HEALTH AND WELLBEING BOARD

3 NOVEMBER 2016

MEDWAY SAFEGUARDING CHILDREN BOARD (MSCB) ANNUAL REPORT 2015-16

Report from: John Drew, MSCB Independent Chair

Author: Simon Plummer, MSCB Business Manager

Summary

The purpose of this report is to present the Medway Safeguarding Children Board (MSCB) Annual Report 2015-16 to the Health and Wellbeing Board. The MSCB Independent Chair publishes an annual report describing how agencies in Medway have worked together through the year and how effective the arrangements are in Medway to keep children and young people safe from harm, abuse or neglect.

The report summarises the progress that has been made in 2015-16 and the plans to develop this further in 2016-17.

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
- 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)

2. Background

2.1 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 Annual Report was approved by the MSCB at its meeting on 8 July 2016. The report is presented annually to the Health and Wellbeing Board, Children and Young People Overview and Scrutiny Committee and the Community Safety Partnership.

2.2 The Annual Report brings together in one place reports on all the principle work carried out in Medway during 2015-16 that have been designed to keep children safe from harm, abuse or neglect.

2.3 The Annual Report 2015-16 includes:

- Independent Chairs assessment of the effectiveness of the arrangements in Medway for keeping children safe from harm, abuse or neglect.
- An overview of the Board's governance and accountability arrangements, including the statutory role of the Board, its structure and key relationships with other strategic boards.
- An analysis of the key achievements of the MSCB for the year against the six priorities.
- An overview of the quality assurance and learning and improvement activities during the year.
- A summary of the MSCB accounts for 2015-16.
- The priorities the MSCB has set for the year ahead.

3. Children and Young People Overview and Scrutiny Committee Comments – 6 October 2016

3.1 The Chairman of the Medway Safeguarding Children Board (MSCB), John Drew C.B.E., presented the MSCB Annual Report 2015-16. He drew the Committee's attention to the reforms to the system for safeguarding children in England, as set out in the Children and Social Work Bill which was currently under consideration by parliament. These would give local partnerships greater freedom to develop local structures. In referring to the conclusions of Ofsted's inspection in September and October 2015, which identified improvements in services since the inspection in 2013, the Chairman of the MSBC highlighted what more could be done to maintain these improvements and make more progress. The areas considered to be of growing importance were the recruitment and retention of an experienced workforce; developing services to address the issue of child sexual exploitation (CSE); and improving safeguarding in relation to Cookham Wood Young Offender Institution and Medway Secure Training Centre.

3.2 Members then raised a number of questions and comments, which included:-

3.21 **Medway Secure Training Centre** – At the request of a Member, the Chairman of the MSCB advised the Committee of the action taken following the BBC programme on the centre. There remained some specific issues highlighted in the programme that required further review, including the steps taken by the organisations operating within the centre to address poor behaviour by their employees. He explained the process followed in setting up a Serious Case Review. A Member who had visited the centre raised

concerns that the education facilities were not being fully used by the young people at the centre. The Chairman of the MSCB agreed that issues such as this needed to be addressed. The Director of Children and Adults Services (Interim) added that joint collaborative work was being undertaken with other areas where incidents had occurred. Opportunities for greater community engagement, for example enabling young people to undertake education outside the centre, were being explored.

3.22 **Agency attendance at MSCB meetings** – In response to a question about the attendance record of NHS England, the Chairman of the MSCB reported that both NHS England and the Children and Family Court Advisory and Support Service found it difficult to attend meetings. He therefore discussed the agenda items with the representatives before each meeting.

3.23 **Operation Willow** – A Member noted the success of this operation in raising awareness around child sexual exploitation and asked about its future. The Deputy Director, Children and Adults Services (Interim), advised that the placing of two social workers within the CSE team at Kent Police headquarters had delivered some success. The operation had been adjusted to provide greater clarity of roles.

3.24 **National Working Group for Safeguarding** - At the request of a Member, the Chairman of the MSCB undertook to find out more about this parental group.

3.25 **The role of schools in tackling CSE** – In response to a comment from a Member, the Chairman of the MSCB observed that schools were the first line of defence in tackling CSE and undertook to consider how this role could be better reflected in future Annual Reports.

3.26 **Child Death Overview Panel** – In response to a question on what modifiable factors the panel had identified, the Chairman of the MSCB advised that the Board had recently received a report on this and undertook to provide a briefing note for the Committee. Noting that the panel consisted of informed lay people, a Member asked how the Council could best signpost people to panel members. The Chairman of the MSCB undertook to raise this with the Governor of the centre.

3.27 **Female genital mutilation (FGM)** – Asked whether there was an MSCB sub-group for FGM, the Chairman of the MSCB explained that this issue could be addressed by several sub-groups, including the learning and training sub-group. Information was available to schools and consideration needed to be given to whether a more proactive approach could be adopted to raise awareness further. It was requested that a report be presented to a future meeting of the Committee.

3.28 **Recruitment and retention** – In response to a question about the difficulty of recruiting and retaining staff who might be attracted by higher salaries within London, the Deputy Director, Children and Adults Services (Interim) said that Medway offered a supportive structure for social workers. Operating in small pods of four, and providing the whole system service that was favoured by social workers, enabled a good social worker to manager ratio to be achieved. The new structure had been received positively by staff and there had been an increase in the number of agency staff joining the Council as permanent

employees. In addition, thirteen newly qualified social workers had recently been recruited.

3.29 **Ending Gang and Youth Violence Peer Review** – In response to a query on the scope of this review, the Chairman of the MSCB confirmed that it included a review of issues for the whole community, including older people.

4. Risk management

4.1 Whilst there are no specific risks identified, the MSCB annual report 2015-16 presents 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.

5. Financial implications

5.1 MSCB is a statutory body funded through financial and "in kind" contributions from local agencies. There are no financial implications for the Council arising from this report.

6. Legal implications

6.1 The production of an annual report for the Local Safeguarding Children Board (LSCB) is a statutory requirement as set out in Working Together to Safeguard Children (2015), HM Government.

7. Recommendations

7.1 The Board is asked to note and comment on the annual report and the effectiveness of local services in keeping children safe and to consider the implications for the Health and Wellbeing Board.

Lead officer contact

John Drew C.B.E., Independent Chair, MSCB
e-mail: john.drew@medway.gov.uk

Simon Plummer, MSCB Business Manager
e-mail: simon.plummer@medway.gov.uk

Appendices

Appendix 1 – Medway Safeguarding Children Board (MSCB) Annual Report 2015-16.

Background Papers

None.

