

# Kingston & Richmond Safeguarding Children Partnership Annual Report 2021-22

## Foreword

I have been delighted to chair Kingston & Richmond Safeguarding Children Partnership (KRSCP) for the last 12 months from October 2021, taking the baton from Detective Superintendent Andrew Wadey.

This report covers the work of the KRSCP during the period April 2021 to March 2022 and reflects on what the partnership achieved together on behalf of Kingston and Richmond's young residents.

The three strategic partners, Ian Dodds, Director of Children's Social Care for Kingston Council and Richmond Council, Andy Wadey representing Elisabeth Chapple, the Commander for The South West Command Unit and I, have seen local progress despite many challenges this year

Our families and workforce have continued to be challenged by the ongoing impact of Covid 19 and KRSCP has worked to raise awareness about how the pandemic has affected families in many ways and highlighting the specific challenges for the most vulnerable in our communities.

KRSCP has had significant challenges this year due to budget deficits, which resulted in the in the reduction to the multi-agency safeguarding training offer from September 2021 and a reduction in staff hours for two members of the team. Despite this the team have continued to strengthen the work between partner organisations to keep all children and young people safe. This has included supporting the ongoing work of our subgroups and board, the commissioning of two independent scrutiny exercises and hosting two very successful multi-agency conferences. There have been examples of excellent collaboration this year which are highlighted in this report. This includes working with public health in Kingston and Richmond to access funding for harmful sexual behaviour (HSB) training for the partnership and being awarded a Department for Education (DfE) grant to run a peer supervision project for schools' and early years' designated safeguarding leads across Kingston and Richmond.

The safeguarding arrangements for KRSCP continue to work well and have been described by the independent scrutiny report to illustrate 'strong relationship based partnership working between the three core partner leads.'

After a consultation process with our partners in October 2021 it was agreed that KRSCP business priorities for 2022-2024 will be:

- Contextual Safeguarding
- Child Sexual Abuse
- Mental Health
- Parental Vulnerabilities-Early Help

KRSCP would like to extend its gratitude to all staff across the partnership who continued to work relentlessly, adapting, and implementing innovative solutions to identify gaps and best support our children and families throughout 2021-2022.



Fergus Keegan, Director of Quality, South West London Integrated Care Board, and Chair of Kingston and Richmond Safeguarding Children Partnership

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## Local Context

#### **Demographics in Kingston:**

- The Royal Borough of Kingston upon Thames has approximately 168,000 residents
- In 2020 estimates from ONS, 0-17 year olds accounted for 22% of the population.

#### **Demographics in Richmond:**

- The London Borough of Richmond upon Thames has approximately 195,000 residents
- In 2020 estimates from ONS, 0-17 year olds accounted for 23% of the population.

#### What's going well?

- Covid partnership meetings were continued to March 2022
- Training to upskill wider workforce in mental health first aid
- Contextual safeguarding and exploitation conference pilot a success
- Partnership working re communications around issues of concern in response to pandemic restrictions
- Embedding of resilience networks to enhance early help offer
- Good engagement with Designated Safeguarding Lead Forums
- Increasing return to in person contacts/meetings, for example child protection conferences
- Strong take up of multi-agency training
- Frequency of deep dives reduced to ensure capacity across the partnership to review their impact

A range of professionals across the partnership were trained in Social Care Institute of Excellence Learning Together model for case reviews

#### What are we worried about and areas for development?

- Lack of police data to inform multi-agency dataset
- Increase in elective home education, and emotionally related school avoidance
- Pressure on mental health services and increase in children experiencing mental ill health including eating disorders
- Multi-agency attendance at strategy meetings particularly around ensuring appropriate representation from health
- Insufficient number of GP reports available to CP conferences
- Understanding Multi Agency Risk Assessment Conference (MARAC), its criteria, timescales, and child protection thresholds and enabling practitioners to raise professional concerns about threshold application
- Changes to multi-agency training offer due to funding challenges
- Difficulty recruiting to some key health safeguarding posts across the partnership putting pressure on local resourcing
- Impact of anticipated increase in families affected by poverty
- Timeliness of initial health assessments for children looked after is persistent area requiring improvement
- Current model of independent scrutiny risks lack of continual scrutiny of ongoing issues
- Harmful sexual behaviour reported in Everyone's Invited; assurance work identified improvements needed to training, culture, and quality of relationships and sex education (RSE)

## **Progress on Priorities**

KRSCP reviewed their priorities in October 2021 and agreed the continued focus on mental health, parental vulnerabilities & early help, and contextual safeguarding, with the addition of child sexual abuse as a fourth priority. Throughout the partnership's work there is also an agreed focus on disproportionality, diversity, and anti-racism. Below are some key activities that have been undertaken for each of the priority areas:

