs.

**Training breakdown includes subscriptions to the e-learning provider (£15,000) and for the online training booking system (£5,000)

18-19 roll forward - £38,938.49 - KCC (£16,555.63), External contributions (£22,382.86)

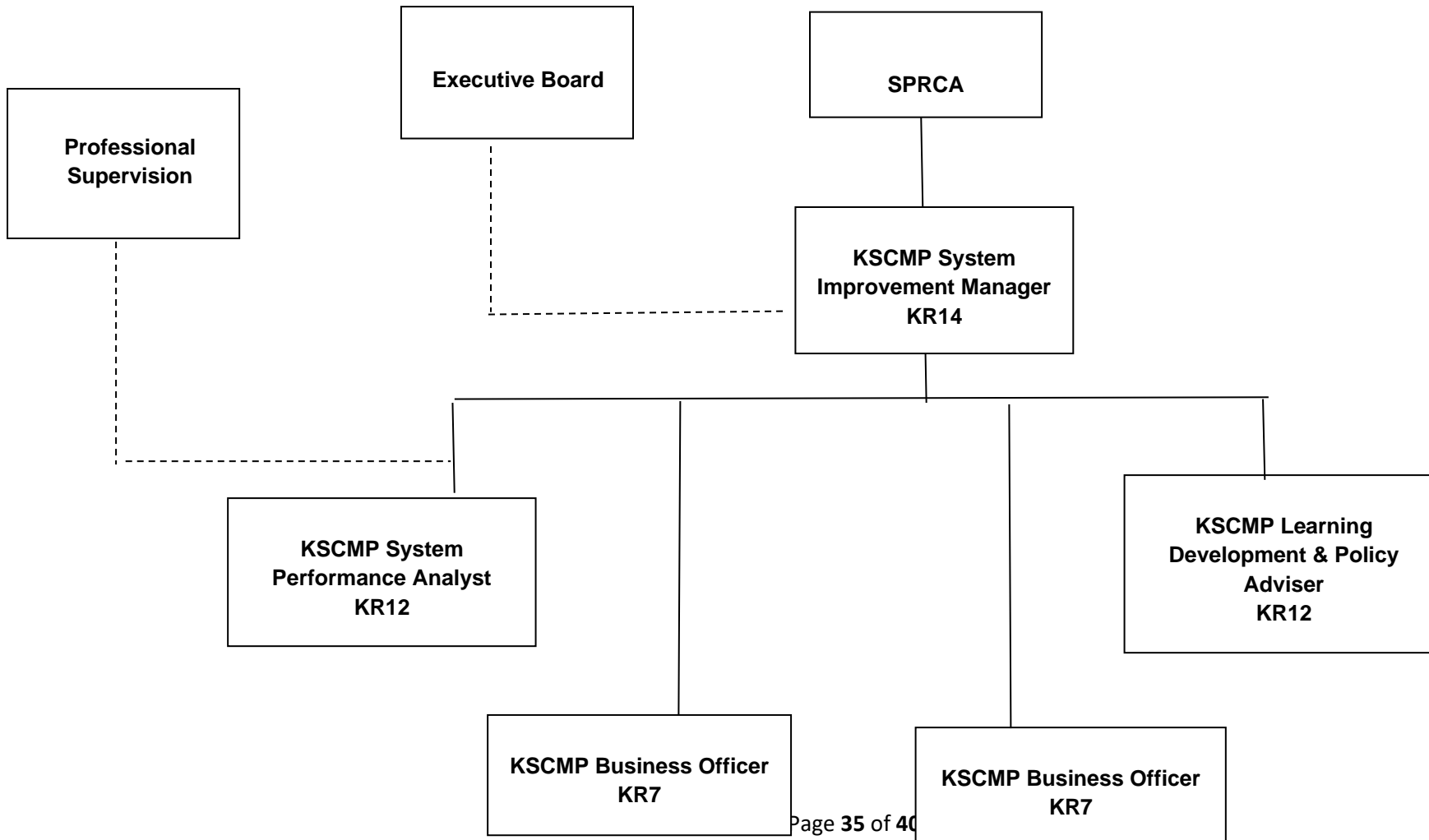
5.2 In order to deliver our new partnership in early 2020 we began a restructure of the existing Business Support Team, hosted by Kent County Council, focusing on a new team structure and approach to supporting the business of the partnership (See structure chart in Figure 2).

5.3 In March 2020, as the impact of the pandemic began to be felt across our agencies, it became necessary to pause this process. Over the duration of the pandemic progress on recruitment to the new partnership team has been further affected by staff operating at reduced capacity because of the pandemic and by the impact of Brexit preparations.

5.4 Recruitment to the post of Partnership Team System Improvement Manager will progress over the autumn and it is anticipated that the full team will be in place by early 2021 to support further the development of the partnership in the coming year.

Figure 2

KSCMP Partnership Team - Structure Chart



Independent Scrutineers Evaluation and Next Steps

Independent Scrutineer's Evaluation

6.1 The role of independent scrutiny is to provide assurance, this is undertaken through objective scrutiny, acting as a constructive critical friend, promoting reflection to drive improvements, and reporting how well the safeguarding partners are providing strong leadership to fulfil their safeguarding children role.

6.2 The Kent Multi-Agency Safeguarding Children Partnership has arrangements in place which meet the requirements of Working Together 2018. The partnership has strong leadership with agreed priorities and has in place a number of sub-groups and task and finish groups to deliver these. The sub-group membership includes relevant agencies. Where groups work well there is consistent membership and there are clear objectives for the group to work towards.