Medway Safeguarding Children Board

Safeguarding Medway's children together

Medway Safeguarding Children Board

Annual Report of 2015-16

August 2016

Document author	MSCB team	
Document owner	Medway Safeguarding Children Board Gun Wharf, Dock Road Chatham ME4 4TR 01634 336329 mscb@medway.gov.uk	
Date of publication	September 2016	
Approval process	Draft 1	Considered by the MSCB Executive – 13 June 2016
	Draft 2	Approved by MSCB Board – 8 July 2016
Copyright and reproduction information	MSCB owns the copyright to the document. Any request to reproduce the information should be made to the MSCB.	
Availability and accessibility	This document can be made available in large print, or in electronic format. There are no copies currently available in other languages.	
Sources and verifications	All sources are identified within the document.	

Foreword from Independent Chair

As I write this introduction the government and parliament are considering reforms to the system for safeguarding children in England. Although we will have to wait for the precise details to emerge from parliament, it is highly likely that the new system will give to local partnerships considerably greater freedom to develop the structures that work best for them. It seems likely that the period of detailed prescription from Westminster is coming to a close.

The obvious risk in this is that some local areas might put in place arrangements that were not adequate. It was the discovery of such failures in the 1990s and 2000s, through a succession of child protection scandals, which showed very poor levels of cooperation between agencies and professions, that gave rise to our current system of Local Safeguarding Children's Boards.

With that risk firmly in mind I am happy to be able to report my assessment of the growing confidence and strength of local arrangements in Medway. Whether measured by the reports of regulators, such as Ofsted and the Care Quality Commission, or by improving performance as shown by statistical measurement, the position in Medway is now stronger than it was a year ago. There are never, of course, grounds for complacency where the safety of children is concerned. And nor are we blind to the weaknesses in our current arrangements and performance. But I would be confident that greater discretion will be used wisely in Medway.

There had been one major blow to this general picture of improvement during the year, and that came with the showing of a BBC Panorama programme on the 11th. January 2016 on the treatment of children at Medway Secure Training Centre. Millions of viewers were shown horrifying film of the intimidation of children at the hands of the adults charged with looking after them. These same people also demonstrated an equally alarming cynicism when talking about the children in their custody that has no place in a civilised society. The Medway Safeguarding Children's Board is quite clear that all children living in Medway, whether at home, in care, or in custody are entitled to the same levels of care and protection, and we are committed to ensuring that all the lessons from this disgraceful period are identified and learnt.

John Drew C.B.E.
Independent Chair
Medway Safeguarding Children Board

Section One – Independent Chair's Introduction

How effective are the arrangements in Medway for keeping children safe from harm, abuse or neglect?

1.1 In this section I make my annual assessment of the effectiveness of the arrangements in Medway for keeping children safe from harm, abuse or neglect.

1.2 To do this I shall answer three questions:

- What does independent evidence tell us about the performance of the members of the Medway Children's Safeguarding Board (MSCB) in keeping children safe in Medway?
- Is the MSCB itself making an effective contribution to keeping children safe?
- What more do we need to do to maintain these improvements and make more progress?

What does independent evidence tell us about how local performance in keeping children safe in Medway?

1.3 In the last year the work of several members of the MSCB has been inspected independently. In addition there has been particular focus on the treatment of children at the Medway Secure Training Centre, a young people (under 18) custodial establishment run by G4S for the government.

1.4 Medway Council was the subject of a major, unannounced inspection by Ofsted in September and October 2015. Ofsted's conclusions were that *"Services have improved from 2013, when they were found to be inadequate"* but that they *"require improvement to be good."* In plain english this was a positive report, the full details of which can be found at http://reports.ofsted.gov.uk/local-authorities/medway. Ofsted examined a random selection of case files in detail and made specific recommendations for improvements. In my view the most important criticisms in respect of the protection of children related to *'multi agency plans for children who are subject to child in need and child protection plans'* where Ofsted concluded that these *'are not as effective as they should be'*. Ofsted added that *'Child protection core groups*[1] *do not consistently review or progress plans'.* I assess that the Council and its

[1] 'Core group meetings' are held when an outline child protection plan has been made for a child. The first meeting must be held within ten days of the decision to agree an outline plan by a child protection conference. The Core Group meeting is smaller than a child protection conference, consisting of the professionals most involved with a child or family (for example the social worker, health visitor and teacher). The meetings are important as this is where the outline child protection plan is developed into a full, detailed child protection plan. The Core Group will continue to meet at regular intervals while a child is the subject of a child protection plan.

partners have made good progress in improving these aspects of their work since the inspection.

1.5 Ofsted did not find evidence of any alarming failures in practice. I believe there is evidence that local agencies are alert and vigilant about these. As an example of this vigilance we started a review of the work done with one family during this last year, where the MSCB felt the work fell short of acceptable standards. This result of this review will be described in next year's annual report as the review had not been finished by April 2016.

1.6 The Care Quality Commission (CQC) carried out a major inspection of safeguarding by the NHS in Medway in February 2016. The CQC does not make an overall judgment of services in the way that Ofsted does, so their report is harder to summarise. This does not make their inspection less important. My interpretation of their conclusions is that there is much good work being done in Medway to keep children safe from harm. At the same time they have made recommendations for improvement, which the Medway Care Commissioning Group (CCG) will oversee during 2016/7. I will report further on this work in next year's annual report, but you can read further details of the inspection at http://www.cqc.org.uk/sites/default/files/20160620_clas_medway_final_report.pdf.

1.7 Medway Secure Training Centre (STC)[2]. On the 11th January 2016 BBC Panorama broadcast a television programme that appeared to show very alarming abuse of children being held in custody at Medway STC. I am cautious with the language I use here as the police investigation of these matters is still taking place, and while arrests have been made no charges have been brought as yet.

1.8 As I reported last year HM Inspector of Prisons, inspecting with Ofsted, had assessed the STC in late 2014 as being *'good with outstanding features'* and we relied on this judgment. The BBC programme led to a rapid reassessment of the situation, both by the Inspectorates, the Youth Justice Board who buy places at the STC on the government's behalf, and the government itself. The Secretary of State for Justice, Michael Gove, appointed an Independent Improvement Board to review the operation of the STC, including the safety of the children. The Board reported to Mr. Gove at the end of March 2016. As a result many changes at the STC have been made, and more are planned, the most significant of which is that the running of the STC has been taken away from the private security company, G4S, and passed to the Prison Service who have appointed an experienced Governing Governor to take over the running of the centre in July 2016.

[2] Medway Secure Training Centre (STC) is a residential centre for children from across England who had been sentenced or remanded to custody by a court for offending behaviour.

1.9 The MSCB will be working closely with the Governor, and with the Governing Governor of HM Young Offender Institution (YOI) Cookham Wood[3], during 2016/7 to provide support and challenge to both custodial centres to ensure that children in custody are protected from harm while serving their sentences. It is an unusual feature of Medway that it has two custodial centres, both of which serve the whole of England, within its boundaries. A quarter (1 in 4) of all children in custody in England and Wales are held in these centres.

