

RICHMOND & KINGSTON LOCAL SAFEGUARDING CHILDREN BOARD

ANNUAL REPORT 2017-18 EXECUTIVE SUMMARY

“Tenacious enquiry and rigorous and respectful challenge between members has led to the Board achieving a broad understanding and shared approach to safeguarding”.
Ofsted Richmond, October 2017.

Foreword by the Independent Chair

“The Richmond upon Thames Local Safeguarding Children Board (LSCB) is good. It has ambitious priorities for ensuring the effectiveness of local safeguarding services. Richmond and Kingston Boards share one influential independent chair. Both Boards function independently, but share some subgroups that provide increased opportunities for learning, and other efficiencies, through economies of scale”. Ofsted 2017

Welcome to the Annual Report and safeguarding assessment for 2017-18. This is a joint report for Kingston and Richmond and follows the new statutory guidance for safeguarding partnerships in providing data, analysis and an independent assessment of partnership safeguarding endeavours.



This is my first report as LSCB Chair, having taken over from Deborah Lightfoot who retired in December 2017. I would like to thank Deborah for her significant contribution to the Boards' successes during her tenure.

As Chair, statutory guidance now requires me to answer two questions of Kingston and Richmond in a transparent way, these are:

- How effective are our local arrangements?
- What is the impact of our work on safeguarding outcomes for children?

In April 2018 in anticipation of the future arrangements, the LSCBs met as a Joint Board across Richmond and Kingston for the first time. This new arrangement is embedding well and is the result of consultation across the safeguarding community, with a view to providing the best possible safeguarding for the children and young people in both boroughs. We are working with local partners to implement the new safeguarding partnership arrangements according to Working Together 2018, published in July 2018. They outline that new partnership arrangements will need to be in place by the end of September 2019. I am optimistic that our great collaborative working and supportive culture will be sustained in the future, as they are the true keys to good safeguarding. Our Business Plan will be for the years 2018-20 to ensure the partnership has a framework for the changes ahead.

There has been much flux around us in the multi-agency safeguarding arenas – the Achieving for Children (AfC) cluster models are now embedded into the three localities across our boroughs; the CCGs (Clinical Commissioning Groups) are merging into five boroughs, Police merged into a four borough BCU (Basic Command Unit) in May 2018; many health providers are tendering for contracts with all the change this brings. At the same time, we have experienced increased demand for our services amidst a climate of austerity. During this financial year, the Signs of Safety approach to partnership safeguarding has been introduced to us by AfC and as already stated, new legislation that will shape future safeguarding was introduced in the Children and Social Work Act.

2017-18 was a busy year and we made good progress on our priorities, as I outline below. However, as I begin, I want to assure you as we move forward, that my focus is on steering the partnership safely into the new arrangements for safeguarding children in Kingston and Richmond so that our eyes remain on the children and families we serve. Above all I want to thank all those who work and volunteer in our boroughs for their dedication to families and their wellbeing.



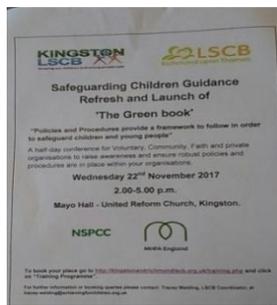
**CHAPTER 1: EXECUTIVE SUMMARY
LOCAL SAFEGUARDING ASSESSMENT**

Effectiveness of local safeguarding arrangements

Making Children Safer 2017-18

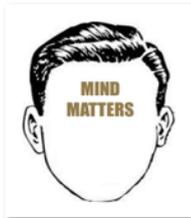
In 2017-18, the LSCB helped partners improve safeguarding for our local children, providing guidance and support, scrutinising and coordinating practice, visiting agencies and hosting events. Here are a few of our success stories.

APRIL
Charity Trustees are made aware of their responsibilities regarding safeguarding, know how to refer and access relevant training and how to ensure safer recruitment is in place.



MAY
Over 100 local professionals, including major hotels and taxi firms from Richmond and Kingston attend our Child Sexual Exploitation Conference, jointly led with the local Police. LSCB takes part in Walking out of Darkness walk in central London to highlight suicide prevention, and the Named Nurse at Kingston Hospital raises over £300 for the charity.

