

# **CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE**

**26 MAY 2016**

## **MEDWAY SAFEGUARDING CHILDREN BOARD (MSCB) UPDATE REPORT**

Report from: John Drew, MSCB Independent Chair

Author: Simon Plummer, MSCB Business Manager

### **Summary**

The purpose of this report is to update the Committee on the work of the Medway Safeguarding Children Board (MSCB) during 2015-16 and to provide members with an update on the MSCB Business Plan for 2016-17. The report also provides members with an update on the review of the MSCB undertaken by Ofsted between September and October 2015.

### **1. Budget and Policy Framework**

1.1 The Medway Safeguarding Children Board (MSCB) is set up under the Children Act 2004 and has the following main objectives:

- To coordinate what is done by each agency represented on the Board for the purposes of safeguarding and promoting the welfare of children in Medway
- To ensure the effectiveness of what is done by those agencies for that purpose

1.2 The MSCB has a pooled budget made up from financial contributions from its constituent statutory partners:

- Medway Council
- Medway Clinical Commissioning Group and Health partners
- Kent Police & Crime Commissioner
- National Probation Service
- Kent, Surrey & Sussex Community Rehabilitation Company
- HM Young Offenders Institution Cookham Wood
- Medway Secure Training Centre
- Children And Families Court Advisory and Support Service (CAFCASS).

1.3 A protocol has been signed between the MSCB, Health and Wellbeing Board, Kent and Medway Safeguarding Adult Board, Medway Children's Action

Network and the Medway Community Safety Partnership to ensure appropriate co-ordination and coherence between the boards.

## **2. Background**

2.1 The MSCB comprises an Executive, a Board and a number of Sub Groups. The Executive is the main business forum ensuring MSCB maintains its main focus on the strategic priorities that impact on safeguarding and promoting the welfare of children in Medway. The day-to-day work of the Board is managed through the sub group structure. The Executive, Board and its sub groups are supported by the MSCB Staff Team, who are employed by Medway Council and based in Gun Wharf.

2.2 The MSCB has agreed six priority areas for 2014-17. The priorities identified below are delivered through the detailed work of each of the MSCB sub groups. The priority areas are:

- To improve the life chances of children living with family members with mental health, substance misuse or disabilities;
- To develop and implement a strategy for co-ordination and provision of support for children subjected to, or at risk of, sexual exploitation;
- To educate children and young people to recognise risk factors to their own, and to their peers, safety and wellbeing;
- To reduce the negative impact on children and young people who live with Domestic Abuse;
- To develop understanding of factors that make children and young people more vulnerable aged 11 and over; and
- Improving the effectiveness of MSCB including MSCB communications.

## **3. Summary of Progress**

3.1 The MSCB Independent Chair is required to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in Medway. The MSCB Annual Report 2014-15 was presented to the Children and Young People Overview and Scrutiny Committee in December 2015. A further update on the work of the MSCB is below. The MSCB Annual Report 2015-16 will be presented to the Overview and Scrutiny Committee later in the year.

3.2 Ofsted Review of MSCB – Ofsted published its report into the review of the MSCB on 27 November 2015. The report follows the inspection that was undertaken between 14 September and 8 October 2015 at the same time as the Inspection of services for children in need of help and protection, children looked after and care leavers. The overall judgement was that the MSCB requires improvement to be good and the review identified four recommendations for the MSCB to develop further.

3.3 The review found that the MSCB has made significant progress during the last six months, benefits from strong independent leadership and has effectively overseen the co-ordination of support to vulnerable groups of children. The report said the MSCB has responded positively to learning from inspections, national and local reviews and commissioned audits to improve the function and purpose of the Board. It also found that engagement and commitment by

all partner agencies to the MSCB are strong, with attendance by representatives at the right level from all partner agencies.

3.4 The report made the following recommendations:

1. Implement the restructuring of MSCB sub-committees and working groups and ensure that their work is proportional and manageable
2. Scrutinise the effectiveness of multi-agency child protection work, particularly in relation to the frequency and effectiveness of child protection core groups and the progression of child protection plans
3. Develop rigorous methods to evaluate the impact of the work of the Board and its multi-agency training and ensure that partners engage in this evaluation to enable effective multi-agency practice
4. Renew the MSCB's oversight of safeguarding policy and practice across its partner agencies, through safeguarding and schools audits, and rigorously collate and address findings from these

3.5 The MSCB has developed a series of actions to take forward the recommendations which have been incorporated into the MSCB Business Plan (Appendix 1).

3.6 MSCB Review of Structure – In October 2015, the MSCB reviewed its structure alongside its constitution and Member handbook. The MSCB has set up the Multi Agency Sexual Exploitation (MASE) Group as a sub group of the Board which has taken over responsibility of Child Sexual Exploitation from the Joint Kent and Medway CSE and Trafficking sub group. The Kent and Medway sub group has been reformed as a 'Risks, Threats and Vulnerabilities' sub group focusing on gangs, the Prevent agenda, missing children and trafficking/ modern slavery.

3.7 Training – The MSCB continues to run a range of multi agency safeguarding training sessions for professionals including courses on basic and intermediate child protection; child sexual exploitation; domestic abuse; and new within 2015, Prevent. During 2015-16, the MSCB delivered 43 training sessions, attended by over 1200 delegates. MSCB training remains popular and is always rated highly, with positive feedback from delegates. The training continues to be improved and MSCB are in the process of compiling and delivering new training programmes as well as launching an e-learning package in the summer of 2016. The MSCB has in place a three month post course evaluation to measure how the learning from the training has had an impact on practice. Improving the response rate to the post course evaluations remains a priority and throughout the year this has increased from 5% to 10%.

3.8 Child Sexual Exploitation - Kent Police, Medway Council, Kent County Council and health services have come together to form a combined team to tackle the sexual exploitation of children. The Child Sexual Exploitation (CSE) Team was launched alongside Operation Willow, an awareness raising campaign around CSE in December. Operation Willow is a partnership to respond to

concerns and promote awareness of CSE by working closely with schools, GP's, taxi firms, hotels and pubs.

- 3.9 The CSE team, based at Kent Police headquarters in Maidstone, has been set up as a joint hub where agencies can work together to both identify children that are at risk as well as people who are suspected of sexually exploiting children. The team provides an operational basis to understand and respond to the prevalence of CSE in Medway and provide specialist skills to manage those suspected of such abuse and to support the staff from all agencies that are involved in the care of those children.
- 3.10 The Medway Multi Agency Sexual Exploitation (MASE) Group drives forward the CSE strategy for Medway. The MASE Group has developed an action plan based around "the four P's" as the accepted categorisation for planning around other national strategic threats such as terrorism, trafficking and gangs: Prepare, Prevent, Protect, Pursue. The MASE Group has set up data reporting from the CSE Team, has developed a Champions model to ensure each agency has a designated strategic and operational lead for CSE, and all agencies are in the process of completing their CSE self assessment. This will enable the MASE Group to assess the effectiveness of the arrangements for safeguarding children against CSE in Medway.
- 3.11 Voice of Children and Young People – The MSCB recognises the importance of hearing the voice of children and young people in Medway and has continued to seek different ways to ensure their voice is heard and influences the work that is undertaken. In April 2015, Board members agreed a proposal to set up a Young Persons Safeguarding Panel to embed the engagement of young people further into the work of the MSCB. The Young Persons Safeguarding Panel first met in June 2015 and has met six weekly since. The young people have been involved in the following work and report back to the MSCB Board through the Lay Members:
- They were involved in the recruitment of the two MSCB Lay Members. In July 2015, the young people met with the Lay Member candidates as part of the interview process. The young people provided feedback on each of the candidates and were fully supportive of the appointment of the two successful candidates who they felt would represent their views to the Board.
  - The Young People have been reviewing the MSCB's website, focusing upon the Children and Young People pages.
  - The group have been working on a Domestic Abuse Campaign called "#LovesMeOrNot" which is aimed at the friends of young people who may be involved in an abusive relationship but not be able to see this themselves. The group have looked at design ideas for posters and leaflets as well as discussing the content for the campaign.
  - The young people supported National CSE Awareness day, and wrote a personal pledge on their hands to show support for the Helping Hands campaign #HelpingHands.
- 3.12 In 2015, the MSCB supported the development of a play raising awareness of female genital mutilation (FGM) by students from the Robert Napier School. The play has been performed to a range of audiences as well as at the MSCB annual conference in December 2015. A DVD of the performance has been

produced and sent to secondary schools in Medway to raise awareness of the issue of FGM and the impact it can have on people.

- 3.13 Response to Medway Secure Training Centre (STC) - The MSCB Serious Case Review (SCR) Screening Panel met on 29 January 2016, chaired by Superintendent Andy Pritchard, to consider whether the abuse at Medway Secure Training Centre (STC) which was aired in the BBC Panorama documentary on Monday 11 January 2016, met the criteria to undertake a SCR.
- 3.14 The SCR Screening Panel considered that the case did not meet the mandatory threshold for a SCR as set out in Chapter 4 of Working Together 2015. Panel members felt there may be a need to consider any other form of review into events at the STC at an appropriate time, but given the current complex abuse investigation and the establishment of the Independent Improvement Board, it was not prudent to make a definitive decision to convene a review. The Panel agreed to reconvene following the completion of the Independent Improvement Board which is due to report to Michael Gove, Lord Chancellor and Secretary of State for Justice, at the end of March 2016.
- 3.15 John Drew considered the recommendation made to him by the SCR Screening Panel and wrote to the Department for Education, Ofsted and the National Panel of Independent Experts on SCR's informing them of his decision. He concluded that a Review of safeguarding should take place but that it is too early to rule out the prospect that this should be a SCR. The National Panel of Independent Experts have subsequently considered the decision and agreed that while investigations are ongoing, it is too early to decide whether the criteria to conduct an SCR have been met.
- 3.16 An oral update will be provided to the Committee at the meeting.
- 3.17 Learning Lessons Reviews - The MSCB completed a Learning Lesson Review (LLR) of Jack in 2015. LLRs are completed where the threshold for a Serious Case Review as stated in Working Together 2015 has not been met but there are multi agency lessons to be learned. The prime purpose of a Learning Lessons review is for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. This involves a focused examination by all relevant organisations and professionals as to their involvement with the child and family concerned.
- 3.18 Jack sustained a serious head injury following a fall from a building. Jack was a looked after child under Medway at the time of the accident and the case was referred to the MSCB to identify if there were opportunities to learn from practice in the case.
- 3.19 The LLR found that those working with Jack were persistent, flexible and committed to helping him. However there is learning for the children and adults workforce in how we recognise vulnerable adolescents as children, working with children who misuse substances and how we manage children living out of area. A briefing for practitioners has been published and is available on the MSCB website [www.msccb.org.uk](http://www.msccb.org.uk)

- 3.20 The MSCB is in the process of undertaking another Learning Lessons Review in relation to a baby who was subject to a child protection plan. All agencies who had involvement with the family have been required to undertake a management review and an overview report will be completed and submitted to the MSCB Board in July 2016.
- 3.21 Department for Education Campaign 'Together we can tackle child abuse –  
The MSCB is supporting a recent campaign developed by the Department for Education (DfE) to encourage members of the public to report child abuse. The campaign aims to encourage the public to report their concerns in order to get help to children more quickly. DfE aims to create a new social norm around reporting and tackle the barriers that stop people taking action. The campaign will address all forms of abuse and child neglect.
- 3.22 The core audience for the campaign is parents aged 25-40. Research shows that this group is most likely to feel confident about reporting and can therefore be nudged into action. The campaign encourages the public to call their local authority's children services phone line if they are worried or concerned that a child has, or is likely to suffer harm, neglect or abuse.
- 3.23 Care Quality Commission (CQC) Review of Services for Looked After Children and Safeguarding in Medway - Between 22 and 26 February 2016,  
the Care Quality Commission completed a review focused on the quality of health services for looked after children, and the effectiveness of safeguarding arrangements for all children in Medway. The review was conducted under section 48 of the Health and Social Care Act 2008 and aimed to evaluate the experiences and outcomes for children, young people and their families who receive health services within Medway.
- 3.24 The review involved inspectors visiting local services to talk to a range of health professionals and sitting with them to review their work with individual children/young people. This included reviewing individual children's health records. Whilst some cases were requested for "case tracking", the inspectors also 'dip sampled' additional records for further evidence of the range and quality of work undertaken.
- 3.25 The inspectors provided daily verbal feedback to the CCG and will provide a formal report, due within 4-6 weeks of the review. Once in receipt of the final report, the designated professionals, along with colleagues in public health and joint commissioning will seek assurance from providers of their individual action plans to enable a whole system response to the CQC. A report will also be submitted to the MSCB Board.

#### **4. MSCB Business Plan and Actions for 2016-17**

- 4.1 The MSCB Business Plan (Appendix 1) sets out detailed actions under each of the six priority areas. This is the last year of the current MSCB Business Plan. The priority areas are reviewed annually and in 2015-16 the Board agreed that work around Female Genital Mutilation (FGM) and Prevent should be included within the existing priorities. The MSCB will be developing a new Business Plan for 2017 onwards. A key focus of the work of the MSCB during 2016-17 will be to implement the recommendations from the Ofsted Review of the MSCB and ensure that the recommendations from the Peer Review in

February 2015 are embedded. For 2016-17, the MSCB has prioritised the following work under each of the six priority objectives:

**Priority One: To improve the life chances of children living with family members with mental health, substance misuse or disabilities**

4.2 Adult mental ill health, substance misuse, domestic abuse and disability are key features in cases nationally and locally that become serious case reviews and is evident in at least 50% of cases where children are subject of a child protection plan. The combination of these factors can generate the most serious risks for children. Actions for 2016-17 include:

- Implement the NSPCC Graded Care Profile to provide professionals with an objective measure of the care of children
- Develop focused briefing sessions on the impact of parental mental health, substance misuse and learning disabilities on children and launch a package of e-learning programmes for professionals
- Ensure that the Medway inter agency criteria (Threshold document) for children in need is well understood across Medway
- Develop guidance and learning opportunities for professionals to improve the effectiveness of core groups. Core group meetings are an essential part of the multi agency child protection planning process by developing and implementing the child protection plan

**Priority Two: To develop and implement a strategy for co-ordination and provision of support for children subjected to, or at risk of, sexual exploitation**

4.3 CSE is when children and young people receive something (such as food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money as a result of performing, and/ or others performing on them, sexual activities. Actions for 2016-17 include:

- Provide strong leadership and effective systems across all key stakeholder business whilst working together to tackle child sexual exploitation
- Raise awareness among young people, parents and carers to prevent child sexual exploitation
- Ensure effective operational responses are in place to support, protect and safeguard children and young people at risk of child sexual exploitation

**Priority Three: To educate children and young people to recognise risk factors to their own, and to their peers, safety and wellbeing**

4.4 Children and young people of all ages need to be able to identify when something is wrong and that they, or others, may be in need of help and support, and how to access it. Actions for 2016-17 include:

- Through Section 11 audits, assess how agencies in Medway are using the views of children, young people and their families to inform practice and service design

- Support the Young Persons Safeguarding Panel to develop their domestic abuse campaign aimed at the friends of young people who may be involved in domestic abusive relationships
- Continue to develop the children and young peoples section of the MSCB website with the Young Persons Safeguarding Panel

**Priority Four: To reduce the negative impact on children and young people who live with Domestic Abuse**

4.5 Research shows that experiencing domestic abuse can have negative effects on children, whether they are physically or emotionally abused themselves, witness the abuse of another person, or experience abuse within their own relationships. Actions for 2016-17 include:

- Ensure that the Domestic Abuse Notification (DAN) process to share information from incidents of domestic abuse attended by the Police with identified partners is working effectively
- Continue to develop learning opportunities to ensure Medway professionals are aware of services for children and young people affected by domestic abuse
- Ensure that there are effective arrangements in place to safeguard against honour based abuse including Female Genital Mutilation (FGM)

**Priority Five: To develop understanding of factors that make children and young people more vulnerable aged 11 and over**

4.6 It is important that professionals recognise the impact of factors that make children and young people vulnerable at various stages in their development, and the changes in practice required at the life stages to support effective engagement and service provision. It is also important to recognise the barriers that young people have to accessing services. Actions for 2016-17 include:

- Work with the Young Persons Safeguarding Panel to develop issues perceived by young people as increasing their vulnerability
- Undertake a multi agency audit on children open to mental health services
- Receive regular reports to assure the MSCB that the needs of vulnerable children and young people are being met including young people in the youth justice system, privately fostered children, children missing from care, home and education, and looked after children
- Continue to deliver workshops to Raise Awareness of Prevent (WRAP) to ensure professionals recognise and work with young people vulnerable to radicalisation and extremism

**Priority Six: Improving the effectiveness of MSCB including MSCB communications**

- Continue to develop regular bulletins for professionals with local policy, news and learning opportunities
- Continue to develop the MSCB website to ensure it is accessible to the public and professionals



- Disseminate the learning from case reviews and audits with partners to ensure that improvements in practice and services are made
- Continue to raise the profile of the MSCB by ensuring that all multi agency safeguarding work is driven and endorsed by the MSCB
- Review the MSCB dataset to ensure it focuses on the MSCB priorities and the effectiveness of core multi-agency safeguarding processes including core groups

## **5. Risk management**

- 5.1 Whilst there are no specific risks identified, the MSCB annual report 2015-16 will present an analysis of safeguarding in Medway and work to challenge and support the Council and its other partners to address and reduce risks to children.