1.10 In responding to the BBC programme I considered whether a Serious Case Review (SCR)[4] should be held to review the safety of children at the STC. When I consider holding an SCR I am advised by a panel of members of the MSCB specifically brought together for this purpose. To date their advice to me has been that it is too early to decide whether to hold a review, due in particular to the complexity of the various investigations taking place. I have, however, confirmed that some form of review of safeguarding should take place. Every STC has many forms of safeguarding in place specifically designed to ensure that the events apparently depicted by the BBC do not take place. These include the separate work of a significant number of bodies. It will be important to learn why these appear to have failed in this case.

Is the MSCB itself making an effective contribution to keeping children safe?

1.11 I wrote in last year's report that the MSCB was working well together and showing clear signs of progress. Ofsted carried out an independent inspection of the MSCB while they were in Medway this autumn inspecting children's services. They agreed with my assessment and concluded that *'The Medway Safeguarding Children Board has made significant progress during the last six months* [up to October 2015]*'.* The full report can be found at https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/medway/054_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf.

1.12 This remains my view. The MSCB and its sub groups are lively and challenging meetings, and the members show a strong commitment to the work of the Board. You will find details about this work in the rest of this report.

[3] Her Majesty's Young Offender Institution (YOI), Cookham Wood, is a children's prison for children from across England.

[4] The criteria for holding a Serious Case Review can be found in Chapter 4 of *'Working Together to Safeguard Children 2015'* **(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)**

1.13 During 2015/6 the government commissioned an independent review of the local safeguarding children board[5]. In 2016/7 Parliament is to consider a *Children and Social Work bill* and as part of this the government has announced it will propose amendments to the current system. These are likely to give local organisations more freedom to decide how to arrange such matters. Once parliament's views are clear we will develop such plans in Medway.

What more do we need to do to maintain these improvements and make more progress?

1.14 The MSCB has sensible plans for the future that should build on the improvements highlighted by Ofsted. You can read more about these in this report. I would like to highlight three areas of growing importance are:

- Recruiting and retaining a experienced and able workforce in all agencies;
- Developing services to counter the menace of child sexual exploitation; and
- Improving safeguarding in relation to the national secure estate for children at Cookham Wood YOI and Medway STC.

1.15 Holding on to good quality staff is a real challenge for most agencies working in Medway at the moment. The higher salaries that are paid in London can be very attractive and at various times over the past two years most agencies have reported this as a major problem to the MSCB. We have asked the Council, as the civic leader, to consider whether more can be done here. A settled and experienced workforce is one of the basic ingredients needed to keep children safe in Medway.

1.16 As in most parts of the country, services to counter the threat of child sexual exploitation still need further development in Medway. Kent Police has led this development and the MSCB has encouraged all agencies to be self critical in identifying strengths and weaknesses against a national model of best practice. One element that is missing at the moment is an active non-statutory agency working with and speaking for victims and survivors of sexual exploitation. The experience from elsewhere is that such a group can play a very important role in making sure that statutory agencies do all that they can to combat child sexual exploitation. There are plans to commission a service that could develop in this way.

1.17 Lastly the MSCB needs to play a bigger and more active role in helping keep children held in custody safe. The historical accident that sees

[5] Wood, A. (2016) *'Wood Report – Review of the role and functions of Local Safeguarding Children Board'* London: Department for Education **[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526329/Alan_Wood_review.pdf]**

25% of all the English children in custody living in custodial units in Medway is an important challenge to the MSCB. These children may not come from Medway but they are our responsibility while they are here, and there is more that we could and should do to ensure they are safe while at Cookham Wood YOI and Medway STC.

Medway in Context

1.18 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.

1.19 The latest mid-year population estimate indicates that the population of Medway reached 274,015 in June 2014 – 2,910 persons (1.1%) above the 2013 mid-year figure. Significant population growth was seen in 2014 in Medway, in line with the level of growth in 2013, above the historic average since 2002, above the national level in 2014, but below the peak in growth in Medway in 2012. Recent population growth in Medway can be attributed to both natural growth – births exceeding deaths – and inward migration, with a fairly even split between these two.

1.20 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.

1.21 Medway is within the 41% most deprived areas nationally, but has some areas of affluence

1.22 There are approximately 69,600 children and young people under the age of 20 in Medway (2014 data) making up 25.4% of the population of Medway. 22.1% of school children are from a minority ethnic group.

1.23 The health and wellbeing of children in Medway is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

1.24 The level of child poverty is worse than the England average with 20.8% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average. The teenage pregnancy rate is higher than the England average. In 2014-15, 66 teenage girls gave birth which represents 2.0% of women giving birth. This is higher than the England average.

1.25 In 2015-16 there were 744 domestic abuse incidents where there were children and young people in the household resulting in a Domestic Abuse Notification. This compares to 700 in 2014-15.

1.26 There were 541 children subject to a child protection plan at the end of March 2016. This equates to 86 children subject to a child protection plan per 10,000 of the child population and is higher than the national average (2015 data) of 42 children subject to a child protection plan per 10,000 of the child population. This is also higher than Medway's statistical neighbours[6] which is 46 children subject to a child protection plan per 10,000 of the child population (2015 data).

1.27 There were 429 Looked After Children at the end of March 2016. This equates to 69.7 looked after children per 10,000 of the under 18 population. This is higher than the national average (2015 data) of 60 looked after children per 10,000 of the under 18 population. This is also higher than Medway's statistical neighbours which is 64.9 looked after children per 10,000 of the under 18 population.

[6] Statistical neighbour models provide one method of benchmarking progress. Each local authority is grouped with a number of other local authorities that are deemed to have similar characteristics – known as statistical neighbours. Medway's statistical neighbours are: North Lincolnshire; Telford and Wrekin; Dudley; Thurrock; Havering; Northamptonshire; Rotherham; Southend-on-sea; Kent; and Swindon.

Section Two – Governance and Accountability Arrangements

The MSCB and its statutory responsibilities

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 in Medway 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.