JUNE
A local school participation project provides guidance on PSHE (Personal, Health, Social and Economic education) for other schools around mental health and emotional wellbeing, including student films. For Child Safety Week, the CDOP reproduces a newsletter with a poster on reducing the risk of accidents to under 5s, as well as sharing information on asthma and allergy management plans.



JULY
Over 100 delegates from Richmond, Kingston, Merton, Sutton and Wandsworth attend a CDOP Conference about learning on child deaths-including learning about substance use, suicide and self-harm, and safer-sleeping. Return Home Interviews for missing children are quality assured by the partnership.

AUGUST
Kingston health audit takes place regarding the needs of unaccompanied asylum seeking children and young people. Health support for children educated at home in Richmond is commissioned by the CCG. Safety awareness raising stalls at Richmond Pools in the Park and Twickenham Police Station open day.



SEPTEMBER
LSCB Child Sexual Exploitation and Missing Children guidance is refreshed. A Neglect huddle with information and guidance is created on the LSCB website, as a response to local learning.

OCTOBER

Richmond LSCB as a partnership is found to be good in an Ofsted inspection of safeguarding and children looked after.



NOVEMBER

The LSCB Green Book of Safeguarding for the voluntary, community and faith sectors is launched. Children Missing Education guidance is presented to Independent schools by AfC, leading to a 15% increase in returns during the following months. Meadlands School, Ham holds an In Safe Hands event about emotional wellbeing.

DECEMBER

Multi-agency audits indicate information sharing needs to improve for children subject to Child in Need plans and Supervision Orders in Richmond, and Kingston Children Looked After.



JANUARY

The LSCB publishes local sexual health pathways, emotional wellbeing commissioning guidance and resources directory. Kingston Council agrees basic DBS checks for all Councillors.

FEBRUARY

LSCB launches the multi-agency Was Not Brought Protocol to remind everyone that missed health appointments can indicate neglect. Private Fostering guidance is refreshed.



MARCH

Almost all schools in Kingston and Richmond have submitted their own safeguarding evaluations. Language schools are offered support, and Richmond CSP hosts its annual Stay Safe Youth Crime Conference for young people. Hollyfield School in Kingston holds an In Safe Hands Event.



How effective are our local arrangements?

The following Chapters of this report, 2-4, outline evidence of our local partnership landscape in an effort to highlight the richness and complexity of our partnership safeguarding and the quality of our local work. We can reach a view in terms of the effectiveness of local arrangements through the benefit of external inspections, single and multi-agency audit work, scrutiny of data, and trends identified in serious incidents and learning reviews. We consider the involvement of practitioners in training, taken together with their evaluations and its impact on their work. We still face some familiar stubborn problems, as I outline below – these highlight the continuing need to improve our local working.

In Kingston, there is a total population of Kingston: 160,060, of which 38,335 are children. Richmond there are 199,419 total inhabitants and 45,493 children aged 18 or under. In Kingston, 31% of people are from a BAME (Black and Minority Ethnic) background, whilst 16% of people are from a BAME background in Richmond.

The population is generally safe and affluent but there are areas of deprivation in both boroughs. Housing costs are high and there are growing numbers of families with children living in temporary accommodation, mainly outside their boroughs of origin. Low numbers of children live in poverty but there are rising numbers of children with Special Educational Needs, particularly from an ADHD (Attention Deficit, Hyperactivity Disorder), and ASD (Autism Spectrum Disorder) background.

We see disproportionate school exclusions for boys, children from a BAME background and those with some special needs. We continue to see more children subject to fixed term exclusions in Richmond than in Kingston, and from a younger cohort. We can also see that young people from a Black dual heritage background are more likely to be excluded proportionally, as well as those with additional needs. They begin a trajectory of disaffection and run the risk of becoming NEET (Not in Education, Employment or Training) as they grow older. This then can lead to other risks, including involvement in exploitation and / or crime. The percentage of young people 16-18 years old not in education, employment or training, has decreased to 1.6% in Q4 of 2017-18 in Kingston (1.9% in 2016-17), against a figure of 1.9% in Richmond. This is 48% of those aged 19-21 years for the former Virtual School Population for Richmond; and 36% for Kingston. Richmond has slightly higher school absence rates.