Priority	Progress
Mental health	<ul> <li>Successful bid for DfE funding enabled a roll-out of peer supervision training for local school and nursery designated safeguarding leads to reduce risk of burnout for staff supporting children with safeguarding needs. The funding was also used to provide reflective space for head teachers with complex safeguarding spaces.</li> <li>Presentations on fabricated illness given to early years forum, and private health network.</li> <li>Beat Eating Disorders presents to private health network.</li> <li>Webinar on eating disorders delivered in June 2021 by South West London St George's Mental Health NHS Trust helps to educate local professionals on risks to children and local services to support them.</li> <li>Local school shared best practice at school designated safeguarding lead (DSL) forum re development of an eating disorders strategy.</li> <li>Participation of strategic leaders in mental health recovery agenda in respective health and wellbeing boards</li> <li>Webcast on vicarious trauma produced and promoted.</li> <li>South West London Integrated Care Board (SWL ICB) is working to prepare a transitions pathway as part of the child and adolescent mental health services (CAMHS) transformation agenda.</li> <li>Task and finish group formed to consider connections between CAMHS and substance misuse services.</li> </ul>
Parental vulnerabilities & early help	<ul> <li>Deep dive in domestic abuse undertaken spring 2021 gives assurance to partnership around support to high risk families and helps identify areas for further improvement. A conference for multi-agency practitioners is held in June 2021. A resource is issued to support use of appropriate language when working with families affected by domestic abuse.</li> <li>Webcast and guidance issued for professionals to use in supporting families with infants to recognise and address risk factors for sudden infant death syndrome. This is informed by learning from local child death reviews and the national Child Safeguarding Practice Review Panel's thematic analysis, Safeguarding children at risk from sudden unexpected infant death<sup>1</sup>.</li> </ul>

 $^{1}\ https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-sudden-unexpected-infant-death$ 

<ul> <li>Think space work begins arising from learning from previous deep dives into neglect and the journey to exclusion.</li> <li>Asian Women's Resource Centre present to DSL forum on harmful practices, honour-based violence and female</li> </ul>
<ul> <li>Asian volume a resource centre present to bot for an on number produces, noticely detect, noticely detect whence and reindre genital multilation.</li> <li>DSL forum focused on young carers with contribution from Ruby, a local young carer, and Sir Ed Davey MP sharing his experiences of being a young carer. Kingston Carers Network and the Young Carers Centre in Richmond shared information on their services for schools. This focus was chosen as schools' section 11 audit analysis identified a lack of recognition of young carers.</li> <li>Deep dive into parental mental ill health undertaken autumn 2021. Conference held in February 2022 to share learning.</li> <li>Richmond's Domestic Homicide Review &amp; Serious Case Review re Maria is scrutinised by SLG.</li> <li>Local child safeguarding practice review featuring parental vulnerability concludes; learning is shared.</li> <li>The strategic leadership group (SLG) considers and liaises with other local authority partnerships to consider poverty.</li> <li>Think family webcast produced and promoted.</li> <li>Ofsted's inspection of Richmond in 2022 found that partnership working could be strengthened further by increasing the range of partners who hold the lead professional role in early help support.</li> <li>Vulnerable Child &amp; Adolescent (VCA) Subgroup terms of reference and strategy refreshed to include complex needs.</li> <li>Assurance meetings held with schools re HSB and Everyone's Invited.</li> <li>Commissioning of HSB training by the Lucy Faithfull Foundation and NSPCC e-learning modules for schools.</li> <li>Task and finish group re transitions for young people known to Multi-Agency Risks &amp; Vulnerable to Exploitation (MARVE) panel.</li> <li>Contextual safeguarding meeting produced and promoted.</li> <li>7 minute briefing on child sexual abuse featuring emerging learning from child safeguarding practice review.</li> <li>Ofsted and the independent schools inspectorate share their learning with DSL forums.</li> </ul>
<ul> <li>Ofsted and the independent schools inspectorate share their learning with DSL forums.</li> <li>Local learning &amp; surveys with young people re HSB, Everyone's Invited, child sexual abuse.</li> </ul>
<ul> <li>SLG meeting considers cultural competence</li> <li>Analysis and awareness-raising around presumed underreporting of racist incidents in schools, through education round-ups and DSL forums. Schools are being encouraged to work with their minority background students to understand how they may experience racism.</li> </ul>

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## Voice of the Child

We have tracked youth participation across the partnership and the following agencies were actively involved in seeking out the views of children and young people to inform practice and service:

- Achieving for Children's (AfC) Child Protection Conference service worked with children to design an online consultation tool, HaveMySay, to better enable children's voices to be heard at child protection conferences.
- The Youth Needs Consultation was published by One Richmond in May 2021.
- AfC's 14-25 team measured the Impact of their Next Steps programme of careers guidance on SEND learners in Years 10 and 11.
- Healthwatch's youth participation division, Youth Out Loud! worked with young people to make videos and podcasts about health issues including self-harm and they visited services to report back what it is like as a young person.
- The AfC Special Educational Needs & Disabilities (SEND) Participation group involve children and young people with SEND about their experiences, the services and support they receive (education, health and social care especially), the local area, rights and access, and identity.
- The Children in Care Council meet weekly to share views. They have an action plan and input into the work of the corporate parenting processes in each borough.
- The Youth Council conducted a survey of 900 children aged 11-18 about their experiences of sexual abuse and assault outside the home. The findings were shared with head teachers at the

School Improvement forum and informed the training and advice the partnership offered school leaders around HSB.