## **6. Financial and Legal implications**

- 6.1 MSCB is a statutory body funded through financial and “in kind” contributions from local agencies. There are no financial or legal implications for the Board arising from this report.

## **7. Recommendations**

- 7.1 The Committee is asked to consider the contents of the update report and provide any comments.

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### **Appendices**

Appendix 1 - Medway Safeguarding Children Board Business Plan 2014-17

### **Background papers**

Medway Safeguarding Children Board Annual Report 2014-15, can be downloaded at: <http://www.msrb.org.uk/aboutus/msrbannualreport.aspx>

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**Medway  
Safeguarding  
Children Board**  
Safeguarding Medway's  
children together



# Medway Safeguarding Children Board

Annual Report of 2014/15

September 2015

[www.mscb.org.uk](http://www.mscb.org.uk)



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## Foreword from Independent Chair

The annual report of the Medway Safeguarding Children Board (MSCB) for 2014-15 brings together in one place reports on all the principle work carried out in Medway in the last year that have been designed to keep children in Medway safe from harm, abuse or neglect. You can read more about the MSCB in Section 2 of this report.

The report is written for all people in our community so that they can judge for themselves whether we are doing a good enough job. It will also be presented to a number of different groups who have particular responsibility to keep the work of the MSCB under scrutiny.

The main report is quite long and a shorter summary of the highlights has also been prepared for those with less time to read the main report.

In our report we describe how we work together to keep children safe from harm, abuse or neglect. We explain the priorities we set ourselves last year, and we say how well we think we did. We also say what our new priorities for the coming year are.

I was delighted to be appointed as the Independent Chair of the Board in December 2014. I am directly accountable to the Chief Executive of Medway Council, Neil Davies, for my own performance as Chair, and also to the whole Board for the decisions that I take as Board Chair.

In the opening section of the report I will be answering the main question 'How safe from harm, abuse or neglect are children in Medway today?' so I won't repeat that here. What I will say is that I have been impressed with the energy and commitment of all people working with children in Medway, regardless of who they work for or what role they carry out. Our job at the Safeguarding Board is to make sure that we knit all of that work together so that children in Medway are safe from harm, abuse or neglect. We are deeply committed to that job.

John Drew C.B.E.

# Section One – Independent Chair’s Introduction

## How safe from harm, abuse or neglect are children and young people in Medway today?

- 1.1 In this section I am going to summarise my assessment of how effective are the arrangements in Medway for keeping children and young people safe from harm, abuse or neglect. I shall do that by answering three questions:
- Are we, the Medway Children Safeguarding Board (MSCB) doing the right things?;
  - Are we making enough progress?; and
  - What do we need to do to maintain these improvements and make more gains?
- 1.2 Before I answer these questions I want to make a general point about harm to children.
- 1.3 *No system can guarantee to keep all children safe at all times.* There is always a risk that a child’s circumstances may not be known, perhaps because they are new to the area or to the people who might help them. There is also always a risk that some rapid change may occur that means the child is suddenly placed in danger in a way that he or she had not been before.
- 1.4 The public, and those acting on their behalf, do however have *a right to expect that all that can be done to reduce the chances of bad things happening to children is done.* And, in particular, the public has a right to insist that all those working with children and young people carry out their work in ways that make harm, abuse or neglect less likely to happen. These are the responsibilities of the MSCB.
- 1.5 *So, are we doing the right things?* The Government, and those acting for it, have set out very clear expectations in ‘Working Together’, the guidance for all working to keep children safe. They expect outstanding levels of professionalism and cooperation between all whose work brings them into contact with children and their families.
- 1.6 In my opinion the MSCB is working well together at the moment and there are clear examples of how this improved in the last year. Social workers, Police Officers and housing staff are now based together alongside the Children’s Advice and Duty Service (CADS) dealing with initial contact with children and families and there is a health visitor based there two days a week. The person responsible for children who are missing from home works from Council and Police offices in order to improve communication. There is a joint operation between the Police and the Council to protect children from sexual exploitation. And

the MSCB holds a great many well attended meetings and training sessions each year in which representatives come together to discuss keeping children safe. Over 1000 staff have attended training sessions during the year. The meetings and training I have attended have been open and honest events, in which people have shared their thoughts with each other. I think this is all evidence of a healthy approach to working together to keep children safe.

- 1.7 All the separate bodies within the MSCB share a commitment to employing staff who are good at their jobs, and good progress has been made in recruiting to vacancies, for example amongst social workers and health visitors, and in improving the work of these staff.
- 1.8 *Are we making sufficient progress? The MSCB's own judgement* - The MSCB has created a multi agency data set, shared figures that try to show how well the services are working and working together. From these figures we know that the CADS service is providing a much prompter service than it has in the past, and this is leading to greater confidence in the service. Schools, for example, are making greater use of it, and all the members of the MSCB report to me that they believe the service is improved.
- 1.9 More children are subject to plans to protect them than was the case two years ago, but it is our opinion that this is a positive thing and reflects that children in need of protection are not being missed.
- 1.10 In a similar vein the Kent Police count that they are aware of more children missing than used to be the case, but our belief is that this is because we now have a more full picture of what is really happening to children.
- 1.11 There has also been a big rise in the number of reports of allegations made against staff. We believe that this, too is proof that people are more confident to express worries about behaviour, and confident also that if something bad is discovered action will follow.
- 1.12 The audit work that the MSCB organises, looking in detail at records of work being undertaken, shows improvements in the quality of work.
- 1.13 *Are we making sufficient progress? – Independent judgements* In addition to the MSCBs own scrutiny, various independent bodies have looked at aspects of the MSCB's performance during the year.
- 1.14 The Local Government Association (LGA - the organisation that represents all local Councils in England) carried out, at our invitation, a review of how well the MSCB was doing. This described good progress, while also identifying things that needed further attention. The MSCB has added all of these recommendations into its plans for the new year and we will look regularly during the year at whether we are doing what we said we would do.



- 1.15 The Council, as the largest single provider of services to keep children safe, has been the subject of intensive scrutiny throughout the year from the Department for Education (DfE), because of past failings. The messages from this scrutiny have been the same, that there is good progress being made but there is more work to be done. Their case file audit work reached similar conclusions to those of the MSCB. We will continue to use this external judgement alongside our own observations to check whether we are making sufficient progress but there is no doubt that progress is being made.
- 1.16 Lastly the Medway Secure Training Centre, a residential centre for children who have offended run by G4S for the Government was judged by government inspectors (Ofsted and Her Majesty's Inspectors of Prisons - HMIP) to be 'good with outstanding features'. The safety of young people was described as 'good'. However, on the downside, when HMP Prison Young Offender Institution Cookham Wood was inspected in the same year by HMIP they concluded that child safeguarding had deteriorated and that some arrangements were not working effectively. The MSCB followed this up during the year and found some progress was being made, although more was needed.
- 1.17 *What do we need to do to maintain these improvements and make more gains?* The LGA review and the DfE intervention both point out what further improvements are needed. I am satisfied that the MSCB is making serious efforts to follow up all of their recommendations. Elsewhere in this report you can read in more detail about all of our priorities for the future. I want, however, to end this section by writing about three particular issues. These are:
- The dangers to children and young people of child sexual exploitation;
  - The challenge of developing an integrated set of services that offer early help to families and their children; and
  - The risks to services around increasing demand for help and the need of all public bodies to reshape and reduce their services.
- 1.18 *Child sexual exploitation* – the whole country is still learning what needs to be done to combat the threat to children of sexual exploitation. I would be worried for Medway's children if I could not find joint operations in place between the Police and others, if there was no evidence of continuing training to help all staff identify warning signs, or if I sensed that one or more parts of the MSCB denied that this was not an issue in Medway. But none of these things are true, so I believe that the MSCB is taking the right action to protect children. This is a cautious judgement because this is still a new challenge in Medway, as it is in most parts of England, and we have more to learn on how to be effective. But good progress is being made.
- 1.19 *Integrated early help services* – the DfE believe that Medway needs to make faster progress in this area, and I agree with this judgement. The Council, however, has made purposeful progress in developing the Medway Children's Action Network (Medway CAN) and the different

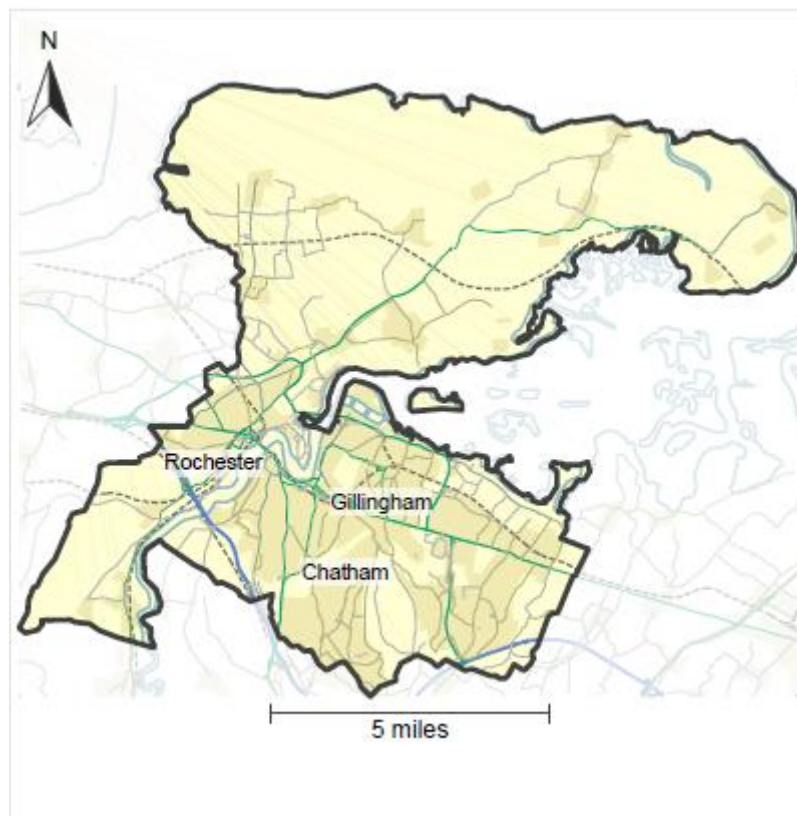
agencies are getting better at understanding how their separate services can all make a contribution to developing good early help for families. It is important that this is not seen just as the responsibility of the Council. The MSCB needs continually to make this point to all its members.

- 1.20 *Reshaping services* – In Medway, as throughout the country, public bodies are having to take an unprecedented amount of money out of their services to meet Government spending requirements. There are obvious risks in this. I would be worried if there was evidence that, under pressure, organisations were not discussing priorities with each other, or if gaps were beginning to appear that were being left unfilled. But this is not true to-date, and both the Council and the Clinical Commissioning Group have, for example, made very good progress to fill long standing gaps in social work and health visiting, the essential front lines of child protection. This, too, is an area that the MSCB needs to keep a close focus on in the coming years to help keep children safe.
- 1.21 I want to end this section by writing about the views of children and young people. Professionals who work with children and their families all too often forget to ask them of their opinions about the services they receive. Yet we learnt, for example, from places where serious mistakes have been made in respect of the sexual exploitation of children, that these opinions could have led to the much earlier detection that all was not well. The MSCB has experimented with different ways to hear directly from children during the past year. We are now setting up a Board for young people to advise us on all aspects of safeguarding work. The views of children who attend meetings about their protection are routinely sought and recorded. Individual members of the MSCB have also developed their own ways of hearing directly from children. The Mid Kent College has been a very active participant in helping us hear more from young people.
- 1.22 Like most of our work, this is an area where we made good progress in 2014-15, and have plans to raise our game in 2015-16. There is every reason to believe that children in Medway today are better protected than they were a year ago, but this is also every reason to write that more needs to be done to improve things further. Above all else this is not something about which the MSCB can afford to be complacent. I do not detect any complacency in the work of the MSCB and this leads me to believe that we will continue to build on the progress made in 2014-15.

## **Medway in Context**

- 1.23 Medway is an emerging city set around the River Medway within the Thames Gateway Growth Area. There are 5 main towns in the area: Chatham, Gillingham, Rochester, Strood and Rainham, as well as significant rural areas.

- 1.24 According to the Office for National Statistics (ONS) mid-2013 population estimate, Medway's resident population is 271,105, an increase of 21,405 (8.6%) since 2001. The population has increased naturally every year since 2001, with 3,503 live births to women aged 11–49 years in 2013. However net out-migration since 2001 has reduced overall population growth over this period.



- 1.25 The majority of the population (85.9%) in Medway are classified as White British, with the next largest ethnic group being Asian or Asian British (5.0% - not including Chinese). The three wards with the most ethnically diverse school populations are Chatham Central, Gillingham South and River wards. Within these wards 70% to 75% of pupils are White and at least 7% have mixed parents. There are increasing numbers of Slovak and Polish pupils in our schools.
- 1.26 Medway is within the 41% most deprived areas nationally, but has some areas of affluence. The level of child poverty is worse than the England average with 21.2% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.
- 1.27 There are approximately 69,000 children and young people under the age of 19 in Medway (25% of the total population). Overall educational achievement is slightly higher than the England average with 5A\* - C

GCSE at 61.2%. Levels of teenage pregnancy, breastfeeding and smoking at time of delivery are worse than the England average.

- 1.28 In 2014-15, there were 5270 incidents recorded by Kent Police of domestic abuse in Medway. This is a 2.5% increase on 2012-13 where there were 5143 incidents which is lower than the increase in the previous year of 8.5%. Domestic abuse rates in Medway are higher than the Kent average rate per 1000 of the population.
- 1.29 At the end of March 2015 there were 474 children subject to a child protection plan which is more than double the number two years ago (224 in July 2013) and higher than the national average. At the end of March 2015 there were 434 looked after children compared with 380 at the end of March 2014 which is higher than the south east average.