Exploitation in all its forms continues to be a threat to safeguarding and for the first time in three years, we have seen potential trafficking identified in cases in Kingston and Richmond. Currently, the structure for the work around Child Sexual Exploitation is being broadened to include criminal exploitation, sexually harmful behaviour and Anti-Social Behaviour. We are currently carrying out a practice case review in Richmond regarding exploitation, which will inform this work.

In 2017-18, a total of 34 Richmond children and 18 Kingston children were discussed at the MASE (Multi-Agency Sexual Exploitation) Meetings. Two Richmond and two Kingston children were re-referred to MASE in the year. Last year, more children were considered: 42 Richmond and 32 Kingston children were discussed. During this forthcoming year, the scope of the meeting will broaden to consider criminal exploitation, radicalisation and gang involvement. A total of 19 people have been classified as Persons of Interest in Richmond

over the past 3 years, 3 of whom were issued with CAWNs (Child Abduction Warning Notices). In Kingston, 3 people have also been classified as Persons of Interest in the period although none were issued with CAWNs. One or more individuals may be linked to one child.

The Public Health Teams in both boroughs have carried out needs' assessments in Richmond and Kingston about risky behaviour, as both boroughs are outliers. The latest Joint Strategic Needs' Assessment (JSNA) report (2017-18) tells us, for example, that over 1/5th of Richmond's 15 years-olds engage in 3 or more risky behaviours – the highest in London; hospital admissions for self-harm are now the third highest in London (up from 2016-17); and the mental wellbeing score for Richmond's 15 year-olds is the fourth worst of all London boroughs (What About YOUth Survey 2015).

Young People's Voices:

Young people's priorities are safe streets; mental health; support around online safety and bullying and support around knife crime. Young people who live here tell us that bullying is one of their main concerns, whether online or in school. We know schools seek to provide strong bullying support and almost all offer online safety training for students, staff and Governors; this has grown over the years in Kingston and Richmond. There is evidence that we are effectively seeking to meet children's needs, although the need remains great.

During the year, a local secondary school looked at the findings from the Richmond and Kingston Healthwatches' report 2016 on young people's views on mental and emotional health. They provided PSHE (Personal, Social, Health and Education) information for schools, assembly plans and films for young people around online health, technology and coping with exam pressures. This was part of our Safe from Campaign. They can be found here:

<http://kingstonandrichmondscb.org.uk/children-young-people/pshe-lessons-assembly-plans-235.php>

<http://kingstonandrichmondscb.org.uk/children-young-people/technology-mental-health-236.php>

One of our key areas of focus is emotional wellbeing and mental health. In Kingston referrals to the SPA (Single Point of Access) were 18% for mental health concerns for Quarter 4, from 13% the previous quarter. For the total year, there was a total of 1,981 referrals against 1,513 last year. In Richmond too, demand has risen. In Quarter 4 there were 663 referrals to SPA for mental health concerns and of them, 53 referrals to Child and Adolescent Mental health Services (CAMHS) Tier 3. For Quarter 4 CAMHS has a 100% performance rate for dealing with emergency and urgent cases, however due to the increase in demand performance deteriorated in offering initial assessments within the 8 weeks of initial referral.

Suicide is a key issue of concern for us in our boroughs. We have been encouraging schools, in particular, to develop plans to manage crises, through our DSL (Designated Safeguarding Leads) Forums. Over the past years, Kingston Public Health has sought to respond to local learning around suicide, partly urged on by learning from our Serious Case Review regarding Child B, published in 2015. In Richmond, Public Health began work with us as partners on suicide prevention in autumn 2017, and this is being translated into a Task and Finish group for adults and children to plan a community action plan, in the event of any

deaths, this autumn. The LSCB continues to co-commission mental health first aid training with Kingston Public Health, and the charity Papyrus presented at the Conference on learning from child deaths in July 2017.