In the Autumn Term 2021 a young person, Ruby, spoke to all the school DSLs about being a young carer and the significant impact it had on her schooling. This was part of wider learning around young carers and the challenges of identifying them, as many don't think of themselves as being carers. It was incredibly powerful hearing from Ruby and the impact on practice, measured through our audits, has been an increase in schools appointing a young carer lead teacher.

For the Impact of Parental Mental III Health on Children Conference in February 2022 we showed a pre-recorded interview with a young carer.

Our annual report for children – Keeping You Safe - is also produced by children and young people. It is published on our website and shared through the schools network.

In September 2021, independent scrutiny of the partnership found that while there is a range of innovative participatory activities to directly involve children and young people in decision making, and sharing their concerns and ideas around

what can help them to be kept safe, more could be done to ensure this work informs the partnership's strategic direction and long term planning. The partnership will consider carefully how best to take forward this recommendation.

It is important to note that children's voices may emerge not only through professional acitivity intended to illicit their views. Througout



2021, a number of young people contributed to a website, Everyone's Invited, sharing their experiences of harmful sexual behaviour. Amongst the contributions, 32 local schools were named as being the places of study of the children invovled. The partnership took these disclosures very seriously and in conjunction with Ofsted undertook a range of activities including a rapid review by the Local Learning Review (LLR) Subgroup, targeted assurance work with five schools, as a wider programme of work with all local schools which included a survey. This work was assisted by the aforementioned survey conducted by the youth council. The recommendations were for schools to:

- Support children and young people by training staff and raising awareness,
- Have confidence in the system develop good recording and reporting systems and whole school approach where an area of good practice in the classroom (eg teaching about consent) isn't undermined by a culture of abuse in the corridors; and,
- Prevention in future work towards cultural change.

## Quality and Innovation

The Quality and Innovation Subgroup oversees a range of tasks to strengthen our understanding of local performance and determine how we can improve our multi-agency work to better serve children. This includes scrutiny of a multi-agency partnership dataset, protocols & policies, single and multi-agency audits including section 11 audits, partnership deep dives and learning events.

The Q&I subgroup met five times during 2021-22. The chairing of the subgroup was shared at the start of the year by Louise Doherty, Designated Nurse for Safeguarding Children Kingston, and Sian Thomas, Designated Nurse for Safeguarding Children Richmond. Later chairing was undertaken by Caroline Mark, Associate Director for Quality Assurance & Review, Achieving for Children.

Key activities undertaken were as follows:

- Scrutiny of quarterly partnership multi-agency dataset based on key priorities has improved over the reporting period and highlight reporting to SLG.
- Deep dive into domestic abuse including delivery and analysis associated with multi-agency audit, independent scrutiny, and learning event making five recommendations to take forward.
- Scrutiny of GP section 11 audit report. There was high engagement with the audit process and impact on practice including improvements to GP coding to ensure records of children subject to safeguarding are flagged appropriately.
- Gained assurance re referrals to substance misuse services for children and young people.
- Review of multi-agency attendance at strategy meetings concerning child sexual abuse including an audit, resulting in changes to recording process to improve quality of attendance data, and development of revised indicators for the KRSCP dataset
- Considered plans to revisit previous deep dives, starting with the deep dive into missing children.
- Considered how longitudinal monitoring may be incorporated into auditing to better understand impact.
- Reviewed terms of reference and frequency of deep dive cycle to ensure adequate capacity and strengthen ability to measure impact. Considered adequacy of multi-agency attendance.

- Received presentation on multi-agency core group protocol and templates produced by task and finish group to improve multiagency practice to be trialled locally.
- Deep dive into parental mental ill health including delivery and analysis associated with multi-agency audit, independent scrutiny, and learning event.
- Section 47 that did not proceed to child protection multi agency audit conducted in February 2022 with recommendations for achieving best evidence (ABE) training to be developed and work regarding the strategy process to ensure the right agencies are included.
- Explored learning arising from local review concerning community interest companies and gap in regulation, escalations to national and regional bodies for their consideration, and whether section 11 audit process may be extended to them locally.
- Formed a task and finish group to consider reflective practice models, culminating in development of Think Space, informed by learning from previous deep dives into neglect and the journey to exclusion.
- Received presentation & report on section 11 audits for schools, and safeguarding survey to early years providers. Changes are planned to section 11 audit tool and timing aimed at enhancing completion rate and timeliness.
- Received presentation on reconfiguration of probation services and considered ways in which multi-agency working could be strengthened including ensuring safeguarding training and other local resources promoted to probation staff.
- Scrutinised local data and processes around elective home education including how to improve take-up of school nursing offer.
- Considered independent scrutiny of partnership arrangements.