## **Section Two – Governance and Accountability Arrangements**

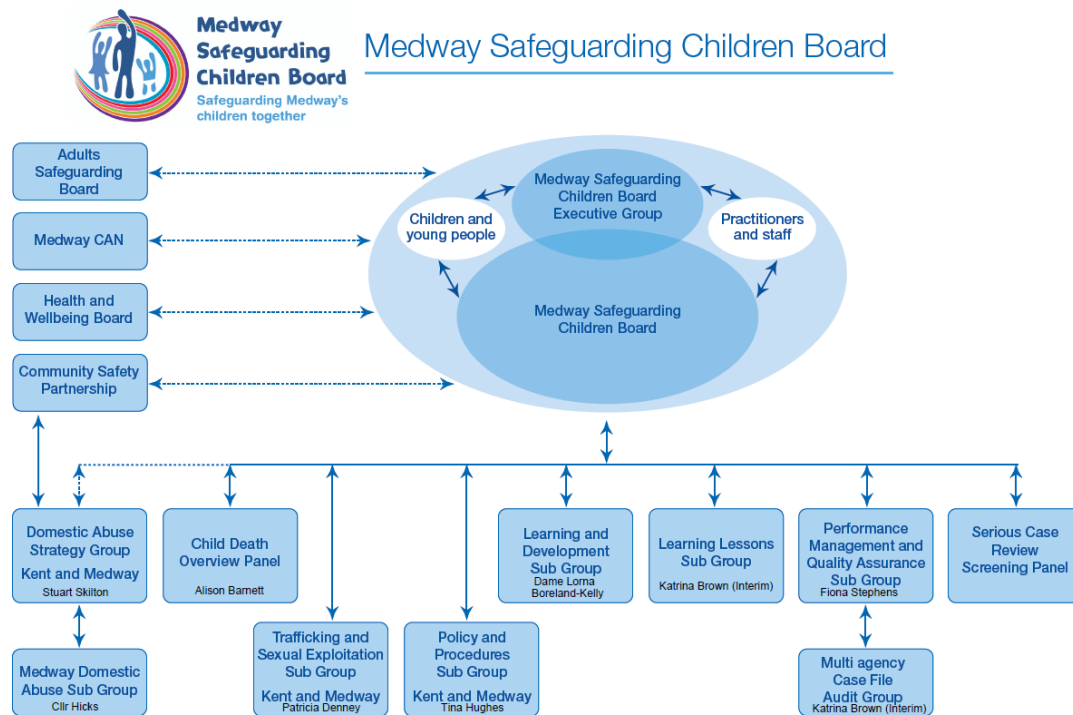
### **What is the Medway Safeguarding Children Board (MSCB)?**

- 2.1 Medway Safeguarding Children Board (MSCB) has been set up under the requirements of the Children Act 2004. MSCB is the key statutory mechanism for agreeing how the relevant organisations will co-operate to safeguard and promote the welfare of children in Medway and for assuring the effectiveness of what they do.
- 2.2 The main responsibilities for MSCB are defined under regulation 5 of the Local Safeguarding Children Board Regulations and include:
- developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures ;
  - communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children ;
  - monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve ;
  - participating in the planning of services for children in the area of authority; and
  - undertaking reviews of serious cases and advising the authority and their board partners on lessons to be learned.

### **MSCB Structure**

- 2.3 The MSCB comprises an Executive, a Board and a number of Sub Groups. The Executive is the main business forum ensuring MSCB maintains its main focus on the strategic priorities that impact on safeguarding and promoting the welfare of children in Medway. The day-to-day work of the Board is managed through the subgroup structure. The Executive, Board and its Sub Groups are supported by the MSCB Staff Team.

Figure 1 – MSCB Structure Chart (March 2015)



### Independent Chair

2.4 John Drew C.B.E. is the Independent Chair for the MSCB having taken over chairing the Board from Eleanor Brazil in December 2014. John chairs both the Executive and the Board meetings.

### Main Board

2.5 The Board agenda offers opportunities for information sharing and discussion, but also encourages questioning and challenge. Board members include representatives from:

- Police
- Health
- National Probation Service & Community Rehabilitation Company (CRC)
- Voluntary Sector
- Children's Social Care
- Youth Offending Team
- HMYOI Cookham Wood and Medway Secure Training Centre
- Schools and Colleges

## **Executive**

- 2.6 The key role of the Executive is to ensure that the MSCB maintains its main focus on the strategic priorities that impact on safeguarding and promoting the welfare of children in Medway. Membership of the Executive is made up of the Independent Chair of the MSCB and Board representatives from Medway Council; Kent Police; the National Probation Service; Kent, Surrey and Sussex Community Rehabilitation Company (CRC); and Medway Clinical Commissioning Group (CCG).
- 2.7 The Executive meet six times a year two weeks before each Board meeting. The Executive provide leadership and direction for the MSCB, ensure that the Business Plan is delivered and approve the agenda and papers for the Board.

## **Performance Management and Quality Assurance (PMQA) Sub Group**

- 2.8 The key roles of the Performance Management and Quality Assurance (PMQA) Sub Group are to review and scrutinise the safeguarding children performance across all MSCB member agencies, and monitor and evaluate the quality and effectiveness of safeguarding children activities undertaken by the agencies constituent to the Board and to advise on ways to improve. Responsibilities include monitoring effective safeguarding activity through annual single agency reports, establishing and maintaining the MSCB dataset, facilitating and monitoring the section 11 audits and monitoring multi agency audits. Section 11 audits are the MSCB's methodology for monitoring and evaluating the safeguarding arrangements in place across agencies in Medway.
- 2.9 In 2014-15, the work of the PMQA sub group included:
- Developing a more inclusive section 11 process, with a champions event to support challenge to partners
  - Establishing the multi agency MSCB dataset
  - Establishing a programme of annual safeguarding reports from all partners.
- 2.10 As a result of the work of this group, the MSCB now has a multi agency data set and is able to use the data to monitor trends and analyse activity more closely. We know from the section 11 audits that partners are committed to the safeguarding agenda, that they have clearly identified safeguarding leads and staff know who to go to with safeguarding concerns. We know that agencies are undertaking single agency audits which are reported in their annual agency reports to the group. Children's social care have reported their audits and in one of their audit cycles 90% were graded good or outstanding in relation to the effective and timely decision making. Areas requiring improvement for children's social care include supervision management oversight

and the use of chronologies, but the group is satisfied work is ongoing to improve these areas of practice.

### **Case File Audit Group (CFAG)**

- 2.11 The key roles of the Case File Audit Sub Group are to ensure there is a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice; to ensure lessons are learnt and improvement sustained through regular monitoring and follow up of action plans so that the findings from these reviews make a real impact on improving outcomes for children.
- 2.12 In 2014-15, the work of CFAG included:
- Increasing the number of audits being completed which amounted to 24 families and 73 children
  - Utilising a new case mapping method that better tells the story of what life is like for children in the families being audited and making learning more meaningful.
- 2.13 We know from the audits that there are high levels of successful and timely multi agency visits and that there are regular and timely child protection conferences taking place. As a result of the auditing work of the group further guidance has been provided for professionals to support them in making a referral to children's social care through the Children's Advice and Duty Service (CADS). A more detailed summary of the work of the Case File Audit Group is included below in Section 4.

### **Learning Lessons Sub Group**

- 2.14 The key roles of the Learning Lessons Sub Group are to ensure there is a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice; to ensure lessons are learnt and improvement sustained through regular monitoring and follow up of action plans so that the findings from these reviews make a real impact on improving outcomes for children. Responsibilities include commissioning reviews, reviewing action plans from SCRs, audits and other reviews to identify learning and support the dissemination of the learning.
- 2.15 In 2014-15, the work of the Learning Lessons Sub Group included:
- Developing a new process of referring cases to the MSCB where there is multi agency learning
  - Monitoring and signing off the completed action plans for two serious case reviews from 2013-14



- 2.16 As a result of the work of the group we know that the learning from the two serious case reviews undertaken in previous years has been implemented by all the relevant agencies. We also now have a better process in place for agencies to refer cases to the MSCB for review where there are learning opportunities for agencies and we are confident agencies are using this process.

### **Child Death Overview Panel (CDOP)**

- 2.17 Through a comprehensive and multidisciplinary review of child deaths, the Medway Child Death Overview Panel (CDOP) aims to better understand how and why children in Medway die and use the findings to take action to prevent other deaths and improve the health and safety of Medway children. The CDOP will identify opportunities to draw on what works and promote good practice; to ensure lessons are learnt and improvement sustained through regular monitoring and follow up of action plans so that the findings from these reviews make a real impact on prevention of future deaths.

- 2.18 In 2014-15, the work of CDOP included:

- Reviewing 21 cases – 12 expected and 9 unexpected
- Identifying that 5 cases had modifiable factors

- 2.19 As a result of the work of CDOP during the year, further advice has been provided to hospital staff on the handover process from midwifery to obstetrics around checking gestational age. The MSCB has also continued to offer safer babies training and provide information about the risks associated with sudden unexplained death in infancy, including co sleeping.

### **Learning and Development Sub Group**

- 2.20 The Learning and Development Sub Group ensures that appropriate safeguarding and child protection training is provided in Medway and that it meets local needs. This includes training provided by single agencies to their own staff and multi-agency training where, staff from different agencies come together to train. The MSCB has a role in monitoring and auditing single agency training to ensure that it is appropriate and is reaching the relevant staff. A key consideration is whether such training has 'reach', to all those who need safeguarding training, and 'impact'; informing and improving practice.

- 2.21 In 2014-15, the work of the Learning and Development Sub Group included:

- Developing (for implementation in 2015) an annual single agency "learning and development" reporting requirement to ensure quality assurance of opportunities
- Planning and organising the MSCB annual conference

- 2.22 As a result of the work of the group, over 1000 professionals received training during the year and delegates attending the training reported that following the training they were better able to support families and had a better knowledge around accessing services.

### **Kent and Medway Policy and Procedures Sub Group**

- 2.23 The Sub Group has the responsibility for co-ordinating the development of local multi-agency policies, procedures and guidance for safeguarding and promoting the welfare of children on behalf of both the MSCB and KSCB. This group is shared across both Medway and Kent because we continue to maintain a shared online procedures manual across both areas.

- 2.24 In 2014-15, the work of the Kent and Medway Policy and Procedures Sub Group included:

- Reviewing the online Kent and Medway Safeguarding Procedures

- 2.25 As a result of the work of this group professionals are able to access comprehensive and up to date guidance and safeguarding procedures. The group has also overseen the updates to the Medway Inter-agency Threshold Criteria to support professionals in identifying the levels of need and what support children may need.

### **Kent and Medway Child Sexual Exploitation and Trafficking Sub Group**

- 2.26 The purpose of this Sub Group is to reduce the incidence of Child Trafficking and Child Sexual Exploitation in Kent and Medway. The group covers both Kent and Medway to support joint working across both areas to trafficking and sexual exploitation. One of its principle objectives is to raise awareness and encourage the reporting of concerns about trafficked children and sexual exploitation. Responsibilities include the development and review of local procedures and risk assessment toolkits for CSE and trafficking and supporting learning and development opportunities focused on CSE.

- 2.27 In 2014-15, the work of the Kent and Medway Child Sexual Exploitation and Trafficking Sub Group included:

- Developing an action plan to address multiple national and local recommendations

- 2.28 As a result of the work of this group the MSCB has rolled out CSE training to over 80 professionals and trained 18 professionals to further roll out the training within their own agencies. There is better awareness and knowledge of CSE and how to use the CSE risk assessment toolkit which has been developed by the group.

## Key Relationships

- 2.29 A joint working protocol was agreed by the MSCB in September 2014 and approved by the Independent Chair. The protocol sets out a framework for effective joint-working between MSCB, the Medway Health and Wellbeing Board, Kent and Medway Safeguarding Adult Board, and the Medway Children's Action Network (CAN). As part of the protocol, it has been agreed that all strategic plans should have safeguarding as a cross cutting theme. Plans are in place to extend the protocol in early 2015-16 to include the Medway Community Safety Partnership.

## External Improvement Board

- 2.30 Medway Council and its partners have been working together under the guidance and oversight of an External Improvement Board, to improve services for children and families, in response to inspections of children's services in 2013.
- 2.31 The first Improvement Plan, 'Moving on Medway', was approved in September 2013. The Plan outlined what needed to be done by all partners to effect the necessary changes and improve the quality of services for children and families in Medway. This was followed by a revised and updated plan, agreed by the Improvement Board in April 2014.
- 2.32 The External Board has met monthly since July 2013, and is responsible for overseeing, challenging and supporting progress in relation to implementation of the Plan. The Independent Chair of the External Improvement Board, Jane Held, is responsible for reporting to the Department for Education (DfE) in order to provide confirmation of and confidence in sustained improvement within Medway.
- 2.33 The Chair of the MSCB has met the Chair of the External Board to discuss the transition of some of the current responsibilities of the Improvement Board and a plan for this transition of responsibility will be developed by the two Boards in 2015-16. All the MSCB Board meetings will have a standing agenda item on the work of the Improvement Board and some of the routine functions of the Improvement Board will begin to transfer to the MSCB during the year. There is already shared membership between the MSCB Board and the Improvement Board and the MSCB Independent Chair attends the External Improvement Board meetings. These actions will ensure that all MSCB members are kept up to date with the progress of children's services in Medway.

## **Attendance at meetings**

- 2.34 Key to the effectiveness of MSCB is regular attendance at meetings by members. The MSCB membership in terms of agencies represented has remained stable this year although there have been some personnel changes. The MSCB monitors attendance at meetings through the Executive and any organisations with regular non-attendance are challenged by the Independent Chair to ensure improved attendance. A table showing agency attendance at MSCB Board meetings is attached at Appendix Two.

## Section Three - Achievements

### Achievements against Priorities for 2014-15

- 3.1 In 2014 the MSCB set out its strategic plan for 2014 to 2017. The plan sets out six priority objectives for the three year period. A summary of the key activity against each of the priority objectives is below.

#### **Priority One: To improve the life chances of children living with family members with mental health, substance misuse or disabilities.**

- 3.2 Adult mental ill health, substance misuse, domestic abuse and disability are key features in cases nationally that become serious case reviews and is evident in at least 50% of cases where children are subject to a child protection plan. The combination of these factors can generate the most serious risks for children.
- 3.3 The MSCB has looked at the profile of neglect in Medway as it is recognised that other vulnerabilities may impact the care a child receives. In response to the need for consistent recording of incidents of neglect and to both measure and evidence the level of neglect children are experiencing the MSCB agreed to the introduction of a Medway Graded Care Profile as a tool designed to give an objective measure of the care of children across all areas of need. The MSCB will be rolling out an Medway Graded Care Profile tool in 2015-16.
- 3.4 The MSCB Case File Audit group continue to review a variety of cases. The theme of audits this year was mostly children on plans for 15 months or more, but towards the end of the year the group began to look at cases where there were complex needs. This included domestic abuse, substance misuse and mental health. The reviews found that families worked well with professionals that were constant during their engagement with a service, high levels of successful and timely multi agency visits and regular and timely initial and review conferences. The challenges identified included how well professionals understood the impact parental difficulties and diagnoses have on their ability to parent, and in turn what life was like for a child within that family. Regular audit reporting to the Performance Management and Quality Assurance Subgroup demonstrates the right decisions are being made at assessment and that assessments are of good quality and consider all aspects of a child's life.
- 3.5 The audits also demonstrated a learning need for professionals to understand the presentation and impact of additional vulnerabilities in the home. As a result, the Learning and Development sub group have begun developing a learning package for working with families with complex needs which will be rolled out in 2015-16.
- 3.6 During 2014-15, the MSCB has worked with the Drug and Alcohol services for both young people and adults to promote the services

amongst professionals in Medway and promote stronger joint working. A taster session is also planned for early 2015-16 around substance misuse. These 'taster' sessions are two hour training sessions designed to be more accessible to a wider number of professionals who may not be able to attend longer sessions.