I am pleased that both boroughs are working actively on suicide prevention. But demand has risen across all agencies against a picture of cuts and we are aware of how stretched our colleagues are. This has led me to take a determined stance in involving the voluntary sector, faith and community groups more strongly in partnership work, particularly in relation to mental health support.

I want to work with local schools this year to identify those children at risk in primary school as they enter Year 6, so that they have the resilience they require to stay engaged they grow older.

Our safeguarding arrangements are effective; over the past few years, local performance has remained stable and good. There has been considerable change amongst many agencies, plus a rise in demand for all local services, where families receive extra help and support. For example, the new Paediatric Admission Unit at West Middlesex University Hospital is consistently full. Partly, due to a rising birth rate, and strong performance of schools, there is a local demand for school places, resulting in new schools being built. This overall rise in demand across Kingston and Richmond from early help onwards, could be a result of a rising child population plus a raised awareness of safeguarding practice, formed through single and multi-agency training. This rise could also be as a result of changes in capacity of agencies due to austerity cuts and the fall back of commissioned early help, preventative services and charitable support, taken together with changes in benefits and housing entitlement.

There is an appetite for joint working in Kingston and Richmond with agencies working well together; the new locality cluster arrangements have settled well, as has the joint SPA and multi-agency MASH (Multi-Agency Safeguarding Hub). This is a well-received local service, as our partners have told us. Senior leaders are well engaged in the partnership arrangements, and agencies offer generous funding and support in kind.

The roll-out of a Signs of Safety safeguarding approach and language for all children from early help to looked after has worked well in the wider partnership. Our Child Protection Conference Service, run by AfC is running smoothly. Together, a multi-agency group agreed Child Protection Conference Signs of Safety templates for reports in autumn 2017. There is still work to be done, however, in hearing from children and young people who have taken part.

There have been good external inspections for many local agencies this year – CLCH (Central London Community Healthcare), AfC, and Kingston Hospital for example. Most of our local schools are good or outstanding. GP's practices that have been inspected have, in the majority been found to be good. In the few isolated cases where this was not the case we are satisfied that adequate improvement plans are in place. No agencies are in special measures, however external inspections have highlighted concerns for the Metropolitan Police Force as a whole in its safeguarding children responses, which is impacted by savings and large scale structural changes across London. The London Ambulance Service has made great improvements, as has SWLStG (South West London & St George's Mental Health Trust) during this past year after concerning inspections. I note the need in SWLStG, as highlighted in their most recent CQC (Care Quality Commission) inspection, for independent advocacy for young people admitted to its wards. There have been local improvements for the substance misuse service, CGL (Change Grow, Live), and for West Middlesex University Hospital.

The Board is currently undertaking two learning reviews, in Richmond and Kingston, which will give helpful guidance for partners in terms of improving local and national practice. During the year 2017-18, we have completed four learning reviews, which have led to improved work around child sexual abuse, emotional wellbeing support in schools, interlinking parental and child needs, working with young parents and work around chronic neglect.

In our Quality Assurance work, we have carried out multi-agency audits looking at Return Home Interviews for missing children, children subject to Supervision Orders and Child in Need plans, and Children Looked After, Section 47 child protection investigations, and SPA Referrals. These audits and local learning have given us good, detailed insights into the lives of over 25 children and the working interfaces between agencies. They have pointed to fairly stable work, but the need for ongoing improvements, particularly in communication, hearing the voice of the child, information sharing, and attention to matters of diversity and ethnicity in our work.

As part of this local safeguarding assessment, we have completed additional analysis of areas where there has been little or no evidence of progress in terms of agreed priorities in Richmond and Kingston from previous years: we consider work around neglect; Early Help Assessments and early interventions; the timeliness of Initial Health Assessments for Children Looked After; and reporting of attendance at Child Protection Conferences.