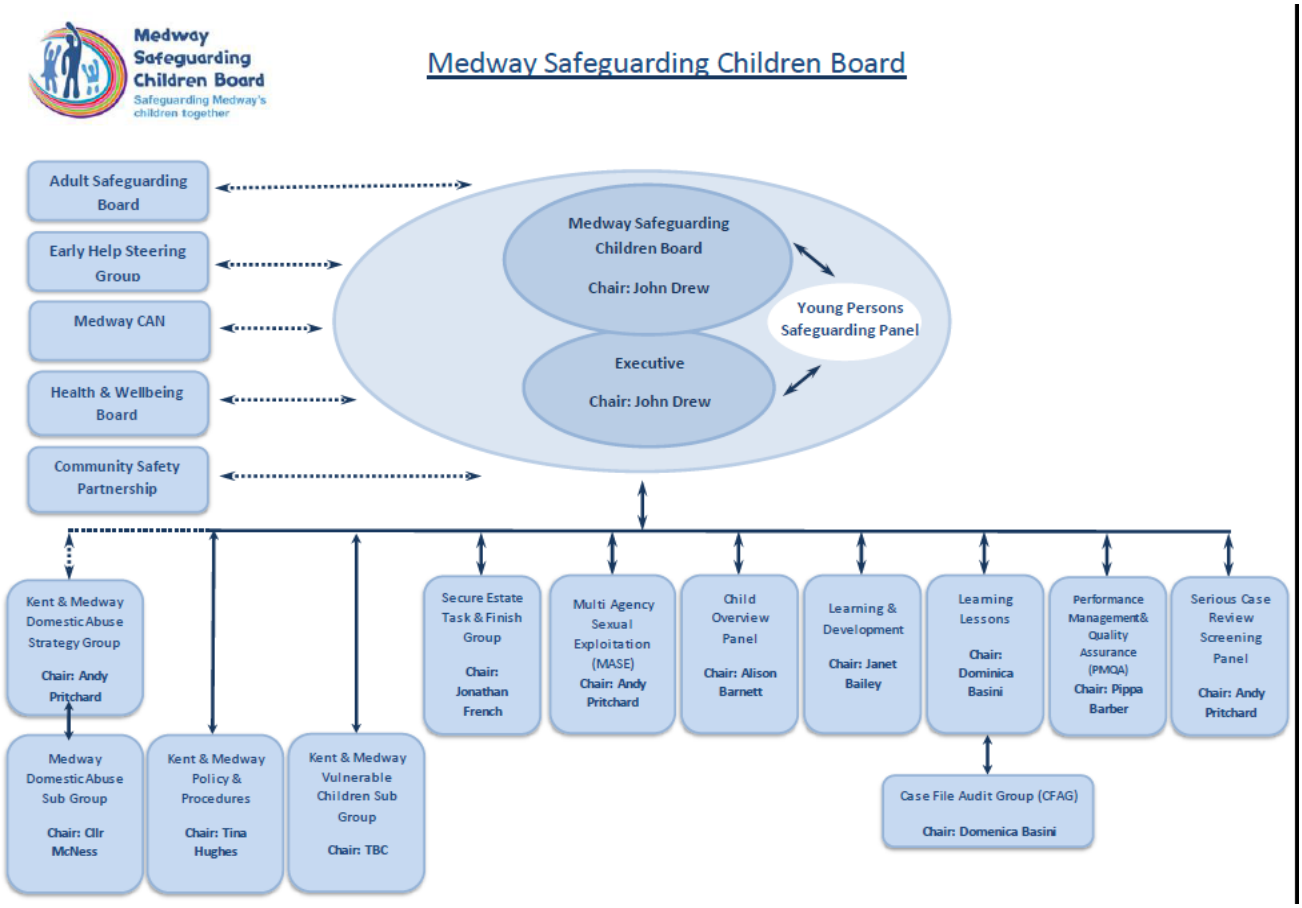
MSCB Structure

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.

2.4 In October 2015, the MSCB reviewed its structure alongside its constitution (and member handbook). To ensure accountability of each of the MSCB sub groups, each sub group chair now submits a formal report to the MSCB Executive twice a year. Sub group chairs will also become formal members of the Executive. 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.

Figure 1 – MSCB Structure Chart (March 2016)



Independent Chair

2.4 John Drew C.B.E. has been the Independent Chair for the MSCB since 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. Our 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 During a review of the MSCB structure in 2015-16, the Executive extended its membership to include the Chairs of each of the sub groups. The Executive meet six times a year at least 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) subgroup

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, to 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, establishing and maintaining the MSCB dataset, facilitating and monitoring the section 11 audits.

2.9 In 2015-16, the work of the PMQA sub group included:

- Developing a multi agency quality assurance framework to support agencies in their quality assurance activity
- Developing the Section 11 Audit tool for 2015-17 and launching the tool at a Champions event
- Developing a new multi agency dataset
- Developing the Challenge and Escalation Policy

Case File Audit Group (CFAG)

2.10 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; and 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.

2.11 In 2015-16, the work of CFAG included:

- Developing a model of multi agency themed audits
- Auditing case files of 16 families and 57 children
- Undertaking four themed audits on: cases not reaching the threshold for child protection; Parental mental illness; cases stepped down to a Common Assessment Framework; and children known to mental health services.

2.12 A more detailed summary of the work of the Case File Audit Group is included below in Section 4.

Learning Lessons Sub Group

2.13 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 Serious Case Reviews (SCRs), audits and other reviews to identify learning and support the dissemination of the learning.

2.14 In 2015-16, the work of the Learning Lessons Sub Group included:

- Signing off the completed action plans for two serious case reviews from 2013-14
- Developing and monitoring the action plan for the Learning Lessons review in respect of 'Jack' completed during the year
- Overseeing the development of MSCB factsheets based on the findings from case reviews covering:
    - Lone Working;
    - Coercive and controlling behaviour and;
    - Resistant, uncooperative and hard to change families.

Child Death Overview Panel (CDOP)

2.15 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.

2.16 In 2015-16, the work of CDOP included:

- Reviewing 19 cases – 15 expected and 4 unexpected deaths
- Identifying that 5 cases had modifiable factors[7]

2.17 At the end of March 2016 there were 12 outstanding cases due for review which is slightly higher than the 10 that were outstanding at the end of March 2015. Cases may not be reviewed in the year of death where not all the relevant information is available to CDOP.

Learning and Development Sub Group

2.18 The Learning and Development Sub Group supports MSCB's statutory responsibility to ensure 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.

2.19 In 2015-16, the work of the Learning and Development Sub Group included:

- Planning and organising the MSCB annual conference
- Delivering safeguarding training for over 1200 professionals

Kent and Medway Policy and Procedures Sub Group

2.20 The 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 Kent Safeguarding Children Board (KSCB). The Group keeps such policies under review, ensuring their timely revision and undertakes focused pieces of work at the request of the Boards, co-opting additional professionals as required.

2.21 In 2015-16, the work of the Kent and Medway Policy and Procedures Sub Group included:

- Reviewing the online Kent and Medway Safeguarding Procedures
- Updating the Medway Inter-Agency Threshold Criteria for Children in Need.

Kent and Medway Child Sexual Exploitation and Trafficking Sub Group

[7] Modifiable factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths.