- 3.7 The Medway Inter-Agency Threshold Criteria for Children in Need was updated in 2014-15 to reflect the changes to the Children's Social Care front door and the development of the Children's Advice and Duty Service (CADS). The guidance for professionals clarifies the circumstances in which to refer a child to a specific agency to address an individual need, to carry out a Common Assessment Framework (CAF) or refer to Children's Social Care. The MSCB has planned a number of workshops to promote the revised thresholds for early 2015-16.

**Priority Two: To develop and implement a strategy for co-ordination and provision of support for children subject to, or at risk of, Sexual Exploitation**

- 3.8 During the year, the issue of Child Sexual Exploitation (CSE) has been highlighted in the media following events in Rotherham and the publication of the Jay and Casey reports. Tackling CSE is a major priority for the Board and in May 2014, the MSCB commissioned an Independent Review by John Harris and used the recommendations to inform the MSCB Business Plan 2014-17. Some of the main recommendations from the review included:
- The Kent and Medway trafficking and child sexual exploitation group should develop a CSE action plan
  - Medway should establish arrangements for data capture and agree a CSE performance data set
  - A named lead for CSE should be agreed along with a network of named CSE champions from partner agencies
  - The experiences of young people who have been victims of CSE should be used to inform work with young people who are currently at risk of exploitation.
- 3.9 The MSCB and KSCB Trafficking and Sexual Exploitation group have launched a CSE Strategy, CSE Procedures and Risk Assessment Toolkit for use by all professionals. In February 2015, the Board approved a MSCB CSE Protocol that has been developed to complement the Kent and Medway Strategy, Policy and Action Plan. The Protocol aims to help multi agency partners work together where a young person requires input from services and sets out the framework for joint working.
- 3.10 The MSCB has run a number of training sessions on CSE throughout 2014-15. In total, 84 professionals have attended the MSCB CSE training during the year. The MSCB also held a CSE Train the Trainers

session attended by 18 professionals to enable MSCB to widen its Learning and Development pool so that it can provide further multi agency CSE. The Train the Trainer session also provided an opportunity for agencies to enable their staff to provide CSE training within their own agencies.

- 3.11 Delegates who have attended the training have reported that the training has enabled them to use the procedures and CSE toolkit in practice and to support colleagues to use the toolkit and knowledge around CSE.
- 3.12 A new and innovative CSE project has been identified through funding from the Police and Crime Commissioner to prioritise CSE within the police force and a multi agency co located CSE Unit is being established at Kent Police Headquarters. This unit will be the conduit for intelligence and information and will enhance not only our understanding and practice around CSE but ensure that themes and areas of concern are readily addressed and young people are supported by the right professional and agency. It will be a point of contact of concern around young people and ensure that any information is multi agency and shared to prioritise and safeguard. As part of the team a data analyst will be analysing information and data will be included in the MSCB data set and enable resources and services to be shaped. The unit will be in place from the 1 August 2015 with different personnel from partner agencies joining the unit. It is anticipated the unit will be functioning fully around October 2015.
- 3.13 As part of the pathways of CSE Medway have established their Multi Agency Sexual Exploitation (MASE) Group which is a strategic group of senior managers across the partnership to ensure that the Kent and Medway CSE Strategic plan and priorities are being addressed and will receive information from the CSE Unit.
- 3.14 As a further addition it is intended that a panel is established to be the operational arm of assessing and discussing individual cases to ensure that we are capturing and supporting individuals who may be at risk of child sexual exploitation. This group will feed into the strategic group to ensure accountability and support where there may be resource and barriers to affecting outcomes.
- 3.15 The MASE group chaired jointly by the Police and the Assistant Director of Children's Social Care will report to the MSCB on a regular basis to ensure that the Local Authority and its partners are fulfilling their duties in safeguarding Medway children and young people.

**Priority Three: Educate children and young people to recognise risk factors to their own, and to their peers, safety and well being**

- 3.16 The MSCB recognises the importance of hearing the voice of children and young people in Medway and has been seeking different ways of

ensuring their voice is heard and influences the work that is undertaken.

- 3.17 Over the last year, forums have been held to enable young people to contribute to and influence the work of the MSCB.
- 3.18 Throughout 2014-15, Board meetings have started with a “voice of the child” item and MSCB has facilitated a number of forums and workshops to engage young people. This has included a Video of Poems presented by the Young Lives Foundation and a presentation of a DVD on stigma by the Young Lives Foundation and Medway Children in Care Council. The Young Lives Foundation and Children in Care Council presented their DVD to the Board in July 2014 highlighting that stigma was a big issue for a young person in care.
- 3.19 Young people from Medway Youth Trust also facilitated a workshop at the MSCB Annual Conference in June 2014.
- 3.20 Two workshops have been held with approximately 40 students of various ages studying health, social care and children’s care at different levels at Mid Kent College. The responses from the young people will support the MSCB going forward in the materials published for young people, the development of the MSCB website pages for young people and content and methods of future work streams looking at how we educate young people around vulnerabilities and how they can educate professionals in return under the MSCB priorities.
- The young people reported that they knew there were services locally for them and that they had been identified at school and again at college
  - The students felt that young people might know that there are these services but not always know how to access them, or what times they are open or what to expect.
- 3.21 The Board also received a report on the annual conference of the Medway Youth Parliament held in October 2014 titled ‘In the Shadows: The truth about exploitation’. The overarching theme of the conference was Human Abuse and Modern Slavery and workshops were held covering Female Genital Mutilation and Domestic Abuse.
- 3.22 In order to embed the engagement of young people further into the work of MSCB, the Board is setting up a Young Person’s Safeguarding Panel for 2015-16 to enable young people to have a platform where they can raise issues and concerns around safeguarding in a way that enables them to have a direct link to MSCB. The group will include representatives from the Youth Parliament, Children in Care Council, Care Leavers Group, Children’s Disability Group, Mid Kent College and Medway Youth Trust. The Panel will also engage with the new MSCB Lay Members.



- 3.23 The formation of the Young Person's Safeguarding Panel should further facilitate consultation and involvement of young people in the development of the business plan and activities of the Board and greater focus on issues affecting young people.

**Priority Four: To reduce the negative impact on children and young people who live with Domestic Abuse**

- 3.24 There is good MSCB representation on the multi agency domestic abuse groups in Medway and in Kent. The Kent and Medway Domestic Abuse Strategy Group (KMDASG) published its three year multi-agency strategy in October 2013 and the Domestic Violence co-ordinator provides update reports on the strategy and progress against the delivery plan to the MSCB Board.
- 3.25 The Domestic Abuse Strategy identifies four key objectives:
- Preventing Abuse – To prevent domestic abuse from happening in the first place by challenging the attitudes and behaviours which foster it and intervening early to prevent it
  - Provision of Services – Provide adequate levels of support when domestic abuse occurs
  - Justice Outcomes and Risk Reduction – Take action to reduce the risk to domestic abuse victims and ensure that perpetrators are brought to justice
  - Partnership Working – Work in partnership to obtain the best outcomes for those affected by domestic abuse and their families.
- 3.26 The MSCB supported the Medway Domestic Abuse Forum annual conference and co-facilitated a workshop regarding adolescents and domestic abuse.
- 3.27 As part of the Children and Young People's group of the Kent and Medway Domestic Abuse Strategy Group the MSCB supported the publication of an "Adolescent to parent violence" booklet for parents who experience violence from their adolescent children.
- 3.28 To support professionals to reflect upon national and local learning the MSCB facilitated learning sessions from local and national SCR's, inclusive of domestic abuse specific learning for multi agency professionals and to the Medway Domestic Abuse Forum. In addition, the MSCB has continued to facilitate training on Domestic Abuse and Safeguarding Children and Domestic Abuse, Stalking Harassment and Honour Based Violence attended by over 120 in the year. The MSCB has also promoted e-learning for professionals around Female Genital Mutilation (FGM) and has supported the Medway Youth Parliament to deliver a twilight session with schools.

- 3.30 During 2013-14, the MSCB introduced a process of Domestic Abuse Notifications (DAN's) being shared with the relevant school to ensure they are able to respond appropriately. With the changes this year to the Children's Social Care front door, the MSCB has sought assurances that the process is working allowing schools to respond appropriately. During 2015-16 a review of the process will be undertaken to look at the impact this has had on children and young people.

**Priority Five: To develop understanding of factors that make children and young people more vulnerable aged 11 and over**

- 3.31 It is important that professionals recognise the importance of factors that make children and young people vulnerable at various stages in their development, and the changes in practice required at the life stages to support effective engagement and service provision. It is also important to recognise the barriers that young people have to accessing services.
- 3.32 During 2015-16, the MSCB will work with the Young Persons Safeguarding Panel to understand what is perceived by young people as increasing their vulnerability and work with them and services to provide appropriate input to reduce this. In particular the young people will be developing a young people's campaign to support raising awareness of domestic abuse with children and young people to ensure they understand what constitutes positive relationships and how to seek support with issues when necessary.
- 3.33 The Prevent Duty Guidance (under the Counter-Terrorism and Security Act 2015) was released by the Government in March 2015 which places a duty on schools, and other agencies to "have due regard to the need to prevent people from being drawn into terrorism". While it remains rare for children and young people to become involved in terrorist activity, young people from an early age can be exposed to terrorist and extremist influences or prejudiced views, so early intervention is key.
- 3.34 In Kent and Medway there is already a multi-agency Prevent Board to co-ordinate Prevent activity. Schools, working with other local partners, families and communities, play a key role in ensuring young people are safe from the threat of terrorism. During 2014-15, the Board agreed to contribute funding to roll out Prevent training within schools and a working party of secondary heads has been set up to develop a programme of training to be delivered in schools.
- 3.35 During 2015-16 the MSCB will be hosting workshops to continue to raise awareness of Prevent. Prevent will be incorporated into all multi agency safeguarding training and the MSCB will monitor how agencies

are implementing the Prevent agenda and preventing young people from being drawn into terrorism through the Section 11 audit.

### **Priority Objective Six: MSCB Communications**

- 3.36 The MSCB holds an annual conference which in 2014 focused on young people aged 11 plus. The conference was attended by over 100 professionals and included a number of workshops covering self harm and mental health; domestic abuse and young people and child sexual exploitation. Young people from Medway Youth Trust facilitated a workshop on engaging and working with young people and the conference also featured a drama performance by young people from Greenacre Academy and Strood Academy.
- 3.37 In the last year the MSCB has re-branded with a new logo designed by young people to ensure it is seen as accessible to children and young people, in addition, the MSCB website has also been redesigned. The MSCB has continued to publish a regular bulletin to ensure professionals are kept up to date with relevant policy, news, and training events.

### **Other Activities of the Board**

#### **Early Help**

- 3.38 There is a strategy for early help which aims to meet the needs of children and families effectively when problems and concerns are first identified, in order to reduce the number of children and young people requiring more intensive levels of service. The Medway CAN (Community Action Network) is leading on the development of the Strategy and its implementation which has been approved by the MSCB.
- 3.39 The strategy sets out the vision, principles and long term aims for early help in Medway and establishes a timetable for establishing a robust preventative and responsive system:
- Stage one – building a strong, multi agency, infrastructure, so that better support is offered to children, young people and families who require it and to enable systematic monitoring and evaluation
  - Stage two – a needs analysis that proposes priority areas for action
  - Stage three – developing and commissioning a preventative system
- 3.40 Stage one is progressing well, with a single system for supporting good early help assessments (including a multi agency panel) and enhanced support for Common Assessment Framework (CAF) coordinators, to improve the quality of interventions. The CAF is a process for gathering and recording information about a child where a professional has a concern, and can help to identify if a child or young person needs

some extra help. Combining the capacity of the Medway Action for Families (MAfF) Business Unit and the CAF team will enable effective monitoring and recording of progress and outcomes. This system will be in place by September 2015. MAfF is Medway's response to the Government's national Troubled Families framework. It was introduced in December 2010 with a commitment to turn around the lives of 120,000 of the country's most troubled families by 2015. A recent expansion of the programme has identified a further 400,000 families to be turned around by 2020 nationally.

- 3.41 Stage two is underway. Agreement about a whole system early help offer during the summer will directly inform an outcomes framework, by September 2015; and a joint commissioning plan, which is expected to be complete by November 2015.
- 3.42 Emerging priorities from the needs analysis are:
- Domestic abuse
  - Emotional health and wellbeing
  - Raising aspirations; and
  - Language and discourse

Medway CAN is currently defining what needs to happen at each key stage (Early Years; Early Adolescence; Transition to Adulthood), to establish a joint action plan that will inform commissioning. This will include strengthening the universal and community offer.

- 3.43 The MSCB will consider the recommendations in the needs analysis during 2015-16 and will receive quarterly reports on performance.
- 3.44 CAF is used by most early help practitioners. There is a comprehensive programme of training and a strong and engaged network of lead professionals.

### **The Common Assessment Framework**

- 3.45 In 2014-15, 688 CAFs were registered for children and young people in Medway. This represents a 10% decrease in the number of CAFs compared to 2013-14.
- 3.46 The table below shows the number of CAFs completed by agency over the last four years. Some of the key issues are:
- Education continued to initiate the majority of CAFs, with primary school continuing to register the highest percentage of CAFs (with a decrease of 10%)
  - The Family Support Service was formed in July 2014 and began to register CAFs
  - Numbers of CAFs initiated by Early Years/Nursery/Pre-School doubled in the year

- There is a growing understanding that CAF assessments are for all siblings living in the same household, not just for individual children. This supports co-ordinated multi-agency working with families

### CAFs completed by agency/institution during 2011/2012 - 2014/15

| Organisation                      | 2011/<br>2012 | % of all<br>CAFs* | 2012/<br>2013 | % of all<br>CAFs* | 2013/<br>2014 | % of all<br>CAFs* | 2014/<br>2015 | % of all<br>CAFs* |
|-----------------------------------|---------------|-------------------|---------------|-------------------|---------------|-------------------|---------------|-------------------|
| Adult Services                    | 1             | 0                 | 0             | 0                 | 0             | 0                 | 0             | 0                 |
| Attendance Advisory Service AASSA | 1             | 0                 | 4             | 1                 | 1             | 1                 | 3             | 1                 |
| Autism Outreach Team              | 4             | 1                 | 0             | 0                 | 0             | 0                 | 0             | 0                 |
| Children's Centres                | 54            | 11                | 40            | 7                 | 58            | 8                 | 42            | 6                 |
| Children's Services               | 7             | 1                 | 4             | 1                 | 25            | 3                 | 37            | 5                 |
| Connexions                        | 2             | 0                 | 1             | 0                 | 0             | 0                 | 0             | 0                 |
| Disabled Children's Team          | 29            | 6                 | 74            | 12                | 0             | 0                 | 0             | 0                 |
| Early Years/Nursery/Pre-School    | 2             | 0                 | 6             | 1                 | 10            | 1                 | 23            | 3                 |
| Education Independent             | 1             | 0                 | 1             | 0                 | 0             | 0                 | 3             | 1                 |
| Education Primary                 | 229           | 45                | 238           | 43                | 404           | 53                | 284           | 41                |
| Education Secondary               | 91            | 18                | 100           | 18                | 121           | 16                | 99            | 14                |
| Education Special/PRU             | 22            | 4                 | 19            | 3                 | 15            | 2                 | 18            | 3                 |
| Family Support Service            |               |                   |               |                   |               |                   | 87            | 13                |
| Health - Community HealthCare     | 15            | 3                 | 27            | 5                 | 67            | 9                 | 62            | 9                 |
| Health - CAMHS                    |               |                   |               |                   | 2             | 0                 | 2             | 0                 |
| Health - Foundation Trust         | 13            | 3                 | 18            | 3                 | 16            | 2                 | 4             | 1                 |
| Health - KMPT                     | 0             | 0                 | 15            | 3                 | 12            | 2                 | 0             | 0                 |
| Health - NHS Medway               | 0             | 0                 | 0             | 0                 | 1             | 0                 | 1             | 0                 |
| Housing Providers                 | 0             | 0                 | 0             | 0                 | 0             | 0                 | 0             | 0                 |
| Integrated Prevention Service     | 13            | 3                 | 8             | 1                 | 17            | 2                 | 10            | 1                 |
| Integrated Teams                  | 0             | 0                 | 0             | 0                 | 0             | 0                 | 0             | 0                 |
| JobCentre Plus                    | 2             | 0                 | 0             | 0                 | 0             | 0                 | 0             | 0                 |
| KCA                               | 1             | 0                 | 1             | 0                 | 4             | 1                 | 0             | 0                 |
| Medway Action for Families (MAfF) |               |                   |               |                   | 8             | 1                 | 12            | 2                 |
| NSPCC                             | 0             | 0                 | 0             | 0                 | 0             | 0                 | 0             | 0                 |
| Police                            | 10            | 2                 | 0             | 0                 | 0             | 0                 | 0             | 0                 |
| Probation                         | 0             | 0                 | 0             |                   | 0             | 0                 | 0             | 0                 |
| Youth Inclusion and Support Panel | 1             | 0                 | 0             | 0                 | 0             | 0                 | 0             | 0                 |
| Youth Offending Team              | 0             | 0                 | 0             | 0                 | 1             | 1                 | 1             | 0                 |
| Youth Service                     | 6             | 1                 | 3             | 1                 | 0             | 0                 | 0             | 0                 |
| No organisation recorded#         |               |                   |               |                   | 5             | 1                 | 0             | 0                 |
| <b>TOTAL CAFs</b>                 | <b>504</b>    |                   | <b>559</b>    |                   | <b>767</b>    |                   | <b>688</b>    |                   |

\*Rounded to whole numbers

#No organisation recorded in Frameworki

[Source: Medway Action for Families Team]

3.47 Throughout 2014/15 support for CAF Assessors and Lead Professionals was prioritised by the CAF team and continued to be provided at every stage of the CAF process as capacity allowed.