Engagement of local GPs in Child Protection Conferences in both boroughs, has been problematic. Our multi-agency audits have shown a persistent theme of GPs not being aware of multi-agency concerns for children or of engaging themselves in Child Protection Conferences. The Child Protection Conference team has been working with GP leads to improve this situation. The impact of reminding agencies to include GPs in information sharing has not been very positive, nor so far have special measures taken by the CCG (Clinical Commissioning Group), via the Designated Nurse and Named GP, or the AfC Child Protection Conference team. This has been identified as a key local risk.

I wish to highlight the issue of neglect again in this introduction. This seems at first glance alarming in boroughs of relative affluence and little significant deprivation. Neglect continues to be identified as a key issue in our local case reviews. For example, over 20% of appointments at the Kingston Hospital Bridge Team for vulnerable pregnant women were missed in 2017-18. West Middlesex University Hospital has high levels of missed appointments. In Kingston, dental decay for young children follows national trends, despite care being universal and free. In Kingston, we can see that tooth decay at the age of 5 years is slightly higher than in statistical neighbour areas.

Despite prioritising neglect as a key matter and holding an LSCB Conference in October 2015, this remains a stubborn problem. This is a national picture but as yet we see lower rates of referrals for children in need in both boroughs, compared to our statistical neighbours. We need to ensure good recognition of need which in turn results in early help and support at a point where there is hope of change. We launched a "Was Not Brought" Protocol in February 2018 to encourage agencies to act on missed appointments, as a feature of neglect.

At the beginning of my tenure as LSCB Chair, I have reviewed all learning reviews and strategies and decided an LSCB Neglect Strategy was required, and a refresh of the LSCB Neglect Toolkit. There will be a Neglect Conference in November 2018 and the strategy will be presented to local Strategic groups. The LSCB Neglect Strategy 2018-21 was launched in June 2018. I am extremely grateful to those who completed this excellent work on behalf

of the LSCB, the result is a strategy and toolkit that will assist all safeguarding professionals to recognise and deal with this significant issue.

The rate of A&E attendances for children aged 0-4 years has increased steadily over the last three years, from 518 per 1000 in 2013-14 to 732 per 10,000 in 2015-16 in Richmond. This is now significantly higher than both the England and the London average. There were 628 per 10,000 attendances in Kingston, which is again a high figure.

Richmond has the third highest hospital admissions caused by injuries in children (0-14) in London. Kingston also has a high rate of hospital admissions caused by injuries in young people (15-24) in London. This year, there has been a significant increase in the number of attendances to Kingston Hospital with social concerns and children who are known to social care.

In 2017-18, Q4 there were 33 young people in treatment in Richmond for substance misuse. Between 90 and 100% of exits from treatment were planned. Figures were similarly low in Kingston. 16 young people were in treatment at the end of Q4, against 27 at the same time last year. Nationally, young people in treatment has fallen 6% in 2017-18; however the drop was 33% in Kingston, potentially indicating unidentified and unmet need. This will be part of our forthcoming risky behaviour awareness work.

I have been disappointed that due to staff changes at West Middlesex University Hospital, maternity concern meetings for vulnerable women halted in November 2017 and are anticipated to restart in the autumn. There have been no near misses or serious incidents reported to the LSCB in relation to young babies, however we plan an audit of cases to assure ourselves this year. We need to be sure this interface gap does not lead to more young children being seen as at risk of significant harm. Kingston Hospital also reviews all cases, who come through A&E at a regular psycho-social meeting. Kingston Hospital has seen a rise in referrals of vulnerable pregnant women, we could anticipate this could have happened in WMUH, if the meeting had been taking place.

One of our Business Plan aims last year was to ensure the CPIS (Child Protection Information System) was embedded in Kingston and Richmond this year. This has been delayed for some time. As a partnership, we have not managed to forward this fully, whilst all our health colleagues have systems ready, AfC has been waiting for improvements to their IT system. Nationally, this project was to be concluded in March 2019. This is a significant risk, as at the time of writing our two boroughs are part of four outstanding boroughs in London. I am asking other partners to be prepared to compensate for this gap in our safeguarding systems, and for AfC to expedite this matter.