2.22 The purpose of this subgroup was to reduce the incidence of Child Trafficking and Child Sexual Exploitation (CSE) in Kent and Medway. One of its principle objectives was to raise awareness and encourage the reporting of concerns about trafficked children and sexual exploitation. The sub group developed and reviewed the local procedures and risk assessment toolkits for CSE and trafficking and developed a multi agency CSE action plan to address the national and local recommendations around CSE.

2.23 In September 2015, following the establishment of the Multi Agency Sexual Exploitation (MASE) Panel for Medway, the Board agreed the transfer of the strategic responsibility of CSE to the MASE Panel as a sub group to the Board. A similar agreement was reached in Kent. The existing Kent and Medway sub group has been refined as a 'Risks, Threats and Vulnerabilities' sub group focusing on gangs, the Prevent agenda, missing children and trafficking/ modern slavery. The group has begun to establish terms of reference and will continue to develop its work programme in 2016-17.

Key Relationships

2.24 There is an expectation that LSCBs have robust arrangements with key strategic bodies and are able to influence strategic arrangements. A joint working protocol is in place which sets out a framework for effective joint-working between MSCB, the Medway Health and Wellbeing Board, Kent and Medway Safeguarding Adult Board, the Medway Children's Action Network (CAN) and the Medway Community Safety Partnership. During 2015-16 the MSCB has received update reports from the Health and Wellbeing Board, Medway CAN and the Medway Community Safety Partnership. The MSCB Chair has presented six monthly reports to the Health and Wellbeing Board and the Children and Young Persons Overview and Scrutiny Committee and is represented on other key strategic partnerships which have helped to ensure that the voice of children and young people and their need for safeguarding is kept on the agenda of multi agency partnerships.

Attendance at meetings

2.25 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.

Lay Members

2.26 The appointment of Lay Members and their attendance at Board meetings has been key to offering a different perspective, helping everyone to stay in touch with local realities and the issues of concern in our communities.

2.27 Following the resignation of the previous Lay Member in March 2015, two new Lay members were successfully recruited and attended their first Board meeting in September 2015. As part of the recruitment process and alongside an interview with the Business Manager and members of the Board, the Lay Members also met with the Young Persons Safeguarding Panel. 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. Both our current Lay Members are Medway residents.

2.28 Their role is to contribute a community perspective to the work of the Board on safeguarding children; to think as a member of the public; and to play a part in the oversight and scrutiny of decisions and policies made by the Board. The value of the lay members' role is to represent a community interest in safeguarding children and young people and bring a different perspective from the professional interests in the MSCB. Since being appointed the Lay Members have been working closely with the MSCB Young Persons Safeguarding Panel and attend their meetings regularly.

Work of the Lay Members this year has primarily focused on getting to know representative young people who are members of the various groups operated in the area, and to ensure that their voice is heard by the full Safeguard Children Board. Important work has been done by Young People to raise others' awareness of matters such as Female Genital Mutilation. This included a fantastic and moving production by children from The Robert Napier School on the topic. Work is beginning to consider how the Safeguarding Children's Board website might be rejuvenated to ensure that it is as accessible to young people, families and carers as it is to professionals and agencies. Lay members have worked to ensure that the important work of the Safeguard Children Board is carried out in a cost-effective manner so that the financial impact upon partner agencies is as small as possible, and following the recent problems at Medway Secure Training Centre, Lay Members have been able to reassure members of the local community that the concerns raised in the media are being fully investigated and that appropriate interim arrangements are in place to safeguard young people placed there until such time as the centre passes to direct Ministry of Justice control.

Barry Golding, MSCB Lay Member

Since being appointed to the role of Lay Member on the MSCB, I have attended Board meetings and meetings with young people, and am greatly encouraged to see the dedication and hard work that goes on behind the scenes, both from the adult professionals and the young men and women. It felt like jumping into the deep end at the first MSCB meeting, but after attending a few more, I now understand how the MSCB works and the great opportunity it presents for vital communication to occur between different public services. The chair John Drew is excellent at giving each individual enough time to discuss their work, and the resulting conversations always seem to be beneficial to everyone and come to an end naturally. I have offered the odd thought or comment at meetings, and was pleased to relay the complete summary of the work the Young Person's Safeguarding Panel have been doing during the last nine months. The Panel are a strong and confident group of young adults, and it's encouraging to see them discuss the advertising of issues such as abusive relationships in their own voice, which has been translated into a professional poster campaign. I have gladly used social media to promote the work of the MSCB and the Young Person's Safeguarding Panel when the opportunity has arisen, and it's great to have this perspective on hand for local politics and community affairs.

I hope to use the second half of 2016 to continue to gain more knowledge of the MSCB and the Young Person's Safeguarding Panel, and would like to help promote the work both bodies do at any available opportunity. I also think the possibility of 'shadowing' particular members of the MSCB for a day to see what kind of work they deal with would be invaluable.

Tony Scudder, MSCB Lay Member

Section Three – Progress in Medway

3.1 In 2014 the MSCB set out its strategic plan for 2014 to 2017 which was reviewed during 2015-16. The plan sets out six priority objectives for the three year period. 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. A summary of the key activity against each of the priority objectives is below:

Achievements against Priorities for 2015-16

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 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.

3.3 The impact of neglect on children and young people is enormous, yet it can be difficult to define and research shows us it often co-exists with other forms of abuse and adversity. During 2015-16, a multi agency consultation event was held to consider a standard neglect assessment tool for Medway. The group reflected on different tools and as a result of feedback an application was made by the MSCB and Medway Council to be part of the NSPCC Graded Care Profile[8] Version 2 Early Adopters. The application was successful and following training of professionals in early 2016-17, the use of the Graded Care Profile will be rolled out to provide professionals with an objective measure of the care of children.

3.4 In May 2015 the MSCB held a Safeguarding taster session to promote adult and children's substance misuse services, which was attended by 52 delegates. The MSCB has also signed up to a programme of e-learning courses, which will be made available to all professionals working with children in Medway. The e-learning courses will supplement the range of face to face training and briefing sessions that the MSCB already runs. The courses include awareness of child abuse and neglect; the effect of parental drug and alcohol misuse; and parental mental health and its impact on parenting. In 2016-17 the MSCB also plans to hold further briefing sessions on the impact of parental substance misuse, parental mental health and parental learning disabilities.

[8] The Graded Care Profile is an assessment tool for professionals to use that helps them to spot anything that's putting a child at risk of harm and to help measure the quality of care being given to the child. Professionals are specially trained to use the tool and visit families at home to do an assessment.

3.5 The Medway Inter-Agency Threshold Criteria for Children in Need was updated during the year to reflect the changes in Early Help. 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 revised threshold document was launched through a series of briefing sessions attended by 70 professionals. The briefing sessions supported professionals in their understanding and application of the threshold criteria and will be repeated during 2016-17.