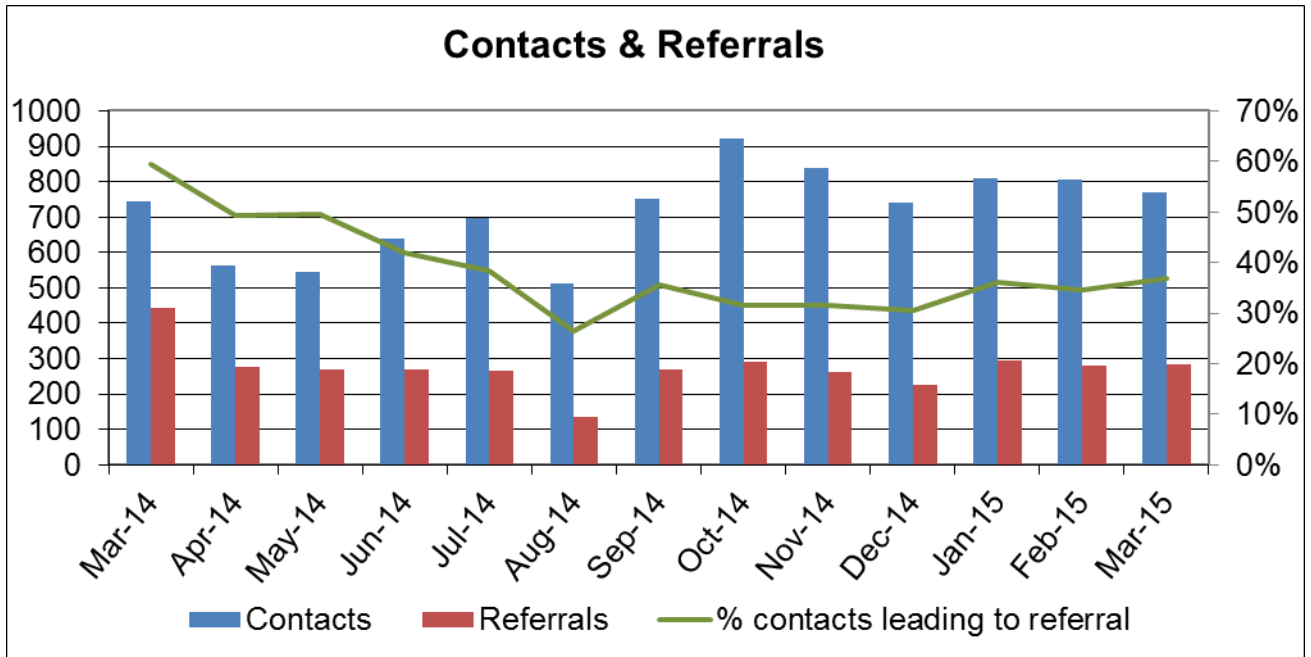
- 3.48 The Step Down to Team Around the Family (TAF) process was reviewed in February 2015. Step Downs can be an outcome from a Child and Family Assessment, or from a final Child in Need meeting. Joint training was provided by the Children's Workforce Trainer and the Social Care Systems Trainer. The Step Down to TAF process ensures that, if a family consent, a smooth handover can be made to a CAF Lead Professional from a universal service and there is a TAF which will include the child/young person and family.
- 3.49 Four CAF Lead Professionals meetings were held in 2014/15 to provide CAF updates, networking opportunities and increase knowledge of local services, with a range of speakers from different partner agencies.
- 3.50 Quality CAF multi-agency training was provided regularly by the CAF team's Children's Workforce Trainer. Eleven multi-agency training sessions were run from April 2014 to March 2015, plus two sessions specifically for the new Family Support Service keyworkers and team leaders. Training and updates were also provided in team meeting etc. as requested.
- 3.51 In 2015/16 the CAF team will be working to support the development of and implementation of the Early Help Strategy, ensuring that all services working with children and families recognise that they are part of the of the early help workforce and supporting increased co-ordination of support. Investment has been made to increase the capacity of the team which will expand from one CAF Co-ordinator, one Integrated Processes Officer and trainer to four Early Help Co-ordinators and an Early Help Framework and Integrated Family Support Service Trainer. An Early Help Panel with representatives from a wide range of services will add another source of co-ordination, resource allocation and identification of needs in Medway. This will further inform service commissioning.

### **Children's Social Care**

- 3.52 In July 2014, upon completion of an externally commissioned piece of research undertaken by Professor David Thorpe, a new model of operating the Children's Social Care front door, renamed the Children's Advice and Duty Service (CADS), based on collaborative professional conversations, a live scrutiny of data, and a 'never do nothing' approach, was introduced. This service now includes 2 full time police officers who are co located with CSC teams.
- 3.53 This has led to a reduction in percentage of referrals and assessments converting from contacts, and a much improved rate of assessments completed within the 45 day timescales. This is considered to be good important because the timeliness of an assessment is a crucial element of the quality of that assessment and the outcomes for the child.

3.54 Figure 1 below looks at the number of contacts received by month and the proportion subsequently leading to a referral. The reduction in the proportion of contacts resulting in a referral continues to be clearly demonstrated and performance is now much more in line with other authorities.

Figure 1



3.55 Analysis of the source of referrals has shown a significant increase in the proportion of referrals from schools. For Q3 2014/15, 36% of all referrals were from schools. This compares to 19% for Q2 2014/15, 14% for Q1 2014/15, and 15% for the whole of 2013/14.

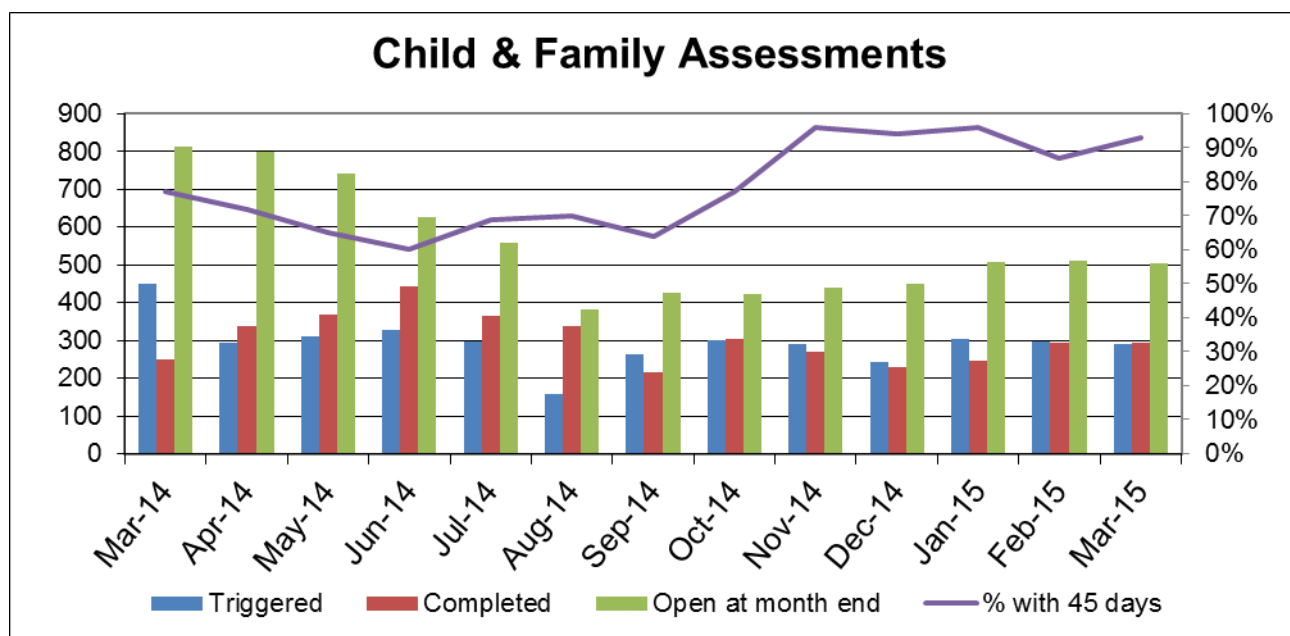
3.56 Discussions between the service and schools based on analysis of this data has highlighted that generally schools feel more confident about the response they will receive from CADS, even where that response is to say that an assessment will not be undertaken. Calls from schools are genuine concerns in relation to children where an appropriate response is agreed that is proportionate to the child's needs at the time of the call.

3.57 The increase in referrals from schools is, therefore, felt to be appropriate and reflective of the confidence of schools in the service offered.

3.58 Performance against the target for child and family assessments completed within 45 days has been consistently above target since November 2014, as shown in figure 2 below. Performance in March was 93% against a target of 80%. Whilst the performance for the year 2014/15 was below target at 77%, this was due to poor performance in the first half of the year.

- 3.59 Medway's performance for Q3 was 88%, compared to a South-East benchmarking average of 78%. The average national performance for 2013/14 against this indicator was 82.2%.

Figure 2



### Children subject to a Child Protection Plan

- 3.60 At the end of March 2015, there were 474 children subject to a Child Protection Plan in Medway. This is more than double the number two years ago (224 in July 2013) and higher than the national average and other authorities in the south east. However the number has stabilised since January 2014. The reasons for this have been explored; an increase in numbers of families who had previously been unable to access family support accompanied by clearer oversight and application of thresholds. The MSCB will continue to monitor this throughout 2015-16. It is anticipated that there will be a reduction in the number of children subject to a child protection plan by the end of 2015-16. The focus on early intervention for children, young people and their families and the development of work around early help will ensure that a family's needs are met much earlier.
- 3.61 The proportion of child protection plans reviewed within the required timescales ended the year at 96.1% which is higher than the England average of 94.6% in 2013-14 and ensures that momentum and progress is maintained to help keep children safe. The percentage of plans lasting two years or more when closed for 2014-15 was 5.2%. Overall, performance for this indicator has been better than the target of 8%, however, the national average for 2013-14 was 4.5%.

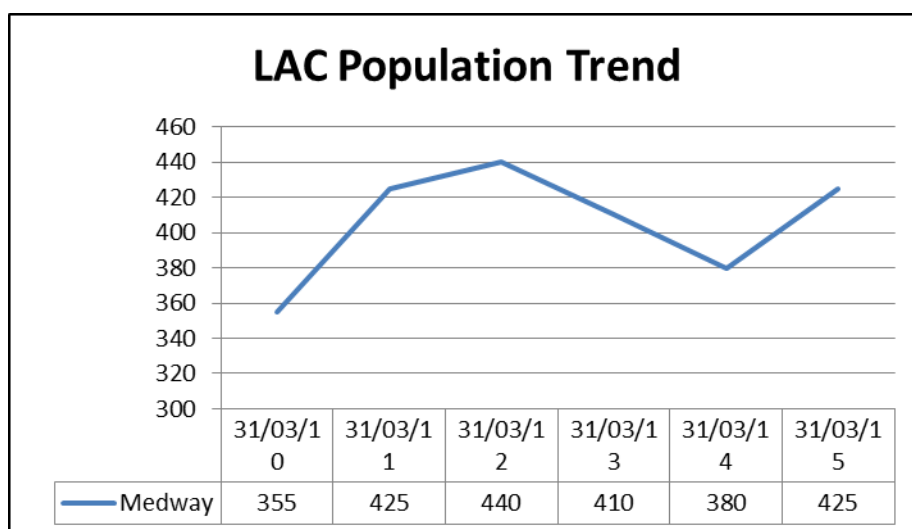


3.62 The introduction of the 'Strengthening Families' model within Child Protection Conferences has been welcomed by partners and in particular families, and is supporting a 'smarter' approach to child protection planning, more concise format for child protection plans and minutes and includes the families in identifying their strengths and risks which in turn ensures children are better safeguarded. The 'Strengthening Families' model of child protection conferences was introduced in October 2014 and aims to establish a partnership between families and professionals, so that they will cooperate and work towards mutually agreed goals. Families attending 'Strengthening Families' conferences are actively involved and the model helps all participants assess risk more effectively and accurately. Compared to 2013-14, more children aged 12 or over have participated in child protection conferences. This has increased from 83% in 2013-14 to 87% in 2014-15. Actual attendance at child protection conferences for children aged over 12 was 28% for 2014-15. Additionally the Strengthening Families framework is being increasingly rolled out into other key Social Work activity and documents e.g. Children and Family Assessment, Core Groups and CIN meetings and supervision

### Looked After Children

3.63 MSCB continues to monitor the safeguarding arrangements for looked after children. The Board scrutinises the Annual Report of the Independent Reviewing Officers (IRO) Service and the Performance Management and Quality Assurance (PMQA) sub group reviews data on looked after children in the MSCB quarterly dataset.

3.64 The numbers of looked after children in Medway dropped between 2012 and 2014. During 2014-15 numbers have risen, following an improved focus at the front door and an associated rise in numbers of children in pre-proceedings and proceedings.



3.65 This is illustrated in the rise in the Looked After Children rate per 10,000 which has been growing steadily all year; the rate as at March 2015 was 68.5 which is higher than the rate of 61 at March 2014, a 7.5

per 10,000 increase. The South East benchmark data suggests the region adjusted average has only grown slightly.

- 3.66 The rise in numbers of cases subject to care proceedings, including pre-proceedings, has challenged services across the council, but processes and additional resources for supernumerary staffing, have been put in place to robustly monitor this work and ensure cases are prioritised appropriately.
- 3.67 An external review of the services to Looked After Children, evidenced effective work on individual cases, child focused work, a range of resources to support children in care, and positive work with the Children in Care Council.
- 3.68 A Looked After Children's Strategy 2015-2018 has now been signed off, and is supported by a service action plan which will be monitored by the Corporate Parenting Board.
- 3.69 Support for Care Leavers has been the focus of a Children and Young People's Overview and Scrutiny Committee Task Group, and a report with a comprehensive set of recommendations around improving outcomes for this cohort has been produced which will inform priority actions for 2015-16.
- 3.70 The Leaving Care Team is now fully operational and work has been done with the commissioning service to review accommodation provision for this group of young people and develop a commissioning strategy and action plan.