This year, the rate of identification of children in need has grown in Richmond to 239 per 10,000 at March 2018. This is close to our statistical neighbour average of 238.8. In Kingston, the figure at the end of the financial year was 766 per 10,000 which is not so close to statistical or national averages. 219 Early Help Assessments (EHAs) were completed this year in Richmond; all by AfC except for 8 completed by schools. In Kingston, 302 EHAs were completed; again all by AfC save 4 by schools. We would like to see a rise in multi-agency EHAs as a result of our neglect emphasis. As at March 2018, there were 796 open cases in total to CSC in Richmond, which compares with the same time last year. In Kingston there were 766 open cases. There have been a higher number of contacts to CSC this year, and a higher number of referrals but not across all agencies.

There have been 14,584 contacts to CSC in Kingston and 16,403 in Richmond during the year. There has also been a fall in contacts in Kingston. This could be down to significant

changes in local agencies. Referrals are relatively steady in Richmond and Kingston compared to other years but still remain below statistical neighbour averages. There were 1,074 referrals to SPA (Single Point of Access) in Richmond and 1,043 in Kingston. In Richmond, there has been a fall in referrals from Police but a rise from health agencies. Education referrals seemed to have reached a peak last year.

The LSCB Child Death Overview Panel (CDOP) reviewed 16 cases across Kingston and Richmond. During the year there were 21 child deaths, compared to 25 last year. Most children were from a White UK background.

During this past year, we have seen a growing identification of need in Kingston leading to more children accommodated, more Child Protection plans in Richmond, and 11 children subject to plans for the third time in Kingston. Kingston follows a cohort of younger children subject to Child Protection Plans, whereas plans are generally for older children in Richmond. We have seen effective identification of sexual abuse of children in several institutions, which has led to specific training and support to sectors, including sports. We see a growth in the use of Section 47 multi-agency strategy meetings for children at risk of significant harm.

It is striking that the main factors identified for children who are suffering significant harm (subject to Child Protection Plans) in both our boroughs are domestic abuse, parental mental health concerns, and substance misuse, including alcohol. 450 children were registered with Richmond Young Carers as at June 2018, against 668 in Kingston. This is a rise for both boroughs. We know that this is often a hidden population, particularly for those children whose parents have mental health or substance misuse concerns.

In Richmond, 97 children were subject to Child Protection Plans in March 2018; there were 138 in Kingston. 11% of Richmond children have had a repeat Child Protection Plan within 2 years, and overall 15% of children have ever had a repeat Child Protection Plan - this has more than doubled from 6% in 2015-16, although it is lower than average national figures. In Kingston, 20% of children have had repeat Child Protection Plans – this has been a consistent figure for the last few years, although 11 children had a plan for the third time in 2017-18, against none for 2016-17. A third Child Protection Plan could indicate chronic problems which have not been resolved satisfactorily or a premature ending of plans and step-down support in the past. In Kingston, there were more plans for the category of neglect, whilst the main category was emotional abuse in Richmond.

Over the last 12 months, the CLA (Children Looked After) population has stayed stable in Richmond but risen in Kingston; is still below that of its statistical neighbours at 23 per 10,000 in Richmond, and 34 per 10,000 in Kingston-a rise from 31 per 10,000 in recent years.

We can perhaps anticipate a rise in Children Looked After in Richmond as there has been a rise in child protection planning. At the end of March 2018, there were 103 CLA in Richmond and 130 in Kingston – more boys than girls in both boroughs. There is a significantly higher percentage of looked after children from dual ethnicities than the boroughs' demographic profiles; this could be for reasons of higher levels of deprivation, and discrimination or a lack of awareness of services in reaching out on preventive levels to these populations.

First Time Entrants (FTEs) to the Youth Justice System per 100,000 for Kingston and Richmond are still below the London and National average. There has been a slight increase of 8% in FTE for Q4 compared to the same period in 2016-17, but overall the trajectory is improving compared to previous year. Despite there being an increase in custodial

sentencing this year, Kingston and Richmond are still below the London and National average. There were 8 young people who received custodial sentences.