Received presentation on plans to restore police data sharing after a significant gap in availability across London.

> Strong mechanisms are in place across the partnership, and specifically through the work of the Quality & Innovation subgroup, for the collection and sharing of data from core and relevant partners

Jenny Pearce, Independent Scrutineer

## Local Learning Review

The Local Learning Review Subgroup (LLR) covers Kingston & Richmond jointly and considers any serious incident notifications and undertakes rapid reviews as required by WT2018.

During 2021-22 chairing of the LLR subgroup was shared between Trish Stewart, Head of Safeguarding, Central London Community Healthcare NHS Trust, and Louise Doherty, Designated Nurse for Safeguarding Children, Kingston. The LLR subgroup met for scheduled subgroup meeting six times during 2021-22, and additionally on an ad hoc basis for consideration of serious incidents.

In this period, eight serious incidents were considered, with rapid reviews undertaken in five cases, and the remaining three cases were reviewed with a signs of safety model as local incidents. The subgroup has overseen the progress of two local child safeguarding practice reviews (CSPR) one of which was concluded in this period and one which was initiated in this period and was ongoing as at the end of March 2022. The working of this subgroup was included in the independent scrutiny reported in September 2021. Key activities undertaken were as follows:

- Scrutinised two local child safeguarding practice reviews concluding during this period. For each CSPR the decision was taken that the reports would be published anonymously on the NSPCC repository due to a duty of care to the families involved.
- Developed learning and improvement tracker to capture outcomes of the work of the LLR subgroup and related reviews in terms of actions, impact, and cross-cutting themes.
- Considered disproportionality in serious incidents reported locally, and work being undertaken by partners to address disproportionality identified within other strands of safeguarding.
- Considered the final report of Richmond's Joint Domestic Homicide Review and Serious Case Review into Maria.
- Undertook a rapid review concerning disclosures made on Everyone's Invited. This resulted in assurance activity concerning five schools, development of multi-agency training on HSB, and targeted communications to parents concerning care of adolescents including safety, alcohol use and supervision of parties. There was also learning concerning awareness and delivery of police process for non-chargeable HSB.
- Considered learning from a safeguarding adults review in Kingston; the partnership undertook awareness-raising around perplexing presentations & fabricated or induced illness including a webinar.
- Initiated a local CSPR concerning neglect.
- Scrutinised the SWL CDOP Annual Report.

- Undertook a rapid review that resulted in learning concerning the interface of CAMHS in the Single Point of Access (SPA), this resulted in high level strategic oversight of the issues identified. There was also reflection on how improved coordination between professionals may have assisted recognition of escalating concern and the work seeking to address this, and how the principle of consent should not obscure the cumulative risks.
- Undertook individual agency assurance activity regarding dissemination and embedding of learning arising from the work of the LLR. Examples were provided of changes in practice based upon feedback.
- Considered how process for preparation of information for rapid review, and rapid review meetings might be enhanced to support early analysis and identification of learning.
- Formed a task and finish group to consider the national child safeguarding practice review panel's paper on the management of bruising in non-mobile infants.<sup>2</sup>
- Scrutinised the annual report of South West London's Child Death Overview Panel.
- Considered serious incidents that had prompted reviews in other SCPs or safeguarding adults boards, to gain assurance of appropriate involvement of local agencies and ensure the learning would be available locally.

Effective structures and procedures are in place for learning from national safeguarding research and reviews and for this learning to be disseminated across the partnership.

Jenny Pearce, Independent Scrutineer

 $<sup>^2\</sup> https://www.gov.uk/government/publications/the-management-of-bruising-innon-mobile-infants-paper$ 

These graphics capture some of the issues identified in learning reviews undertaken during the reporting period.





## Vulnerable Children & Adolescents

The Vulnerable Children & Adolescents (VCA) Subgroup aims to ensure an effective and timely response from all agencies involved in managing children and young people missing from home, care, or education and those at risk of sexual and criminal exploitation, radicalisation and extremism, sexually harmful behaviour trafficking, serious youth violence, gangs and groups and substance misuse. The group also ensures that criminal exploitation issues and children missing from home, care and education are interlinked at a strategic level to ensure they are addressed independently but with reference to one another. During 2021-22 the subgroup was co-chaired by Alison Twynam, Director of Children's Social Care Achieving for Children, and Detective Chief Inspector (DCI), Amanda Mawhinney, and latterly DCI Clive Vale. During the year the subgroup met four times. Key activities undertaken were as follows:

- The local profile for Kingston and Richmond for groups & gangs was updated.
- Each meeting scrutinised MARVE datasets for themes and trends and identified disproportionality and stop and search as trends for further exploration.
- A periodic report on missing children was presented at each meeting and how to respond to young people not completing return interviews was discussed.
- The Everyone's Invited campaign was discussed at the meetings and the local response regarding HSB was discussed. This included a presentation on the Youth Council HSB Survey.
- The links between the Youth Safety Strategy and the work of the VCA subgroup were discussed.