6.3 I have been working to a template developed by the University of Bedfordshire to assess the effectiveness of these arrangements and identify where the partnership working could be further strengthened. I have met with 16 colleagues, regularly attended the KSCMP Executive Board and observed most of the partnership sub-groups and interviewed most of the sub-group chairs. In addition, I have read a number of documents provided by the partnership including the terms of reference for the sub-groups and the minutes/notes from a number of strategic and more operational meetings.

6.4 The partnership benefits from a number of well-established working relationships where there is considerable experience and expertise. Learning and development is a strength and there is an extensive training programme which provides a core programme and also emerging issues identified both nationally and locally. There is also a good training offer for schools ensuring they are kept abreast of relevant training.

6.5 There is a strong commitment to promoting partnership working and evidence of operational impact when this works well. An example is the emerging good practice in relation to contextual safeguarding, which is a partnership priority. Overall, partnerships seem sound and constructive although there is acknowledgement that there is still room for improvement. One area that could be strengthened is greater clarity about the wider partnership's priorities and accountability of those working below executive level. There should be greater clarity about the outputs from each of the sub-groups and the impact on the wider system.

6.6 A number of the sub-groups are either not meeting as regularly as they should and some of the chairs would benefit from the executive setting out clearer expectations. Given that the purpose of the sub-groups is to drive forward the partnership priorities the executive should initiate an urgent review to ensure that there is greater clarity about expectations and accountability, and that the sub-groups are supported to meet regularly and meet their objectives.

6.7 Following the transition from a Safeguarding Board to a Safeguarding Partnership, there is a sense among some colleagues that levels of engagement are not as strong as under the previous arrangements. The Executive Board should do more to communicate

effectively with the wider partnership as a number of interviewees felt less connected and engaged with the Executive. While it is right that the Executive should seek to adopt a fresh approach to strategic leadership it is important to ensure that partners, who may have felt more included under the previous Safeguarding Board, continue to feel engaged and their contribution valued.

6.8 The partnership should review the current arrangements for agreeing which cases should be referred to the National Panel and meet the criteria for a Local Safeguarding Children Practice Review (LSCPR). Under the old system for serious case review notifications, the National Panel challenged the Partnership on the high number of notifications it was making. This may potentially have the unintended consequence of preventing the referral of cases which would have legitimately benefited from a review by the partners. LSCPRs are a means of enabling safeguarding partners to identify improvements in practice and should be viewed very differently to the largely discredited approach to Serious Case Reviews which were often seen as judgemental and inappropriately blamed individuals or single agencies.

6.9 There is some evidence to indicate that this process is not working as effectively as it should. Therefore, I'm recommending that the executive should review the current process for deciding which cases should be referred to the National Panel and those that should subsequently become subject to a LSCPR. This should also consider how to develop a shared understanding of the thresholds for LSCPRs.

6.10 As part of the next phase of my work I will be exploring further the following areas:

- how children, young people and families are engaged in the safeguarding agenda.
- that quality assurance systems are in place for data collection, audit and information sharing.

Next Steps

6.11 This has been a year of change and transition. The movement into the new safeguarding arrangements and the global pandemic have brought with them challenges - but also opportunities for growth and improvement. Over the coming year we intend to build on our strengths by further developing our multi-agency learning and development offer whilst working collaboratively to further embed our new partnership approach to safeguarding. However, we recognise there are also areas which require development.

6.12 Over the next twelve months, our aim is to drive forward and fully implement the ambitions set out in our Scrutiny and Challenge Framework. As part of this we will be focusing on measuring the impact of our activities to ensure what we are doing is working well and making a difference where it needs to.

6.13 We will review the KSCMP architecture and sub-structures to clarify our expectations of our partners, and to make sure we are meeting our objectives. We will

assess our approach to communications and engagement to make sure the right information is being disseminated in the right way and at the right time. We will undertake work to engage with children and young people, so that their views can inform the design and delivery of our services. And we will evaluate the current referral processes we follow to decide which cases should go to the Child Safeguarding Practice Review Panel and which should become Local Child Safeguarding Practice Reviews.

6.14 Throughout all this our commitment remains clear: to work together as a multi-agency partnership to safeguard and promote the welfare of all children who live in Kent; to protect them from harm and prevent them from the risk of being harmed, as well as improving our services through learning. Our work over the coming year will continue to focus on this.

Appendix 1

Agencies within our partnership.

Education

16-19 Academies
Alternative provision academies
Governing bodies of maintained schools
Governing bodies of maintained nursery schools
Governing bodies of pupil referral units
Independent educational institutions
Schools approved under section 342 of the Education Act 1996(e) - SEND.
Special post-16 institutions
Governing bodies of institutions within the further education sector
Governing bodies of English higher education providers
Childminders

Health provider trusts

Kent Community Health Foundation Trust (KCHFT) – community health provider
Kent and Medway Partnership Trust (KMPT) – adult mental health provider
North East London Foundation Trust (NELFT) – children and young people mental health provider
South London and Maudsley (SLAM) – Tier 4 children and young person’s mental health service provider
East Kent Hospital University Foundation Trust (EKHUFT)
Maidstone and Tunbridge Wells NHS Trust (MTWNHST)
Darent Valley Hospital (DVH)
South East Coast Ambulance Service (SECAmbS)
Additional social care
Registered providers of adoption support services
Registered providers of fostering services
Registered providers of children’s homes
Registered providers of residential family centres
Registered providers of residential holiday schemes for disabled children

District councils

All district/borough councils

Other agencies

National Probation Service (NPS) and Community Rehabilitation Company (CRC)
The Children and Family Court Advisory and Support Service (Cafcass)
Kent Fire and Rescue Service.

KSCMP 'Safeguarding Training Tree'

2020

KSCMP offers a range of free multi-agency training courses. The 'Training Tree' has been designed to reflect the range of our training offered and to make it easy to understand which courses are core learning, which are priority areas and how the Level 2 and 3 courses follow on.

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