The MARAC (Multi-Agency Risk Assessment Conference) is chaired by a Detective Inspector in each borough and there are plans for them to merge. It has seen a rise in domestic abuse cases this year and therefore a rise in children being discussed from those families. Each MARAC considers approximately 20-25 cases per month. The overall trend is quite clear, a steady decrease in total cases and repeat cases, until 2015-16 where the overall cases and repeats have started to rise again. Despite the small numbers of victims aged 16-17, there has been a growth in perpetrators of domestic abuse towards their parents and carers, who are aged under 18 years. In Richmond, 28% of child protection plans have centred around this. The numbers of BME referrals are much as the percentage demographic in Richmond, but not in Kingston, where referrals have fallen.

Impact of work on outcomes for children

Our Vision in Richmond LSCB is “To place children’s safety at the heart of the delivery of services in the borough and to ensure that Richmond upon Thames remains one of the safest places in the country for children and young people to grow up, be educated and live in.” Our partnership Vision as Kingston LSCB is to “ensure the best possible safeguarding outcomes for children and young people by providing information, support and training to young people, parents, carers and professionals”. Now as the local safeguarding partnership will take over by September 2019, there will be a place for a combined vision and shared values and priorities. We are working towards that, as I outline below.

From our safeguarding assessment last year, the LSCB wished to focus in 2017-18 on the transition of children between agencies, teams and sectors, including those of children to adults’ services; continued learning and development around ethnicity and diversity; outreach to voluntary sector, community and faith groups; we wanted to strengthen communication between professional interfaces, and wanted mental health and emotional wellbeing to run through all our work to ensure stronger prevention and timely help.

I am pleased that partners have shared our LSCB priorities with us; for example Richmond Council appointed a Councillor for Mental Health, and the Mayor’s charity for the year was a local counselling voluntary sector agency, Off the Record. In Kingston, in 2018-19, there will be a mental health Councillor champion for every Council Committee and Strategic Group. In Kingston, agencies have worked with us around transition, and a new Learning Disability pathway has been launched after considerable consultation with the community; there are regular liaison meetings between health agencies and Children’s Social Care in both boroughs; for example the Referral and Assessment Team now meets CGL (Change Grow Live) Adult Substance misuse team monthly in Richmond.

The Richmond Ofsted Inspection in 2017 found the Board to be good and encouraged the LSCB to improve our action plans and make them SMART (Specific, Measurable, Achievable, Realistic and Timebound) and to ensure action from learning was completed. This has helped our focus. This recommendation has also improved multi-agency engagement in our audit processes. We also had actions for the assessment of SPA referrals, work on Private Fostering, improvements in attendance at MARAC (Multi Agency Risk Assessment Conference) and Child Protection Conferences, and the provision of a training needs analysis for the partnership.

Managing Allegations made against Staff and Volunteers

In the 2017-18, there were a total of 340 notifications of allegations or professional consultations in Kingston and Richmond for volunteers and paid staff working with children. This is broken down to 171 in Kingston (an increase of 25 from the last reporting year) and 169 in Richmond (a decrease of 10 from the last reporting year). Over 2% of cases have been technology related, usually connected to online grooming offences.

We launched the Green Book of Safeguarding for voluntary sector, community and faith groups in November 2017 and have provided training courses on culture and diversity. Tracey Welding, Board Manager has visited 40 voluntary sector, community and faith organisations in Kingston and Richmond this year to support them in their safeguarding, and looked at 10 organisations' safeguarding policies.

Through our scrutiny of local serious incidents, we have reached out to sports organisations, clubs and the Sports Development Teams in both Councils to highlight the role of the LADO (Local Authority Designated Officer), and the need to respond to allegations made against volunteers and staff. I am pleased that the impact can begin to be seen as we have seen a rise in allegations made by sports organisations this year in both boroughs. In terms of safer workforce, after some years of work, one of our achievements this year has been supporting Kingston Council in taking the decision to ensure there are DBS (Disclosure and Barring Services) checks for all Councillors, following local learning. This remains a goal in Richmond.