- The work on the Youth Justice Board on disproportionality was presented and discussed.
- Contextual Safeguarding themes were discussed at meetings, and this included a presentation from Licensing Teams from Kingston & Richmond.
- ✤ MARVE reviewed in 2021 & strategic MACE Panel Introduced
- Awareness raising work included Operation Makesafe 2021 with budget hotels and local transport hubs and scrutiny of Stop & Search profile in October 2021

The Vulnerable Child and Adolescent subgroup have similarly used data to provide focus for their work, for example using analysis of MARVE referrals to identify disproportionality within the youth offending service

.Jenny Pearce, Independent Scrutineer

## Learning and Development

The multi-agency training offer from KRSCP is overseen by the Learning and Development (L&D) Subgroup. This subgroup is chaired by Suzanne Parrott, Executive Head Teacher & Associate Director, Education Standards, Children with a Social Worker, Achieving for Children, and supported by Daksha Mistry who leads on learning

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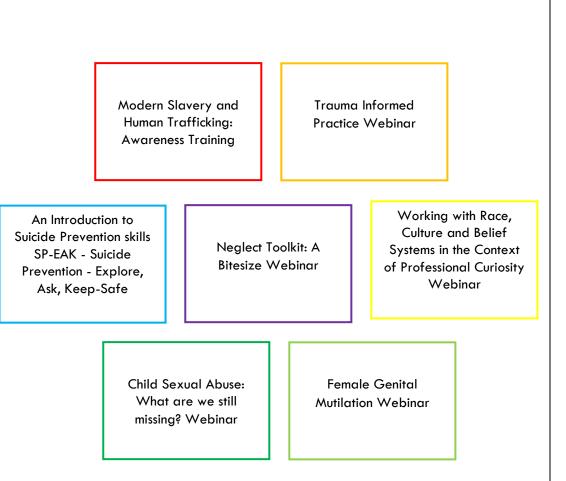
and development in the partnership team. The group met four times during 2021-22.

At the outset of the reporting year, a full multi-agency safeguarding training programme was developed which reflected the training priorities identified by the L&D subgroup taking into account training needs as a result of the pandemic and other national and local safeguarding themes. It was agreed to keep all of our courses as virtual for the April 2021-March 2022 period.

In September 2021 due to concerns about the KRSCP budget deficit a decision was made by SLG that there would only be funding available for the continued commissioning of Level 3 and Level 3 refresher courses until the end of the financial year. This decision led to the cancellation of the previously commissioned additional courses and the establishment of a skeleton training offer which included Level 2 safeguarding (delivered in-house), Level 3 & level 3 refresher, and a selection of other courses which could be delivered by internal trainers at no cost.

To support the team's financial situation the L&D manager also reduced her hours to three days a week from January 2022. This further impacted on the KRSCP multi-agency safeguarding training offer.

Despite these constraints, there has been a high quality training offer, collaborations and creative solutions to provide learning and development opportunities for the workforce in Kingston & Richmond. The following boxes give examples of additional course content developed to respond to local needs and learning, and delivered flexibly to make best use of local resources:



Key activities undertaken to support local workforce development were as follows:

- \* 820 people participated in core safeguarding training.
- 279 people participated in additional multi-agency training courses.
- 6369 people participated in e-learning which included Level 1
   Safeguarding Children a range of safeguarding topics including

child sexual exploitation, domestic abuse & intimate partner violence, and gangs & youth violence.

- 146 people attended KRSCP's Impact of Parental Domestic Abuse on Children Conference 22<sup>nd</sup> June 2021.
- 120 people attended KRSCP's Parental Mental III health Conference on 22<sup>nd</sup> Feb 2022. Resources from both conferences were made available on the KRSCP website to enable access to those who were unable to join on the day.
- 21 professionals trained in the SCIE learning together model for systems reviews, creating a pool of internal reviewers who will be able to undertake local learning reviews and strengthening our knowledge of commissioning systems reviews externally as required.
- Webcasts have been produced on a range of topics including think family, safer sleep, vicarious trauma, and domestic abuse.
- Quality assurance of training offered has been undertaken by including presentations by trainers at subgroup meetings, and scrutiny of course evaluations.
- Development of training in modern day slavery and a local pool of trainers to deliver this.
- Offered new training in HSB, collaborating with public health in each borough to commission specialist training from the Lucy Faithfull Foundation, to support a pool of local trainers.
- Agreed public health funding for NSPCC e-learning in HSB for schools.
- Supported NHS South West London Clinical Commissioning Group to deliver a webinar on perplexing presentations.
- Supported Safer Kingston Partnership to deliver a half day conference on modern day slavery
- Led a pan-London multi-agency training initiative to offer free multi-agency training for the workface across London on

safeguarding themes common to all the London boroughs to support the development of a common standard of learning and baseline safeguarding practice expectations across London. First sessions ran Sep-Nov 21 and included infant mental health, child exploitation, & mental health and parenting.