3.6 The MSCB Case File Audit group continue to review a variety of cases. The theme of the audits during 2016 included cases of parents with mental ill health. The audits identified that CIN meetings and visits were taking place, there is good support to families from the health visiting service and there is good multi agency contact. They also identified a need for better multi agency understanding of the impact of parental mental health on the parenting ability and the child and the need for multi agency training on working with families with complex needs.

3.7 Throughout the year, all partner agencies evidence to the Board what specific work they undertake linked to the Boards priorities. For Kent and Medway NHS and Social Care Partnership Trust (KMPT), who provide mental health services, the work undertaken to maintain the 'Think Family' focus is key to reducing the impact of mental illness on the children of the patients in their care.

3.8 Progress has been made during the year against this priority but in order to develop this, further work needs to be done. Audits highlighted that some good work is taking place to support families but also highlighted the need for further training for professions on working with families with complex needs which will be developed in 2016-17. The introduction of the Graded Care Profile will help professionals to identify areas where parents need to improve their care and achieve better outcomes for children.

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

3.9 During the year 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 2015. 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.

3.10 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.

3.11 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. A key focus for the MASE will be the rolling implementation of the Action Plan which is intended to co-ordinate and enhance the delivery of services to victims and those at risk of CSE in Medway to ensure:

- Increased capability to tackle CSE effectively through consistent adoption of the action plan across partner agencies.
- Increase in children and young people being safeguarded.
- Increase in offenders being brought to justice.
- Increased partnership effectiveness from key stakeholders.
- Increase in public confidence in the delivery of local services.
- Increased awareness and early interventions and referrals across workforces.

3.12 The MASE Group receives regular 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, therefore as yet we can’t evaluate this effectiveness.

3.13 The MSCB has run a number of training sessions on CSE throughout 2015-16. In total 82 professionals have attended the full day MSCB CSE training during the year. Delegates who attended the training reported that they felt confident in using the CSE toolkit and in what actions need to be taken when they identify a child at risk of sexual exploitation. In addition to the full day course two alternative CSE workshops have been delivered working closely with the local authority licensing department including a CSE session for taxi drivers attended by over 50 drivers. This workshop was originally piloted in Kent and gives taxi drivers a basic awareness of CSE, what signs to be vigilant of and how to report their concerns. The course was highlighted when a new taxi policy was circulated during the year and a further 60 drivers have expressed interest in attending a future course. Another workshop was targeted to businesses/ individuals who work in the evening e.g. take away restaurants/ pubs and clubs which was a basic awareness course to help the community to understand CSE, identify concerns and how to report them. The Police CSE Training Officer has trained in excess of 1300 police staff on a variety of CSE topics and 100 outside agency staff. In addition, a hotel training package has been made

available that can be used to train staff within the hotel industry during 2016-17.

3.14 A bid is being submitted for 2016-17 and onwards for outreach/ preventative work with vulnerable groups. The aim of the project will be to provide a suite of services to deal with CSE which will include awareness raising, work with young people identified to be at risk of being a victim and work to engage victims in counselling.

3.15 A significant amount of progress has been made against this priority during the year however there still remains further work to do. The establishment of the MASE group, the launch of Operation Willow and the combined Child Sexual Exploitation (CSE) team have ensured there is an increased awareness and agencies are sharing information effectively to identify and work with children at risk of or victims of CSE. In particular in the year ahead, further work needs to be developed to work directly with victims.

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 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.
- They held interviews with the Independent Chair and members of the Board as part of a Takeover day to allow young people to gain a better understanding of the MSCB and the work of the partner agencies.
- The group have been working on a ‘Help a friend’ Domestic Abuse Campaign called “#LovesMeOrNot”.
- 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.

3.17 The Children and Young Persons section of the website remains an area for development. Data on the usage of the website show us that the children and young people’s pages are the least used pages of the

website. The Young People's Safeguarding Panel have been reviewing the Children and Young People pages and have provided feedback to the Board. They will continue to develop these pages during 2016-17. The key issues the young people wanted to see on the website are displayed below:

Pages for Young People Brainstorm

3.18 During the year 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 and the online version has been viewed over 300 times in four months. 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.

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

3.19 The MSCB continues to be represented on the multi agency domestic abuse groups in Medway and Kent. The Kent and Medway Domestic Abuse Strategy Group (KMDASG) plan to issue the next Domestic Abuse Strategy in October 2016 and the Domestic Violence co-ordinator will provide update reports on the strategy and progress against the delivery plan to the MSCB Board.

3.20 The current 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.

3.21 It is likely that the next Domestic Abuse Strategy will build on these themes of work; although that will be determined by development and consultation work over the summer period.

3.22 Throughout 2015-16, the MSCB continued to run training courses on domestic abuse and safeguarding children and DASH (Domestic Abuse, Stalking and Harassment with Honour based violence). In total 72 professionals attended these training courses. The MSCB supported the Medway Domestic Abuse Forum annual conference held in November 2015 and attended by over 120 professionals and continues to work closely with Forum members to deliver domestic abuse training events. The MSCB has hosted a domestic abuse workshop which was facilitated by the National Centre for Domestic Violence (NCDV), having 65 delegates attend.

3.23 As part of the Children and Young People's group of the Kent and Medway Domestic Abuse Strategy Group, the KMDASG has funded the 'Help a Friend' domestic abuse campaign materials produced by the Young Persons Safeguarding Panel for use across all of Kent and Medway. The campaign will be launched during 2016-17.

3.24 To support health professionals a Domestic Abuse Continuing Professional Development e-learning package for providing an overview on 'Domestic Abuse Safe Enquiry and Support' was produced in September 2015. Uptake of the e-learning is being monitored but to date it has been completed by 12 professionals across both Medway and Kent.

3.25 Since November 2015, Medway Council Public Health, Medway Community Safety Partnership and the council's Partnership Commissioning Team have been working in collaboration to develop a Joint Commissioning Strategy for Domestic Abuse in Medway and to implement the NICE Guidelines on Domestic Abuse and Violence. The development of a Joint Commissioning Strategy for Domestic Abuse is nearing completion and expected to be approved in early 2016-17. Consultation has taken place with users of domestic abuse services, which has given invaluable insight in to the experience of women who access services locally and with members of Medway's Domestic

Abuse Forum, to inform the development of a service pathway for victims of Domestic Abuse. Domestic Abuse One Stop Shops offer free advice, information and support from a range of agencies under one roof to help victims of domestic abuse. Of the 14 One Stop Shops across Kent and Medway, Medway has continued to offer support to the highest number of people. Between July 2015 and June 2016, 567 people attended the Medway One Stop Shop and of those people there were 676 children in the households. The number of people attending Medway is 21% of the total number of people attending all of the 14 One Stop Shops across Kent and Medway which was 2679 for the period.