### **Safeguarding Children Missing from Care and Home**

- 3.71 Children and young people who go missing from home and care can place themselves, and others, at risk. The reasons for their absences may be varied and complex and cannot be assessed in isolation from their home circumstances and experiences. Children and young people (up to the age of 18) who run away or go missing from home or care, face a range of immediate and long term risks including risk of sexual exploitation.
- 3.72 The Local Authority Missing Children Co-ordinator, now based within the Children's Advice and Duty Service (CADS), works in partnership with all key stakeholders (police, education, youth offending team, Children's Social Care), young people and their family or carers to assess needs and risk when a child or young person has been reported as a missing person, co-ordinating responses and ensuring early intervention, through the facilitation of Return Interviews in order to reduce the prevalence of missing episodes, to improve outcomes for children and young people.
- 3.73 Missing incidents are recorded for all children resident within the Medway boundary, including looked after children placed by other

authorities in Medway and Medway's looked after children placed outside of Medway.

- 3.74 In 2014-15 there were 1271 incidents of missing children. This compares to 860 incidents in 2013-14. The chart below illustrates the continuing upward trend in numbers. Because of slight variations in the definition of missing children used by Kent Police, the number of missing children incidents across Medway and Kent cannot be compared 'like for like' with other authorities.

### Medway Missing Children Incidents (includes Medway LACs resident outside of Medway)

|      | Jan     | Feb     | Mar     | Apr     | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total Incidents |
|------|---------|---------|---------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----------------|
| 2011 | No data | No data | No data | No data | 37  | 70  | 89  | 85  | 78  | 77  | 79  | 49  | 564             |
| 2012 | 72      | 51      | 69      | 41      | 77  | 75  | 62  | 42  | 55  | 76  | 81  | 55  | 756             |
| 2013 | 48      | 63      | 70      | 90      | 70  | 101 | 90  | 72  | 67  | 82  | 69  | 46  | 868             |
| 2014 | 46      | 44      | 83      | 67      | 109 | 99  | 138 | 127 | 111 | 106 | 119 | 83  | 1132            |
| 2015 | 97      | 106     | 109     | 96      | 120 | 117 |     |     |     |     |     |     | 645             |
|      |         |         |         |         |     |     |     |     |     |     |     |     | 3965            |

| Key    |
|--------|
| 0-60   |
| 61-90  |
| 91-140 |

- 3.75 Quarterly data on missing children is included in the MSCB dataset and includes a breakdown of the number of children the missing incidents refer to; the number of missing looked after children, the number missing more than 24 hours and the numbers of children who have gone missing more than 3 times.
- 3.76 A positive working relationship exists with Kent, resulting in a marked improvement in the exchange of Return Interviews between the two authorities. Relationships have been developed with other authorities who have placed their looked after children in Medway, which ensures the timely receipt of Return Interview information into Medway and onwards to Kent Police in order to assess their risks.
- 3.77 The Kent Police Missing Children Co-ordinator hot-desks in both the Children's Social Care offices and Medway Police Station. In 2015, briefing sessions were provided to all five neighbourhood teams of police officers in relation to the "follow up visits" and the Return Interview process. This means that over 100 police officers now have a better understanding of the value of their work and how it helps to inform the work of Children's Social Care.

- 3.78 Police Community Support Officers have also been given a presentation on the Return Interview process by the Missing Children Co-ordinator. This presence within the police environment has enabled the Missing Children Co-ordinator to continue to work closely with the Kent Police Missing Person Liaison Officer on the premises, as well as developing close working relationships with officers and PCSOs in order to react quickly to queries from officers but also to clarify information on missing children reports.
- 3.79 The upward trend in missing incidents is of concern, but the prompt identification of incidents should be viewed as an opportunity to assess need and appropriate intervention in a timely manner.
- 3.80 For the financial year 2014/15, an average of 27% of incidents were for children placed in Medway by other local authorities peaking at 35% in August 2014. Their incidents are recorded by Medway Council but responsibility for intervention lies with the placing authority. Medway's looked after children accounted for 29% of missing incidents for the year.
- 3.81 Case notes and missing children episodes are recorded in a timely manner, generally within 24-48 hours, ensuring that up to date information is available. Missing children incidents coming to the attention of children's social care (CSC) for the first time can sometimes coincide with a police referral or self-referral into CADS and prompt Return Interviews can assist with the decision-making process.
- 3.82 During 2015-16, Medway needs to build on its excellent recording and reporting processes by ensuring that Return Interviews for its under-18 residents are carried out in a timely manner (within 72 hours of return), in accordance with the guidance.

### **Private Fostering**

- 3.83 MSCB monitors the arrangements in place for privately fostered children in Medway. The Performance Management and Quality Assurance (PMQA) sub group receives the local authority private fostering annual report to scrutinise the arrangements the local authority has in place to discharge its duties in relation to private fostering.
- 3.84 Medway Council has a dedicated part time post located within the Fostering Service. This post assesses the suitability and safety of these placements and supports children and young people subject to these arrangements.
- 3.85 There were 27 notifications of Private Fostering arrangements in the year 2014 –15 compared with 32 in 2014-15. There has been a gradual increase in notifications of Private Fostering arrangements in Medway

since 2005 when statistics were first recorded in Medway despite the slight drop last year.

3.86 Developments of the service for children and carers during 2014/15 include:

- Feedback from private foster carers gathered annually
- Feedback from young people is gathered annually and is very positive –average of 9/10 scored in terms of child’s assessment of service
- Statistics on Notifications sources/ make up/ are analysed annually
- Outcomes for young people are assessed and collated
- Annual Reviews are undertaken
- Carers Supervision /Support Reviewed Annually
- Support for Carers has been offered through Group Meetings
- Pathway Plans introduced to smooth transition period for young people
- Passport to Sport for young people to help them stay healthy and fit
- Free entry to Leeds Castle for carers and their family

3.87 Within Medway the number of notifications has been rising through the years despite the slight drop last year. It has been reported nationally that awareness-raising campaigns are not having the intended impact, either on the public or professional groups, and that new promotional activity needs to be explored.

3.88 Nationally, there is some evidence that information delivered personally has a positive impact on notification rates. Thus the co-location of the service within the Fostering service and accessing training amongst a range of partner agencies and other professionals has proved to be the most effective means of raising awareness.

### **Allegations against Staff**

3.89 Local Safeguarding Children Board’s (LSCB’s) have responsibility for ensuring that effective inter-agency procedures are in place for dealing with allegations against people who work with children, and monitoring and evaluating the effectiveness of those procedures.

3.90 The duties of the LSCB, partner agencies and the role of the LADO (Local Authority Designated Officer) are set out in Chapter 2 of the updated Working Together Guidance issued in March 2015, in respect of any allegation that a person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates that he or may pose a risk of harm to children

3.91 Allegations may relate to the person's behaviour at work, at home or in another setting.

3.92 281 referrals and consultations were reported to the LADO service during 2014-15. This is a **53% increase** in referrals and consultations compared with the previous 12 months. Most of this has occurred within the last 6 months of this reporting period. The increase in referrals, particularly from education is a positive thing and is believed to be linked to the increased awareness of the need to report issues to the LADO team.

| Year         | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Total      |
|--------------|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-----|------------|
| <b>13/14</b> | 11    | 14  | 20   | 11   | 18  | 18   | 10  | 21  | 10  | 16  | 18  | 17  | <b>184</b> |
| <b>14/15</b> | 13    | 20  | 17   | 22   | 12  | 22   | 30  | 34  | 14  | 33  | 23  | 40  | <b>281</b> |

Breakdown of Referrals by sector / agency:

| Agency / employer      | No of Referrals and consultations | % of referrals in the year 2014/15 | % of referrals April – September 2013 | % of referrals in 2012 |
|------------------------|-----------------------------------|------------------------------------|---------------------------------------|------------------------|
| Social Care            | 16                                | 6%                                 | 4%                                    | 4%                     |
| Health                 | 6                                 | 2%                                 | >3%                                   | 2%                     |
| Early Years            | 36                                | <13%                               | >4%                                   | 10%                    |
| Education              | 112                               | <40%                               | 18%                                   | 26%                    |
| Foster carers          | 32                                | 11%                                | 25%                                   | 16%                    |
| Police                 | 5                                 | <2%                                | 0                                     | <1%                    |
| YOT                    | 0                                 | 0                                  |                                       | <1%                    |
| Secure                 | 58                                | <21%                               | 30%                                   | 41%                    |
| Faith groups           | 4                                 | <2%                                | 2%                                    | 0                      |
| Voluntary youth groups | 8                                 | <3%                                | 2%                                    | 4%                     |
| Others                 | 3                                 | 1%                                 | 10%                                   | 7%                     |
| Fire service           | 1                                 | <1%                                | 0                                     | 0                      |

3.93 MSCB key agencies are making appropriate referrals to the LADO, resulting in positive outcomes for children and young people.

3.94 The more that awareness is raised of the LADO role, the greater the demand for LADO advice and consultations. It remains a challenge to achieve the right balance between providing advice and guidance and recording all cases where LADO advice is sought, and focusing resources on more complex investigations, which require close management and oversight.

### Ensuring children in secure units are safe

- 3.95 MSCB is unique in having both a Young Offenders Institution and a Secure Training Centre within its area with HMYOI Cookham Wood and Medway Secure Training Centre. This means that approximately a quarter of all the children in custody in England and Wales live in Medway. The Governor and Director of both establishments are statutory members of the Board and well engaged in its work. The MSCB receives reports from both establishments throughout the year and seeks assurances to ensure effective safeguarding practices are carried out within the secure establishments.
- 3.96 In accordance with Working Together to Safeguard Children (2015), the MSCB reports on the use of restraint within both establishments. A more detailed report is due to be submitted to the MSCB Board in November 2015. A copy will also be submitted to the Youth Justice Board (YJB).

#### Medway Secure Training Centre (STC)

- 3.97 Medway Secure Training Centre (STC) is managed by G4S Children's Services within the Care and Justice sector. The Centre accommodates 76 young people, male and females, between the ages of 12 and 18. These young people have been sentenced or remanded by the court. The young people placed at the Centre are subject to either Detention or Training Orders (DTO), Section 91, Section 90, Section 226 or 288 sentences, or have been remanded by the court. The demographic consists of young people from a variety of backgrounds across the UK who can display difficult and challenging behaviour, symptomatic of a chaotic and sometimes abusive background.
- 3.98 Medway STC is inspected annually by HMPI and Ofsted, the Centre was rated 'GOOD with some outstanding features in September 2014.
- 3.99 As a last resort to address harmful behaviour, Restrictive Physical Intervention (RPI) may be required in line with STC Rules. Effective behaviour management strategies are in place; therefore physical Intervention is used as a last resort and occurs only as a result of significantly challenging behaviour which meets specific criteria.
- 3.100 Minimising and Managing Physical Restraint (MMPR) is the restraint technique trained to custody officer staff at the Centre. All techniques and holds used within MMPR have been approved by the Youth Justice Board for use within Secure Training Centres and Young Offenders Institutions. Staff members receive 6 monthly refresher training in the use of restraint.
- 3.101 Through the introduction of the new restraint technique, MMPR, there have been further systems and processes implemented to monitor safeguarding. These include a weekly Use of Force meeting, which is

attended by representatives from the Youth Justice Board, and a robust monitoring process from the Ministry of Justice that includes a National Instructor reviewing and quality assuring a sample of restraint incidents.

- 3.102 Daily oversight and review of all reportable incidents is carried out by a Senior Manager and this includes review of CCTV, all relevant reports and healthcare reports. Practice and reflective supervisions take place if required to address and amend practice and areas for improvement. Any identified safeguarding issues are managed through the agreed procedures of referral to the Local Authority.

#### HMYOI Cookham Wood

- 3.103 HMYOI Cookham Wood is a closed custodial facility for sentenced or remanded boys under the age of 18. During 2014-15 the establishment underwent a number of quality assurance processes. In June 2014 the establishment underwent inspection by Her Majesty's Inspectorate of Prisons. Their report highlighted a number of safeguarding concerns, in particular the high level of violence between young people at that time. In addition to the full HMIP inspection, a number of processes were subject to the scrutiny of the Youth Justice Board "SAM" (Service Assurance Module) process; Restraint Minimisation received a "green" rating, while those on Separation and Complaints received "green-amber" ratings. The audit of self-harm and suicide prevention measures, carried out by NOMS Internal Audit and Assurance, was also awarded a "green-amber" rating.
- 3.104 During the final Quarter of the year the establishment commenced the roll-out of the MMPR (Minimising and Managing Physical Restraint) training package before its launch during the early part of 2015-16.
- 3.105 A number of changes have been implemented during the year. In addition to the roll-out of MMPR training, Use of Force governance has been strengthened to ensure a quicker identification of any issues of concern, as well as areas of good practice. The local Child Protection policy has been reviewed and re-launched with clearer guidance on the thresholds at which a Child Protection referral is appropriate; as a result of this the number of referrals made during the year has increased greatly. The management of young people at risk of self-harm or suicide has been reviewed and brought in-line with national processes to improve the quality and consistency of their care. Public protection arrangements have been strengthened to ensure that young people in our care are not at risk from, or pose a risk to, members of the public.
- 3.106 While it is clear that violence remains a significant challenge within the establishment, and that much work remains to be completed, changes to various safeguarding processes have improved the safety and well-being of young people at HMYOI Cookham Wood.



## **Serious Case and Domestic Homicide Review Task and Finish Group**

- 3.107 During 2014-15, a Serious Case Review (SCR) and Domestic Homicide Review (DHR) Task and Finish Group was established to look at shared protocols and mechanisms for conducting reviews in order to improve efficiency and standards as well as reducing the risk of duplication.
- 3.108 The Task and Finish Group established shared templates for conducting reviews including: Chronology templates; Action Plan templates; and Individual Management Report (IMR) templates along with a joint template for an Overview Report. Plans were also set up to have a joint recruitment process for Independent Chairs with the Kent and Medway Domestic Homicide Review Steering Group.

## **Challenges by MSCB**

- 3.109 Whilst previously various challenges have been made to partner agencies in relation to their safeguarding practice, these challenges have not been systematically logged and tracked. In early 2015, the MSCB has introduced a Challenge Log to evidence how it demonstrates challenge to partners on their responsibilities, and members of the Board have been encouraged to adopt a more direct approach at meetings. The Challenge Log is reviewed at every Executive meeting and will provide greater scrutiny and accountability in relation to the business of the Board.
- 3.110 Throughout 2014-15, the following challenges have been raised by MSCB:
- Concerns were raised with Medway Foundation Trust (MFT) relating to concerns with the Accident and Emergency Department. MFT were required to report to the Board in July 2014 and the MSCB Independent Chair, Eleanor Brazil, met separately with the Interim Chief Executive to progress the concerns;
  - At the MSCB Development Day in April 2014 Board members identified that they did not know enough about Early Help. We are now satisfied that all the key partners who need to be involved in the work of Medway Children's Action Network (CAN) which is the statutory partnership which leads and drives forward the Early Help strategy working closely with the MSCB. The MSCB Independent Chair is a member of Medway CAN and regular reports are now provided to the Board on early help;
  - During the year MSCB raised concerns on the demands on the health visiting service and the achievement of its workforce target. Medway Community Healthcare (MCH) were required to report to the MSCB Board in December 2014 and again in April 2015. The March 2015 target of 78.8 whole time equivalent (wte) health visitors was not achieved and at the end of March was 70.1 wte. From the start of the programme the health visitor workforce in Medway increased by 28.2 wte health visitors from 41.9 wte to 70.1

wte health visitors. The Board were satisfied that a robust recruitment plan continues to be in place and the MSCB will continue to monitor this during 2015-16;

- The MSCB raised concerns with gaps in terms of Child and Adolescent Mental Health Services (CAMHS) service provision. Sussex Partnership NHS Foundation Trust who provide Tier 3 CAMHS services in Medway were required to report to the Board in October 2014 on waiting times and access to Tier 4 Inpatient beds. Sussex Partnership Foundation Trust were able to report progress to reduce waiting times to access assessment but the availability of Tier 4 (CAMHS inpatient) beds remains a concern nationally.