Attendance records for 2021-2022 have shown a mix of multiagency practitioners attending our courses with the highest numbers from AfC, health, early years and education and equal representation from Kingston and Richmond. Low attendance at has been identified from police and housing. This has been addressed at the L&D subgroup with the police representatives, and we have now recruited a subgroup member from housing.

> Audits of safeguarding data have prompted the need for specific training. For example, data and discussion about disproportionality was reflected in the Learning and Development subgroup (June 2020) which identified need for 'training the trainers' on questions race, equality, diversity, unconscious bias, working with diversity and equality. Similarly, an identified increase in referrals of children with mental health problems to the Single Point of Access (SPA) team prompted further training and information sharing on the impact of Covid-19 on children and young people's mental health and wellbeing.

Jenny Pearce, Independent Scrutineer

Trauma Informed

'I have a greater

understanding of

the effects of

trauma in childhood

so I will be able to

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#### Modern Day Slavery

'I work in Adult Social Care Team. It will help be more informed in my practice'

## Level 3 Refresher

'The training provided an update on the changes in this subject area. It highlighted the importance of serious case reviews as a learning exercise.'

Race, Culture & Professional Curiosit

'Really enjoyed the course I wish it was longer as there were so many things that I would have liked to have asked.'

#### Parental Mental III Health Conference

'Excellent conference. It was very interesting hearing from the Young Carer and what her lived experience as a young carer was like. It made me aware how important not to make assumptions about what their life was like'

#### Neglect Toolkit

'I thought this was a really insightful training and it gave me a concrete toolkit to inform future



## Level 3 Safeguarding

'Incredibly valuable training, highly relevant to maternity care. Will definitely influence my practice going forward.'

#### SP-EAK: Suicide Prevention

'This training equipped me with some practical tips on how to talk about suicide with CYP and how to complete the safety plan with them. Learning these skills made me feel more confident while working clinically with YP who disclose information about suicidal thoughts or suicidal attempts during the assessments or sessions.'

#### Domestic Abuse Act 2021

'Extensive knowledge. Good to hear thoughts from a very personal level and experience.'

#### Child Exploitation

'It has made me more aware that changes in behaviour can be an indication of exploitation, not just previous trauma being triggered.'

Impact of Parental Domestic Abuse on Children Conference

'I have been really impacted by Rachel William's story and believe it is so important to include the lived experiences of individuals when we are doing these workshops. These experiences must contribute and positively influence the work that we do.'

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## Early help

Core to KRSCP's vision for early help is that it's everyone's business and it is essential to work in partnership with children, families, and communities in building resilience and sustaining improved outcomes.

The Early Help Strategic Board (EHSB) has oversight of the continuing development of the Early Help Strategy, monitoring its implementation and holding the partnership to account for early help engagement, performance, and responses in Kingston and Richmond.

The EHSB has met four times during 2021-22 chaired by lan Dodds, Director of Children's Services for Kingston & Richmond, and consists of senior representatives from all local partners from both the statutory, voluntary, faith and community sectors.

Key activities undertaken during the year were as follows:

- Presentation outlining the main features of current domestic abuse situation in Kingston & Richmond.
- Supporting families is the starting point to talk about early help self-assessment, how partners will share data, an action plan to be formulated to build on partnership engagement with ongoing work as a strategic board.
- Independent Scrutineer KRSCP DA Report shared learning with 7 themes: childhood trauma, language, relationships, complex needs, working together, pathways for support and services, and risk assessment and recommendations for the SLG.
- Trauma informed webinar developed.
- Received updates from the resilience networks regarding all age groups and emerging themes discussed to help identify gaps.
- ✤ All partner agencies updates at each meeting.

- Dataset and key performance indicators to measure impact of early help shared.
- Presentation from Children's Centre Partnership with First 1001 days being developed for families.
- Presentation regarding the joint local SEND inspection with the focus is on early intervention.
- Early Help Revisit audit one year on from the launch of the strategy focused on family resilience network meetings testing their effectiveness and impact on children and families, as well as practitioners after a year of implementation, using a signs of safety format.
- School exclusions update lower than statistical neighbours', reasons for exclusion remain stable. Ethnic minorities are overrepresented, especially African-Caribbean boys, however, SEND is significantly over-represented, especially those with social, emotional and mental health difficulties. These issues were raised with the education leadership team.
- Presentation from the Emotional Health Service (EHS) reported pre-pandemic ongoing increase in numbers of children with emotional health issues; this has been exacerbated by the pandemic. Top referral reasons for this year were anxiety and low mood. Waiting times continue to be challenging; virtual waiting room introduced with contacts during the wait, and workshops available but challenges remain. Increase in complexity of cases, leading to increase in length of therapy and therefore longer waiting times. Differences in service availability between Kingston & Richmond were noted.