3.26 In July 2015 the Medway Multi Agency Risk Assessment Conference (MARAC) moved from monthly to weekly meetings to address the high volume of cases being referred. Referral into MARAC continues to be via a Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) assessment and professional judgement.

3.27 The eradication of Female Genital Mutilation (FGM) in the UK within generation is a key government priority. The Serious Crime Act 2015 strengthened the legislation and statutory responsibilities to protect and safeguard girls from FGM. The MSCB is part of the Kent and Medway FGM Multiagency Steering Group which reports in to the Board. The group has developed a local work plan to align to the national agenda and workstreams in relation to safeguarding and preventing cases of FGM. The group has been working to establish a clear multiagency response to managing cases of FGM in Kent and Medway. The steering group is currently developing an FGM interagency referral pathway/process map and supporting documents for the protocol.

3.28 Whilst this shows that progress has been made against this priority, the challenges still remain with increasing numbers of domestic abuse incidents, including those where there is a child or young person in the household. This in part can be attributed to an increased awareness in communities that support is available for those affected by domestic abuse. It also remains that domestic abuse is present in the background of 65% if all child protection cases.

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

3.29 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.

3.30 All Board meetings continue to start with a “voice of the child” item. The Chair of the Medway Youth Parliament (MYP) attended one of the Board meetings to present feedback from the young people at the 2015

MYP Conference titled 'Just because you can't see it, Exploring Mental Wellbeing'.

3.31 The aims of the conference were to educate young people about mental health and helping to remove the stigma surrounding this. The three key messages that the young people conveyed were:

- It is common to have a mental health problem, 1 in 4 people experience them
- Ask for help before your problem gets too bad
- Support someone who might be suffering

3.32 The young people reported that they would like to be able to access early help before the problem has escalated and the need for Child and Adolescent Mental Health Services (CAMHS) intervention has arisen. They would like to see teachers trained on how to deal with young people's problems and where to signpost them if necessary. They would also value a peer support group, such as the SAFE project[9] and would like to see trained counsellors available to students whenever they need them.

3.33 The Young Persons Safeguarding Panel 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 designed a poster and leaflet to accompany the campaign. The young people have secured funding from the Domestic Abuse Strategy Group to support the design and printing of the campaign material. The group will be looking at how to get their campaign into schools and how to ensure that it is being seen by the right people.

3.34 From the 1st July 2015 every local authority has a legal duty to consider the need to prevent people from being drawn into terrorism, as laid out in the Counter Terrorism and Security Act 2015. Prevent is one of four strands of the government's counter-terrorism strategy, and aims to stop people becoming terrorists or supporting 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.

3.35 Since 1st September 2015 there have been 21 referrals made to the Channel co-ordinator at Kent Police, of which 12 were for children (under 18), however none have resulted in a Panel being called. The Channel process provides early intervention targeting people at risk of radicalisation. During 2015-16 the MSCB has run 5 WRAP (Workshop to Raise Awareness of Prevent) sessions attended by over 100

[9] SAFE is a youth led project which aims to raise awareness of mental health, reduce suicide, stigma, getting young people to talk about their feelings, recognise the danger signs and to seek support, if and when they need it.

professionals. MSCB have ensured they have a registered member of staff who can deliver the training and will continue to deliver the sessions in 2016-17

3.36 The Learning and Development sub group has identified that there is further work to do under this priority objective particularly around support for professionals working with young people aged 11 to 18. A working group has been set up to review and develop support for professionals around risk taking behaviour.

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

3.37 For 2015-16, the MSCB widened this objective to include improving the effectiveness of the Board as well as its communications strategy. This incorporates the action put in place to implement the recommendations from both the Local Government Association (LGA) Review and the Ofsted Inspection. Progress against the recommendations from the Peer Review during the year included:

- The Serious Case Review (SCR) Action Plans for both Child F and Callum have been signed off by the Executive. The Learning Lessons sub group monitored the implementation of the action plans.
- The Executive has introduced a Challenge log to evidence how MSCB challenges partners on their responsibilities (see section 4 below).
- Regular reporting arrangements were set up between the Children's Social Care Improvement Board and the MSCB.
- The Board approved the MSCB Quality Assurance Framework in September 2015 addressing the ways in which the MSCB ensures effectiveness using an outcomes based accountability approach which includes agency annual reports to the Board, Case Reviews and a multi agency dataset.
- A multi-agency audit schedule is in place undertaken by the Case File Audit Group with regular reporting to the Board.
- The Executive has undertaken a review of the MSCB structure

3.38 The MSCB Annual Conference was held in December 2015, where 144 delegates attended from a variety of agencies including education, police, health, youth services, foster care agencies, social care and Medway young people's institutes. The conference was a half day event, where delegates could attend 2 out of 3 workshops offered, this included Female Genital Mutilation, Working with Young People from Diverse Backgrounds and Working with Gypsies and Travellers. In addition, Robert Napier Pupils did a short performance on Female Genital Mutilation (this was supported by MSCB and Kent Police).

3.39 The MSCB continues to utilise the website to promote safeguarding messages and raise awareness and use of the MSCB resources by professionals and members of the public. The website is regularly updated and received over 50,000 views during the year. The MSCB

has continued to publish a regular bulletin to ensure professionals are kept up to date with relevant policy, news and training events and has recently begun publishing topical fact sheets as a quick and useful overview for professionals. The themes for the fact sheets are identified from learning from case file audit reviews or from professional reviews. Feedback from professionals on the first two fact sheets to be produced has been very positive.

3.40 As part of the work to develop MSCB communication methods through the use of social media, the MSCB has set up a twitter account. The twitter account (@MedwaySCB) is used in addition to the MSCB website and monthly bulletin to communicate with the children's workforce and with children and young people and members of the public. In the five months since setting up the account the MSCB has gained over 200 followers.

Other Achievements in Medway

Early Help

3.41 The MSCB has supported the development of the early help (EH) Strategy and Outcomes Plan which were approved by the Board and launched in June 2015 through a series of multi-agency workshops. The strategy commits all services and agencies working with children, young people and families to help ensure that problems for children and families are identified early, and responded to effectively as soon as possible.

3.42 We believe that delivering early intervention and prevention makes a difference. It can transform children's and families' lives by identifying and resolving difficulties before they escalate into a potentially unmanageable situation and gives them the resilience they need to thrive without long term professional support. In Medway, EH is understood to be that identified and delivered by universal services (those that support all families e.g. health visiting, GP, schools, youth centres and children's centres) and also by those providing more intensive and complex support. All services have a collective responsibility for EH.

3.43 Crucial to the success of EH is the way that practitioners work together, sharing information and coordinating their approach to ensure no duplication or unnecessary assessing of needs. The ethos for EH in Medway is for one lead worker, one whole family assessment and one whole family plan working towards the outcomes agreed with the family.