Our learning has been filtered into our workforce development. During 2017-18, 1,192 people attended face to face multi-agency training. During the same period 1,847 people completed online safeguarding training; these delegates are often harder to reach volunteers and professionals. Please find our Learning and Development annual report here: <http://kingstonandrichmondlsqb.org.uk/media/upload/fck/file/Kingston%20&%20Richmond%20LSCB%20L&Dreportfinal2018.pdf>

We have also seen numbers of partners attending the AfC Signs of Safety Training. We have held some significant Conferences this year reaching over 300 local professionals and volunteers: In May 2017, we held a Child Sexual Exploitation Conference, in July we held a conference about child deaths in Richmond, together with our local partners from Wandsworth, Sutton and Merton, in November a Voluntary Sector Conference to launch our Green Book of safeguarding guidance, and in early 2018 we held a successful Child Sexual Abuse Conference. Our DSL (Designated Safeguarding Lead) Forums for independent schools and Richmond schools have gone well, meeting three times this year, and we hope to involve Kingston in the forthcoming year. This has led to several schools implementing the LSCB "In Safe Hands" project across both boroughs, which as well as professionals, primarily involved parents and their children.

I am heartened that some agencies have gone beyond their requirements for safeguarding training. Kingston Hospital have a 90% compliance rate measure for Level 3 safeguarding training and many schools now routinely train all their staff and Governors to Level 2, such as at the Royal Ballet School. I am pleased that in the light of local learning, some of our health providers, commissioners and clubs have been actively engaged in our training this year.

LSCB Governance

In April 2017, the LSCB moved from AfC as a provider, to being hosted by Richmond Council and supported by Kingston Council. Early in 2018, we were given an independent email address to go with our stand-alone website. For the forthcoming year, Board Members will be considering the implications of the Wood Review and Children and Social Work Bill for the configuration of safeguarding arrangements for local children. With the new legislation, I have put in train plans to review the Board structure and gain consultation from Board Members, identifying gains and risks associated with any major change.

As LSCB Chairs, Deborah Lightfoot and I have worked 77 days this year. This year there have been four full time members of staff and three part time staff members, including an apprentice.

For the financial year, the Board had a joint income of £441,100 and expenditure of £507,886. There was further financial support from Kingston and Richmond Councils to help us cover the shortfall.

At the beginning of the new financial year, some changes were made to the LSCB structure. Below we can see how it stood at March 2018. In anticipation of new partnership arrangements, the Serious Case Review subgroup was joined in May 2018 across Richmond and Kingston.

Kingston and Richmond LSCBs' Structure Chart



Behind this Executive Summary follows three further chapters of detail and analysis here:
<http://kingstonandrichmondlscb.org.uk/about-richmond-lsrb/annual-report-42.php>
<http://kingstonandrichmondlscb.org.uk/about-kingston-lsrb/annual-report-48.php>
<http://kingstonandrichmondlscb.org.uk/media/upload/fck/file/Kingston%20&%20Richmond%20LSCB%20L&Dreportfinal2018.pdf>

Please see our completed Business Plan for 2017-18 for further details of work we have completed as a team: <http://kingstonandrichmondlscb.org.uk/about-richmond-lsrb/business-plan-185.php>

Priorities 2018-20

In conclusion, our shared local priorities are placed under our general themes of Improving Practice; Workforce Development; Communication and Engagement; and Governance and Accountability. These will continue into 2020 and help to inform our work regarding the next steps for the LSCB in relation to the Children and Social Work Bill 2018:

As well as continuing to build upon improvements already made, in 2018-20 we will focus on:

- Neglect - our Strategy was endorsed in June 2018; and we launch in autumn 2018 with a multi-agency conference, expecting Neglect Champions to come forward in support from all agencies and sectors; providing further training and quality assuring work in relation to working with neglect over time;
- Risky behaviour, mental health and emotional wellbeing, and exploitation;
- Participation to ensure we are hearing and acting on children's voices in Kingston and Richmond, not only by the LSCB, but through local agencies and user groups;
- Developing a strong safeguarding partnership to replace the LSCB in 2019, by maintaining our good local work and relationships.