## Independent Scrutiny

KRSCP commissioned two independent scrutiny exercises during 2021-22:

#### Impact of Domestic Abuse on Children, Nicola Brownjohn, May 2021

The findings of this scrutiny were based on the themes of Childhood Trauma, Language, Relationships, Complex Needs, Working Together and Pathways of Support from Services

Some examples of good practice were identified:

'There was good understanding of the local reviews completed and the learning seemed to have been disseminated widely. There was also evidence of planning for development work following the Domestic Abuse Act 2021 becoming law.'

Some areas for development were identified:

'There are concerns about how victims in different communities are listened to and supported. They can be very isolated and not know that DA is unacceptable in the UK. Professionals can be seen as powerful rather than a support due to the language used and cultural belief systems. This has been part of learning from a DHR but there is insufficient evidence to demonstrate whether a significant difference has been made yet.'

The actions resulting from the recommendations of this scrutiny are ongoing and have been integrated into the work of the subgroups. One completed action is the development of a webcast on the implications of the Domestic Abuse Act 2021.

#### Independent Scrutiny, Jenny Pearce, September 2021

This report identified KRSCP strengths, noting recommendations for continuing good practice and for addressing challenges. Some of the findings of the scrutiny have been highlighted throughout this report.

Further examples of good practice include:

'There is a direct line to SLG members individually, or through the KRSCP Manager to prompt speed if further urgency is needed. As noted by one interviewee, staff felt that they were 'Not banging against a closed door'

'The subgroups are each chaired by two co-chairs. Each chair is from a different agency within the partnership ensuring that partner agencies share responsibility together for multi-agency safeguarding operation. This is considered to be a strong and effective model encouraging communication and joint decision making across the KRSCP. The KRSCP should be commended for establishing tight, efficient and focused subgroup activity with shared ownership of responsibility across the three core safeguarding partners'

Examples of areas that were identified for development include:

'The transition of young people from children's to adult's services, particularly mental health services, could be improved through focused activity linking KRSCP SLG with senior leadership of the two Adult Safeguarding Boards: Richmond and Wandsworth Safeguarding Adults Board and The Kingston Safeguarding Adults Board'

'While there are a number of innovative participatory activities taking place to directly involve children and young people in, decision making, identifying and conveying their own concerns around how to be safeguarded, what they and others can do to keep themselves safe,

there is little evidence that this work is feeding back into KRSCP strategy and longer term action planning.'

This report gave the partnership thirty-six recommendations which have been developed into an action plan. Work with implementation is ongoing and it has been noted that this scrutiny has provided a significant challenge because of the number of recommendations and there has been a need to prioritise to make the action plan achievable.

## **Child Death Reviews**

Responsibility for reviewing the deaths of children under 18 years of age is not a function of the safeguarding children partnership, but since 2019 has been the specific responsibility of two of the statutory partners, the local authority and ICB according to the new statutory guidance for child death reviews<sup>3</sup>.

Since this time, Kingston & Richmond have shared a joint South West London Child Death Overview Panel with Croydon, Merton, Sutton and Wandsworth which is centrally managed by SWL ICS. SWL CDOP has had a new independent chair, Kelly Williams, appointed in October 2021.

Support for deaths of children resident and/or occurring in Kingston & Richmond continues to be resourced locally through the partnership coordinator who acts as the single point of contact, and there is a joint Designated Paediatrician for child deaths across Kingston & Richmond, Dr Rowan Heath. There is also significant support to the process from other local designates and wider multi-agency professionals.

In 2021-22 eight child deaths were notified in Kingston and nine child deaths were notified in Richmond. Across South West London CDOP a total of 63 deaths were notified. Of the 17 deaths in Kingston & Richmond, seven required a joint agency response (see page 22 of the child death review guidance for further information on JAR criteria). Information from JARs was shared with the partnership's local learning review subgroup where deaths met the criteria of serious incidents for their review.

During 2021-22, eight child deaths in Kingston and twelve child deaths in Richmond had final reviews at SWL CDOP (these deaths include those notified in previous reporting periods). Across South West London CDOP a total of 81 child death reviews were completed. Of all the deaths reviewed at SWL CDOP, 22% were identified as having modifiable factors, those through which by means of local or national intervention, risk of future deaths might be reduced.