## Section Four – Quality Assurance and Learning and Improvement

### Section 11 Audits

- 4.1 Section 11 of the Children Act 2004 places a statutory responsibility on key agencies and organisations to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. Section 11 audits are the MSCB's methodology for monitoring and evaluating the safeguarding arrangements in place across key partner agencies within Medway. This is done on a two year programme and includes a staff survey. Agencies submit updates every six months.
- 4.2 The MSCB launched the biennial section 11 audit in November 2013 and partner agencies were asked to complete the audit tool and submit it to the MSCB in January 2014.
- 4.3 The section 11 standards of compliance for all partners are:
- Senior management have commitment to the importance of safeguarding and promoting children's welfare.
  - A clear statement of the agency's responsibility towards children is available to all staff.
  - A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children.
  - Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families.
  - Staff supervision, awareness, and training on safeguarding and promoting the welfare of children for all staff working for, with or in contact with children and families depending on the agency's primary functions.
  - Safer recruitment/allegations management.
  - Effective inter-agency working to safeguard and promote the welfare of children.
  - Information sharing.
- 4.4 The MSCB Performance Management and Quality Assurance subgroup (PMQA) considered the section 11 returns in February 2014 and a report of the section 11 findings was presented to the MSCB Board in March 2014. A summary of the main findings is below.
- 4.5 This was followed by a staff survey in May/June 2014, previously approved by the PMQA and MSCB board. Survey results were distributed to section 11 champions to use as evidence to support or challenge their submissions.

- 4.6 In September 2014 agencies were asked to submit updates to their section 11 action plans, this coincided with a section 11 champion's event. The champion's events focused on the areas of challenge for Medway and partners were invited to share their good practice and challenges with one another; to reconsider their agencies own level of compliance and consider ways to make any improvements in practice
- 4.7 Section 11 updates were submitted to the Performance Management and Quality Assurance subgroup in March 2015 to explore any outstanding issues.
- 4.8 The section 11 audits demonstrate that partners are committed to the safeguarding agenda and have clearly identified safeguarding leads, promoting the welfare of children championed throughout partner organisations. Job descriptions have been updated to reflect safeguarding responsibilities and staff have very clear lines of accountability and know where to go for safeguarding advice or concerns; evidenced in the section 11 staff survey. The audits found that safeguarding policies are easily accessible to staff and the staff survey demonstrated that staff know how to access the Kent and Medway Safeguarding children procedures.
- 4.9 The section 11 audit confirms internal safeguarding training is well established in partner agencies and mechanisms to quality assure in house training is in place. The staff survey demonstrated that staff felt they had access to safeguarding training appropriate to their roles.
- 4.10 Staff working with children on an individual basis reported they are receiving regular supervision. The staff survey demonstrated that the majority of staff feel they receive good advice in supervision and are given the opportunity to reflect on their practice.
- 4.11 Safer recruitment practices are embedded across our partners with appropriate selection and induction processes for both permanent and temporary staff. Allegations management and 'whistle blowing' procedures are also clearly written and supported by appropriate record keeping and access to support.

#### Areas for Improvement

- 4.12 Partners who commission third party providers are generally assured by contractors of their safeguarding procedures and safer recruitment practices. At the Champions section 11 event in September 2014, partners identified that the section 11 audit needed to be clearer about what is meant by third parties and what the expectations are in monitoring their section 11 compliance. These changes are being introduced for the 2015-17 section 11 audit.
- 4.13 Whilst staff are receiving supervision a number of partners have not implemented the MSCB reflective practice framework, although many

use elements of it. The MSCB will refresh the framework and re-launch it to ensure partners understand how to implement it during 2015-16.

- 4.14 Partners report that they are engaged in multi agency processes such as core groups, child protection plans and CAF, although how engagement and participation is monitored and challenged is not clearly evidenced across partners outside of child protection conferences. The CAF is a process for gathering and recording information about a child where a professional has a concern and can help to identify if a child or young person needs some extra help. A child protection plan is drawn up when a child is made subject to a child protection plan and sets out what needs to happen to keep the child safe. The core group meetings are made up of all the professionals and family members and is responsible for implementation of the child protection plan.

### **Serious Case Reviews/ Learning Lessons Reviews**

- 4.15 Local Safeguarding Children Boards undertake Serious Case Reviews (SCRs) when children die or are seriously injured, and abuse and/or neglect are suspected or known to be a factor, and/or there are concerns about how local agencies worked together. The purpose of such reviews is to learn lessons and improve practice. Such reviews result in action plans that should drive this improvement.
- 4.16 No new SCRs were commissioned in 2014/15. The MSCB considered one referral for a SCR, however following a SCR screening panel the case did not meet the threshold for undertaking a SCR but instead a decision was made to undertake a Learning Lessons Review. The case involves a 17 year old who was looked after by Medway but living out of area and who suffered injuries following an accident. The screening panel concluded that there were no obvious causes of concern in the partnership working to safeguard the young person and that they could not have identified what would have happened in the case however it was felt that there was some learning that would come from a multi agency review that would benefit the wider workforce. An Independent Author has been commissioned by the MSCB to chair the panel meetings and to write an overview report evaluating the performance of key agencies and the safeguarding community as a whole and to identify any lessons which could be learned and to make recommendations to how practice could be improved. The review is expected to conclude and be presented to the MSCB in July 2015.
- 4.17 The MSCB has continued to monitor the improvements and actions of single agency and multi agency based recommendations of these and past SCRs to ensure they have improved the way we safeguard and protect the children and families living in Medway.
- 4.18 In July and September 2014, the MSCB facilitated two “Lessons Learned” sessions for Medway professionals to share the findings of

past reviews and the lessons for them to take away and apply to their own practice. Some of the key lessons highlighted were:

- Understanding the impact of parental issues on parenting ability
- Ensuring adult services recognising the needs of children
- Professionals working in isolation and the importance of information sharing
- Professional responses to the effects of sexual abuse.

### **Multi Agency Audits**

- 4.23 The Case File Audit Group (CFAG) is one of a number of sub groups of the MSCB and is the key mechanism for undertaking audits to identify good practice and multi-agency learning.
- 4.24 During 2014-15, the MSCB Case File Audit Group audited 24 family cases which amounted to 73 children.
- 4.25 During the year, the group used two different approaches to auditing cases. In addition to the standard auditing tool which agencies are asked to complete ahead of the meeting, the group also used a case mapping process.
- 4.26 For the case mapping process, agencies provide a chronology of involvement with the children and these are mapped in chronological order on flip chart paper ahead of the meeting. Mapping agency contacts along a time line allows the group to easily identify patterns in engagement. For example, an unsuccessful visit by the health visitor does not mean anything alone until you identify that the day before there was a domestic abuse incident, or in the same week there was a missed child protection home visit. Following each mapping exercise, a report is produced to reflect the story of the child and family and to record the considerations and identified learning from the case.
- 4.27 In addition to the standing members of the Case File Audit Group, professionals working with the family are also invited to attend the meeting.
- 4.28 During 2014-15, the primary focus of the audited cases was on children subject to child protection plans for 15 months or more duration. In March 2015, the group began to review cases where domestic violence/drugs/alcohol/adult mental health/learning disabilities is evident.
- 4.29 A number of common themes can be identified in the audits;

#### Positive

- Families worked well with professionals that were constant during their engagement with a service.

- High levels of successful and timely multi agency visits.
- Regular and timely initial and review conferences.

### Challenges

- Professionals understanding and expectations of the Child in Need process as a step down from a child protection plan
- Through their own assessments and as part of the multi agency work professionals are identifying risks posed by carers to their children as a result of their needs. However, appropriate and timely management of these risks is a challenge.
- A lack of escalation of concerns and lack of challenge when plans were not progressing. Core groups met frequently in some cases but actions were allowed to carry over on a number of occasions.
- Ensuring the “voice of the child” is heard and reflected appropriately.
- Recognising disguised/superficial compliance in parents who attend programmes as suggested but fail to implement the learning or disengage after a few sessions e.g. attending domestic abuse programmes but failing to protect children from risk of perpetrator.
- Waiting times for specialist assessments were long.

4.30 The Case File Audit Group made the following recommendations:

- Wide publication of the Medway Children in Need process, including step up and down expectations and roles and responsibilities and expected timescales.
- MSCB seeks reassurance of how thresholds are consistently applied at the “front door” and “missed opportunities” are avoided. Professionals should be supported in recording contacts to CADS to help support their challenges and receive timely outcome responses.
- The MSCB should widely publish the process of challenge and escalation, along with the names of managers to escalate to, and expectations of the process.
- The MSCB needs to be reassured of the quality of current assessments that consider all aspects of the child’s life to ensure decision making is well informed.
- The MSCB is reassured that professionals in Medway are supported by robust core group protocol and guidance.
- MSCB should consider what support professionals need for risk management.
- The MSCB should develop learning opportunities around the needs of parents and their impact on children.
- The MSCB is reassured of the robustness of the pre proceedings process.

4.31 The recommendations were all accepted by the Board and an action plan developed to implement the recommendations.

## Child Deaths

- 4.32 Understanding the causes of deaths in childhood is the first step in being able to take effective action in preventing future deaths. The Child Death Overview Panel was established in Medway in April 2008, in line with statutory guidance, to review the deaths of all children in Medway and identify trends and matters of concern.
- 4.33 The Director of Public Health chairs the CDOP and is a member of the MSCB and reports directly to the Medway Safeguarding Children Board main board meetings.
- 4.34 The CDOP in Medway has been well supported by its constituent partners, with ongoing positive engagement with the Coronial service for Mid Kent and Medway.
- 4.35 There were 32 child deaths reported to the MSCB in 2014/15. Of these, 13 were deaths of children resident in other Local Safeguarding Children Board (LSCB) areas. There were 16 children normally resident in Medway who died in Medway, and 3 who died out of area. The Medway CDOP is responsible for reviewing all deaths of Medway resident children wherever they died and therefore there were 19 reported deaths in 2014/15 to review. Of these deaths, 11 were expected and 8 were unexpected (see Table 1).

**Table 1: Overview of child deaths reported to MSCB in 2014-15**

|  | <b>Number of deaths</b> |
|--|-------------------------|
| <b>Total deaths reported to Medway MSCB in 2014-15</b> | <b>32</b>               |
| Non Medway resident children who died in Medway        | 13                      |
| Medway resident children who died in Medway            | 16                      |
| Medway resident children who died out of area          | 3                       |
| <b>Medway resident deaths requiring review</b>         | <b>19</b>               |
| Children resident in Medway – Expected death           | 11                      |
| Children resident in Medway – Unexpected death         | 8                       |

- 4.36 During 2014/15 Medway CDOP reviewed 21 cases – 12 expected and 9 unexpected deaths.
- 4.37 At the end of March 2015 there were 10 outstanding cases due for review which is lower than the 11 that were outstanding at the end of March 2014. Cases may not be reviewed in the year of death where not all the relevant information is available to CDOP. However CDOP actively chases outstanding information in order to review cases in a timely manner. Details of outstanding cases are not included in this report.
- 4.38 Progress against recommendations and actions from previous CDOP annual reports are monitored periodically by CDOP and reported in the Annual Report.



- 4.39 Of the 21 cases reviewed by CDOP in 2014-15, 5 cases were deemed to have modifiable factors present. The modifiable factors are:
- 4.40 Gestational age – CDOP identified that gestational age was not routinely checked for accuracy at handover from midwives to obstetrics. Whilst any mistake is rare an incorrect gestational age may impact on the time in which a child receives care. As a result advice has been included in Medway hospital staff newsletters.
- 4.41 Smoking in pregnancy – This has been identified as a modifiable factor in previous years and the reviews this year support the need to maintain this as a priority. A Medway Smoke free Families Project has recently been established by Public Health providing home based support to help families with pregnant smokers to stop smoking and CDOP has made the following recommendation this year:
- Medway Foundation Trust, Medway Community Healthcare, NHS Medway Clinical Commissioning Group, and Medway Council to ensure effective delivery of evidence based stop smoking support to women and families in pregnancy and after delivery.
- 4.42 Safer Sleeping – CDOP identified cases where unsafe sleeping practices were apparent. The MSCB continues to offer Safer Babies training and provide guidance about the risks associated with sudden unexplained death in infancy including co sleeping and CDOP has made the following recommendation this year:
- The agenda of the rapid response meeting following an unexpected child death to be formalised in 2015/16 to ensure robust recording safer sleeping risk factors.

### **Performance Monitoring / Dataset**

- 4.43 During 2014, MSCB has developed a multi agency dataset, which will enable the Board to monitor and analyse activity more closely. Partner agencies submit data on a quarterly basis to be included in the data set alongside an analysis of the data. Highlights from the MSCB data set for 2014-15 include:
- The proportion of referrals to children's social care from schools has increased since the introduction of the Children's Advice and Duty Service (CADS). In quarter 3 36% of all referrals were from schools compared with 19% for quarter 2. The increase in referrals from schools is appropriate on reflection of the confidence of schools in CADS
  - There has been an increase of 6 children missing education cases in the year from 40 at the end of 2013-14 to 46 at the end of 2014-15

- Attendance by school nurses at child protection conferences has increased from 92% at the start of the year to 97% at the end of the year
- There has been an increase in placements of young people that displayed more difficult and challenging behaviour at the Medway Secure Training Centre
- The average monthly population at the HMYOI Cookham Wood has increased from 129 at the beginning of the year to 166 at the end of the year
- There were 325 domestic abuse cases referred to MARAC over the year where there were children in the household

4.44 The dataset is currently being reviewed to consider how it can be best utilised to support the business plan of the MSCB and focus on data that highlights information on outcomes for children. The revised dataset will include data around Child Sexual Exploitation (CSE) to be provided from the new CSE unit.

### MSCB Training

4.45 During 2014-15 the MSCB provided multi agency training across 17 courses. In total 49 sessions were held attended by 1082 people. The number of people attending MSCB training has increased by over 30% from 814 in 2013-14. The MSCB continues to offer basic and intermediate child protection training as standard and a range of specific multi agency learning and development opportunities. A table showing the training courses is provided below.

| Course title   | No. of events | Number of delegates |
|--|---------------|---------------------|
| Basic child protection   | 5             | 103                 |
| Child Sexual Exploitation  | 5             | 84                  |
| Child Sexual Exploitation (Training for Trainers)  | 1             | 18                  |
| DASH (Domestic abuse stalking, harassment and honour based abuse risk indicator checklist) | 2             | 48                  |
| Domestic abuse and safeguarding children   | 3             | 79                  |
| Intermediate child protection  | 5             | 114                 |
| Learning lessons from SCRs   | 2             | 68                  |
| Refresher child protection   | 2             | 24                  |
| Safer babies   | 1             | 23                  |
| School twilight: FGM   | 1             | 12                  |
| School twilight: CSE   | 1             | 13                  |
| Strengthening families   | 9             | 237                 |
| Understanding  | 5             | 136                 |

|                              |           |              |
|------------------------------|-----------|--------------|
| Thresholds                   |           |              |
| Working with men             | 3         | 67           |
| PILOT: Whole school training | 1         | 14           |
| PILOT: New to role DCPC      | 1         | 17           |
| New to role DCPC             | 1         | 25           |
| <b>Total</b>                 | <b>48</b> | <b>1,082</b> |

4.46 At the end of each training course delegates are asked to complete a training evaluation. Each course evaluation praises the knowledge of the MSCB trainers who are volunteers from MSCB partners. MSCB training remains popular and is always rated highly. The feedback from these evaluations also helps to improve content of the courses based on the delegate and trainer feedback.

4.47 The MSCB has also implemented a three month post course evaluation to measure how the learning from the training has had an impact on practice. The response rate to the three month post course survey has been poor but of those who responded to the evaluation, 53% said they had already implemented the learning and 82% said they had used the course material to support their practice and reflect on their learning. Some of the things which delegates reported that they were doing differently since attending the courses is listed below:

- Inviting men living in the household to Team around the Family meetings who were not previously considered;
- Able to support families through the child protection process
- Better knowledge of services to access
- Giving better support to parents and victims of domestic abuse
- Better holistic assessments of family needs and the impact of adult needs on children.

4.48 One of the priorities for 2015-16 for the Learning and Development sub group will be to develop a strategy to increase the return rates of post course evaluations to enable the MSCB to fully record the impact of the training.

### **MSCB Peer Review**

4.49 In February 2015 the MSCB took part in a Local Government Association (LGA) Peer Review. The purpose of the Peer Review was to provide an objective and external perspective on the effectiveness and impact of the MSCB on safeguarding and protecting children in order to identify areas requiring improvement.

4.50 The team of four Peer Reviewers and an LGA Manager were on site for three days and met with members of the MSCB, individually and in groups, as well as sub group members and other partners. This followed a review of key documents. The formal feedback from the

Peer Review team is expected in 2015-16. In their feedback, the Peer Review team identified the following strengths:

- Good attendance at Board and Executive meetings and a strong commitment to safeguarding from partners
- Protocols in place for MSCB, Medway Children's Action Network (CAN) and Health and Wellbeing Board
- MSCB website updated and monthly MSCB Bulletin
- Engagement with children and young people
- Good, comprehensive policies and procedures are in place with timely updates
- Multi-agency training is well received and supported
- Good practice for children and young people who go missing
- Optimism about the future

4.51 The Peer Review team made a number of recommendations, many of which had already been identified by MSCB as key areas of focus for 2015-16. The MSCB Executive is developing a Response Plan to address the areas for development from the Peer Review which will be incorporated into the MSCB Business Plan. The main recommendations from the Peer Review were:

- Clarify the respective roles of the Improvement Board and the MSCB and identify how the MSCB will contribute to the improvement of safeguarding services in Medway Council
- Ensure areas for improvement from previous inspections have been implemented and signed off
- Ensure serious case review action plans are signed off
- Identify and carry out a programme of themed multi agency case audits as required by Working Together 2015
- Review governance arrangements
- Develop a challenge and risk log
- Revise the profile of the MSCB
- Implement a Quality Assurance Framework

## Section Five – Priorities for 2015-17

5.1 The MSCB vision is that:

“...The welfare and safety of children and young people are at the heart of what the MSCB does - we want Medway to be a place where children are safe from harm in their homes, families and communities...”

5.2 The longer-term strategy of the MSCB is to reduce the number of children in need of responsive safeguarding through the provision of effective, appropriate help and support at an earlier stage in their lives, at the earliest opportunity and with the best possible professional response. And that our partner’s responses are focused on supporting children and their families to overcome challenges by working together to address all identified needs and preventing further escalation of concern.

5.3 The MSCB Strategic Plan 2014-17 sets out six priority areas:

- To reduce the negative impact on children and young people living with family members with Mental Health, Substance Misuse or Disabilities;
- To develop and implement a strategy for co-ordination and provision of support for Children subjected to, or at risk of, Sexual Exploitation;
- Educate children and young people to recognise risk factors to their own, and to their peers, safety and well being;
- To reduce the negative impact on children and young people who live with Domestic abuse;
- To develop understanding of factors that make children and young people more vulnerable aged 11 and over;
- MSCB Communications.

5.4 The MSCB Business Plan for 2015-17 is built around the six priority areas in addition to the ongoing work of the MSCB which includes:

- Ongoing compliance with the functions of the LSCB detailed in Working Together 2015;
- Ensuring effective strategic arrangements are in place to safeguard children;
- Ensuring multi and single agency learning and development opportunities exist and that these are monitored and evaluated for effectiveness
- Supporting the implementation of the Medway Early Help strategy, and use of Early Help/ CAF assessments by partner agencies, reviewing and monitoring progress;
- Holding agencies to account for their safeguarding activities and exercising appropriate challenge through Section 11 audit activity,

quality assurance activity in relation to practice and service provision, multi agency case audits, provision and scrutiny of performance information and reviews to identify learning.

5.5 In addition, the following key priorities for 2015-16 are included in the Business Plan:

- Agency representation at MSCB Sub groups
- Review the Rapid Response Process to ensure it is robust and there is timely sharing of information between agencies as part of the process
- Ensure that there are effective arrangements in place to safeguard against Female Genital Mutilation (FGM)
- Raise awareness of the PREVENT programme and improve the protection of young people from involvement in Extremism. The PREVENT programme is a key part of the Government's counter terrorism strategy and aims to stop people becoming terrorists or supporting terrorism. Young people can be exposed to terrorist and extremist influences from an early age and early intervention is key to help keep them safe
- Completing the Learning Lessons Review started in 2014-15 and embedding the learning
- Recruiting and effectively inducting two new Lay Members and supporting them to develop links between MSCB and community groups and support stronger public engagement
- Evaluating the effectiveness of the MSCB Training Programme

## Section Six – MSCB Budget

6.1 A summary of the accounts for MSCB for 2014-15:

### **MSCB Budget 2014/15**

#### **MSCB Income from Partner Agency Contributions 2014/15**

|                               | %     | (£s)           |
|-------------------------------|-------|----------------|
| Medway Council                | 54.00 | 81,305         |
| NHS Medway                    | 19.92 | 30,000         |
| Kent Police                   | 10.62 | 15,994         |
| National Probation Service    | 2.58  | 3,882          |
| HMYOI Cookham Wood            | 1.99  | 3,000          |
| Medway Secure Training Centre | 1.43  | 2,152          |
| CAFCASS                       | 0.37  | 550            |
| OTHER INCOME                  |       | 700            |
| <b>Total Income</b>           |       | <b>137,583</b> |
| Carried forward from 2013/14  |       | 82,500         |
| <b>Grand Total</b>            |       | <b>220,083</b> |

#### **MSCB Expenditure 2014/15**

|   | (£s)           |
|---|----------------|
| Staff (including Independent Chair fee and consultancy)                               | 138,064        |
| SCR costs (Chair and Author)  | 0              |
| Development of new Kent & Medway Safeguarding Children Procedures (Tri.x)             | 1,900          |
| Printing, Stationery, general office costs (including computer equipment)             | 4,235          |
| Meeting costs (including refreshments for all training events and SCR Panel meetings) | 8,770          |
| Travel costs  | 489            |
| <b>Total expenditure</b>  | <b>153,458</b> |

#### **Carried forward to 2015/16**

66625

- 6.2 The projected spend for 2015-16 will be broadly similar and as a result the MSCB has agreed to maintain contributions at their current level especially as the budget already includes carry over from previous year. Plans are in place to request additional funding for any Serious Case Reviews that could be instigated in 2015-16.
- 6.3 The contributions will be reviewed during the year to ensure that there is no overspend and that the MSCB can still meet its objectives.

## Appendix One – Membership of MSCB




Membership of the Medway Safeguarding Children Board (MSCB) at 31 March 2015.

| Name            | Role   | Agency   |
|-----------------|--|--|
| John Drew       | Independent Chair (December 2014 - )                                       | Independent  |
| Eleanor Brazil  | Independent Chair (to December 2014)                                       | Independent  |
| Cynthia Allen   | Director, Kent   | Kent, Surrey and Sussex Community Rehabilitation Company |
| Sally Allum     | Acting Director of Nursing and Quality                                     | NHS England  |
| Pippa Barber    | Executive Director of Nursing and Governance                               | Kent and Medway NHS and Social Care Partnership          |
| Alison Barnett  | Director of Public Health  | Medway Council   |
| Janet Bailey    | Interim Head of Quality Assurance and Safeguarding Services                | Medway Council, Children and Adult Services              |
| Matt Beavis     | Assistant Director of Nursing - Trust<br>Named Nurse Safeguarding Children | South London and Maudsley NHS Trust                      |
| Simone Button   | Service Director   | Sussex Partnership NHS Foundation Trust                  |
| Liz Caldwell    | Head teacher   | New Road Primary School & Nursery                        |
| Kim Carey       | Assistant Director Children and Adults Services                            | Medway Council, Children and Adult Services              |
| Graham Clewes   | Chief Executive  | Medway Youth Trust                                       |
| Simon Decker    | Head teacher   | Rainham Mark Grammar School                              |
| Gillian Fargher | Clinical Member  | NHS Medway Clinical Commissioning Group                  |
| Jonathan French | Governor   | HMYOI Cookham Wood                                       |
| Keith Gulvin    | Youth Offending Team Manager   | Medway Council   |
| Steve Hams      | Chief Nurse  | Medway Foundation Trust                                  |
| Jane Howard     | Chief Executive Officer  | Medway Voluntary Action                                  |
| Tina Hughes     | Senior Probation Officer   | National Probation Service                               |
| Steve Hunt      | Head of Service  | CAFCASS  |
| Satvinder Lall  | Named GP for Safeguarding  | NHS Medway Clinical Commissioning Group                  |



|                    |  |   |
|--------------------|--|---|
| Ralph Marchant     | Director                                   | Medway Secure Training Centre           |
| Lindsey Morgan     | Assistant Principal                        | Mid Kent College                        |
| Cllr. Mike O'Brien | Lead Member                                | Medway Council                          |
| Barbara Peacock    | Director Children and Adult Services       | Medway Council                          |
| Louwella Prenter   | Lay Member (up until February 2015)        | Medway Safeguarding Children Board      |
| Cathy Ross         | Designated Nurse for Safeguarding Children | NHS Medway Clinical Commissioning Group |
| Tim Smith          | Detective Superintendent                   | Kent Police                             |
| Eleni Stathopulu   | Designated Doctor                          | NHS Medway Clinical Commissioning Group |
| Fiona Stephens     | Clinical Quality Director                  | Medway Community Healthcare             |
| Sarah Vaux         | Deputy Chief Nurse                         | NHS Medway Clinical Commissioning Group |
| Phil Watson        | Assistant Director, Children's Social Care | Medway Council                          |
| Geoffrey Wheat     | Chief Nurse                                | NHS Medway Clinical Commissioning Group |

## Appendix Two – Agency Attendance at MSCB Board Meetings

Attended Meeting   
 Meeting non attendance   
 Not a Board member at this time 

| Agency   | 2 May 2014 | 11 Jul 2014 | 3 Oct 2014 | 12 Dec 2014 | 27 Feb 2015 | 24 Apr 2015 |
|--|------------|-------------|------------|-------------|-------------|-------------|
| Independent Chair  | Green      | Green       | Green      | Green       | Green       | Green       |
| Lay Member   | Green      | Green       | Yellow     | Yellow      | Yellow      | Grey        |
| Kent Sussex and Surrey Community Rehabilitation Company (CRC)  | Grey       | Green       | Green      | Yellow      | Green       | Green       |
| National Probation Service                                     | Green      | Green       | Green      | Green       | Green       | Green       |
| NHS England  | Green      | Green       | Green      | Green       | Green       | Green       |
| South London and Maudsley NHS Foundation Trust (SLAM)          | Green      | Green       | Green      | Green       | Green       | Yellow      |
| Medway Youth Offending Team (YOT)                              | Yellow     | Green       | Yellow     | Green       | Green       | Green       |
| Children & Family Court Advisory and Support Service (CAFCASS) | Green      | Green       | Green      | Green       | Yellow      | Yellow      |
| Medway Council - Lead Member                                   | Green      | Green       | Yellow     | Green       | Green       | Green       |
| Medway Council - Children and Adults Service                   | Green      | Green       | Green      | Green       | Green       | Green       |
| Medway Council - Children's Social Care                        | Green      | Green       | Green      | Green       | Green       | Green       |
| Medway Council - Public Health                                 | Yellow     | Green       | Green      | Green       | Green       | Green       |
| Kent and Medway Partnership Trust (KMPT)                       | Green      | Green       | Green      | Green       | Green       | Green       |
| Medway Foundation Trust  | Grey       | Green       | Green      | Green       | Green       | Green       |
| Sussex Partnership NHS Foundation Trust                        | Green      | Green       | Green      | Green       | Green       | Yellow      |
| Medway Primary Schools   | Green      | Green       | Green      | Yellow      | Green       | Yellow      |
| Medway Secondary Schools                                       | Yellow     | Green       | Green      | Green       | Green       | Green       |
| Medway Further Education College                               | Green      | Green       | Green      | Green       | Green       | Yellow      |
| Medway Secure Training Centre (STC)                            | Green      | Green       | Green      | Green       | Green       | Green       |
| Medway Youth Trust   | Yellow     | Green       | Green      | Green       | Green       | Green       |
| NHS Medical Clinical Commissioning Group (CCG)                 | Green      | Green       | Green      | Green       | Green       | Green       |
| Medway Community Healthcare (MCH)                              | Green      | Green       | Green      | Green       | Green       | Green       |
| HMYOI Cookham Wood   | Green      | Green       | Green      | Yellow      | Yellow      | Green       |
| Kent Police  | Green      | Green       | Green      | Green       | Green       | Yellow      |
| Council for Voluntary Service (CVS) Medway                     | Yellow     | Green       | Green      | Green       | Yellow      | Yellow      |
| Named GP for Medway  | Grey       | Green       | Green      | Green       | Yellow      | Yellow      |

## Appendix Three – Glossary

|        |   |
|--------|---|
| CADS   | Children's Advice and Duty Service            |
| CAF    | Common Assessment Framework                   |
| CAMHS  | Child and Adolescent Mental Health Service    |
| CAN    | Children's Action Network                     |
| CCG    | Clinical Commissioning Group                  |
| CDOP   | Child Death Overview Panel                    |
| CFAG   | Case File Audit Group                         |
| CIN    | Child in Need                                 |
| CRC    | Community Rehabilitation Company              |
| CSC    | Children's Social Care                        |
| CSE    | Child Sexual Exploitation                     |
| DANS   | Domestic Abuse Notifications                  |
| DfE    | Department for Education                      |
| DHR    | Domestic Homicide Review                      |
| FGM    | Female Genital Mutilation                     |
| HMYOI  | Her Majesty's Young Offender Institution      |
| KMDASG | Kent and Medway Domestic Abuse Strategy Group |
| KSCB   | Kent Safeguarding Children Board              |
| IRO    | Independent Reviewing Officer                 |
| LAC    | Looked After Child                            |
| LADO   | Local Authority Designated Officer            |
| LGA    | Local Government Association                  |
| LLR    | Learning Lessons Review                       |
| LSCB   | Local Safeguarding Children Board             |
| MARAC  | Multi Agency Risk Assessment Conference       |
| MCH    | Medway Community Healthcare                   |
| MFT    | Medway Foundation Trust                       |
| MSCB   | Medway Safeguarding Children Board            |
| MVA    | Medway Voluntary Action                       |
| ONS    | Office for National Statistics                |
| PMQA   | Performance Management and Quality Assurance  |
| SCR    | Serious Case Review                           |
| STC    | Secure Training Centre                        |
| YOT    | Youth Offending Team                          |