For the Kingston & Richmond cases reviewed found to have modifiable factors the following was identified:

- Learning relating to service provision in the perinatal period
- Learning relating to recognition of early subtle signs of sepsis
- Action for public health to convene a task and finish group regarding substance misuse prevention
- The ongoing need for consistent safer sleep advice for infants to help support reduction in the risk factors for sudden unexpected death in infancy

<sup>&</sup>lt;sup>33</sup> Child death review: statutory and operational guidance (England)

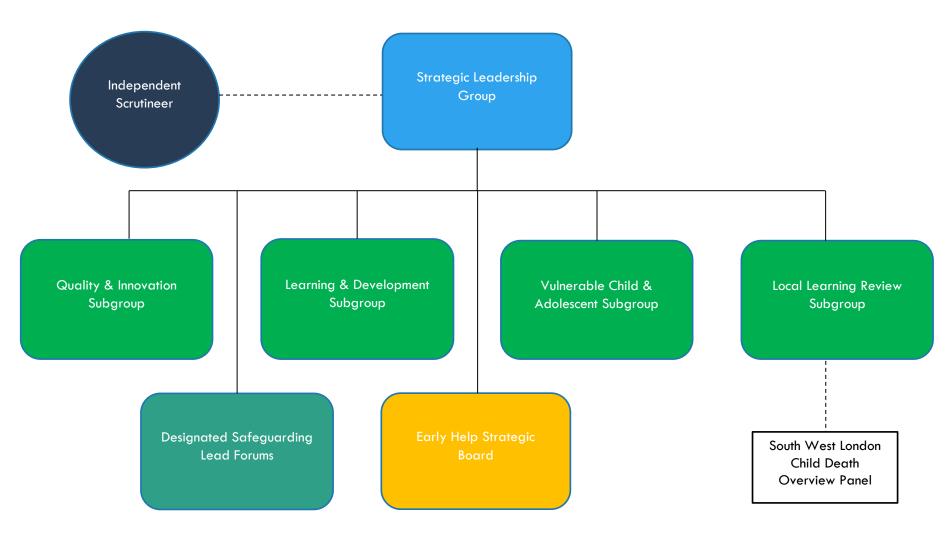
During the year, an overview of learning from local sudden unexpected deaths in infancy since 2008, helped inform a partnership task and finish group in considering common risk factors and the need to target advice effectively. The partnership produced a webcast aimed at all professionals and volunteers working with families with infants to highlight key advice regarding safer sleep and what you can do to support families in reducing risks to their babies associated with sudden infant death syndrome (SIDS) and has also developed Baby and Infant Safe Sleeping Practice Guidance to help support safe sleeping promotion across multi-agency professionals and volunteers working with families with infants.

Learning from a survey of local schools concerning management of allergy and asthma was shared with schools to help promote best practice in autumn 2021.

KRSCP promoted a range of initiatives and campaigns aimed at reduction of risk through our newsletter and social media including the following:

- Child Safety Week
- ✤ Safer Sleep Week

## Appendix 1: KRSCP Structure



## Appendix 2: KRSCP Finance

The following table outlines KRSCP income based on partner contributions for 2021-22:

Kingston Council	£140,000
Richmond Council	£140,000
SWL ICB contribution for Kingston	£55,000
SWL ICB contribution for Richmond	£22,000
Mayor's Office for Policing and Crime (MOPAC) for Kingston & Richmond	£10,000
Total	£367,000

The expenditure for KRSCP during 2021-22 including salaries (including partnership coordinator hours allocated to child death review), the comprehensive training offer, and costs of case reviews totalled  $\pounds449,965$ . This resulted in a forecasted deficit of  $\pounds82,965$  at the end of the financial year. To mitigate this deficit a decision was taken by the SLG to reduce the multi-agency safeguarding training programme and members of the team reduced their hours from January 2022. Training income resulted in underspend on the allocated training budget ( $\pounds45,297$ ) of  $\pounds16,486$  which further reduced the deficit. See the following table for details of training finance:

Item	Income	Cost
Allocated budget for training	£45,297	
Payments to training providers		£40,950
Me-learning (e-learning provider)		£600
Websposure (company supporting		£6,936
training portal)		
Paid for training places & non	£19,675	
attendance fees		

KRSCP ended the financial year with an overspend of  $\pounds42,844$  which was carried over to the 2022-23 budget.

From April 2022 onwards:

- SLG to monitor budget monthly when they meet.
- $\boldsymbol{\diamondsuit}$  Continue to review functions of the team.
- To consider in an ongoing way the impact of the reduced hours of team members on future service delivery.
- To work with AfC to establish a service level agreement with schools for accessing safeguarding training to establish a regular income stream from schools.
- To continue our conversation with SWL ICB for an uplift in funding for Richmond, to bring it in line with the Kingston contribution. This has been resolved for 2022-23 with an uplift of £12,500 which will help to reduce our overspend.