3.44 The EH Steering Group has the strategic oversight of the work and began work to develop its purpose in March 2016 reporting to the Board twice a year. The group will work towards consistency and co-ordination of EH services in Medway together with clarity of the service

offer available in order to improve the outcomes for children, young people and their families.

3.45 The group agreed three main achievements it was aiming for:
- Upskilling the workforce and increasing awareness
- Increase in uptake and quality of Early Help Assessments
- Reduction in the number of families needing social care

3.46 To support the early identification of need by services across Medway, it was recognised that increased resource was needed. Four area based EH coordinators started work in November 2015 to help promote the EH ethos and to support the work being undertaken by partners. The EH coordinators are funded by the Early Help Transformation team budget which sits under the Integrated Family Support Service (IFSS) in Medway council. The team will provide refresher sessions in the Common Assessment Framework (CAF)[10] – which continues to be the assessment of choice until our new EH assessment is finalised; will chair or assist at team around the family meetings; support lead professionals in undertaking an assessment and will lead on assessments themselves in some cases - where there is a sudden change of staff. These coordinators are each responsible for a geographic area of Medway and bring lead professionals together across the services to network and share good practice and to support families in need.

3.47 An EH multi agency panel has also been developed at senior operational level and meets fortnightly to consider cases that have either become stuck in the system (usually at Team Around the Family (TAF) level)[11] or are new referrals and are difficult to allocate for support. The panel also regularly reviews cases discussed over the previous months.

Early Help Assessment (EHA) Pilot

3.48 Crucial to the success of EH is the robust assessment of whole family needs, development of their plan and the accurate recording and reviewing of progress. We know that this has been a struggle in Medway with the current Common Assessment Framework (CAF) process which is felt to be cumbersome, child focussed and not at all user friendly. We identified the need for an improved process and have been piloting a new assessment tool, the EH Assessment since September 2015. The EHA will enable all workers in Medway who provide support to families to consistently record their work. The pilot was trialled by the Family Support Service in Medway Council before being widened to include multi agency partners from January 2016. It

[10] The Common Assessment Framework (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.

[11] Team around the Family (TAF) is a multi agency meeting held following a CAF where all the professionals working with the family, including the parent/ carer and child(ren) where appropriate, explore what help is needed and how this can be best provided.

currently consists of 70 multi disciplined workers comprising family workers in schools, children's centres, police, youth services, health, voluntary and community groups and housing organisations and will be rolled out across Medway in the autumn 2016. The EHA has been warmly welcomed by partners who have informed and developed the tool. Families have not reported any negative impact from their experiences and helpful feedback was received from the MSCB Young Persons Panel who have recently reviewed the draft EHA. Overall feedback on the pilot to date is very positive: 'It's amazing' Temple Mill Primary School; 'very user friendly' St Margaret's junior school. The plan is for EHAs to be centrally accessible to encourage appropriate information sharing and avoid unnecessary duplication.

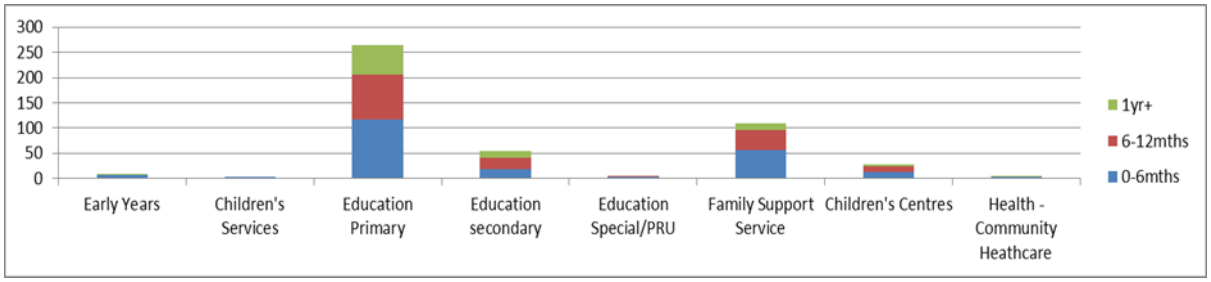
Performance

3.49 Currently partners complete the Common Assessment Framework (CAF) on cases that they support. This will change to the EHA once the pilot has concluded late summer. Take up of the CAF is not consistent across Medway but this is expected to improve dramatically with the introduction of EHA. As shown in Table 1 there was a decrease in CAF assessments started during 2015-16 compared with 2014-15 from 708 to 663. However, data was not reliable before April 2015 due to inefficiencies in system reporting which has since been rectified and continues to improve. Increased numbers of CAFs are a good thing as they show that families needs are being appropriately assessed. The EH coordinators encourage lead workers to ensure whole families needs are taken into consideration and that appropriate outcomes are identified and regularly monitored. Table 2 shows the CAF take up by sector and the majority of CAF's and TAF's are opened by schools – particularly primary schools. Step down to CAFs from Children's Services have been a focus since early 2016 and is supported with bespoke training sessions for social workers. This will show an increase in CAF/TAFs during 2016-17.

Table 1 – CAF/ TAF Data for 2015-16

Integrated Family Support Service	National 13/14	SN Mean Score 13/14	Medway target 15/16	RAG	Medway YTD	Good is?	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Monthly Trend & RAG
CAF assessments started in period					663		39	33	102	61	11	71	32	83	34	59	61	77	
Open CAF assessments at period end							202	205	117	118	108	129	117	128	147	138	147	148	
Outcomes from CAF assessments completed in period:																			
Referral to social care accepted.					35		11	1	6	2	0	1	4	0	0	1	5	4	
Support to be provided by a single agency.					98		14	10	24	16	6	5	6	2	9	5	0	1	
Multi-agency team around the family (TAF)					426		19	44	61	60	24	36	31	18	19	30	34	50	
CAF process refused					111		16	14	11	20	2	9	7	10	5	10	2	5	
Cases stepped down from CSC to TAF in period					129		13	5	27	2	8	16	9	4	17	10	8	10	
Ongoing TAFs at period end							479	509	471	430	385	307	316	307	319	302	329	342	
% TAFs with reviews within the last 12 weeks.						High			23%	26%	39%	39%	45%	45%	32%	29%	26%	26%	↔
Total CAF and TAF open at end of period							681	714	588	548	493	436	433	435	466	440	476	490	
Outcomes from TAFs concluded in period:																			
Objectives achieved.																			
Referral to social care accepted (step up)																			
Agencies unable to offer required support																			
Family moved, withdrew or are no longer engaging																			

Table 2 – Number of CAF and TAF's open by service in 2015-16



Outcomes from Early Help

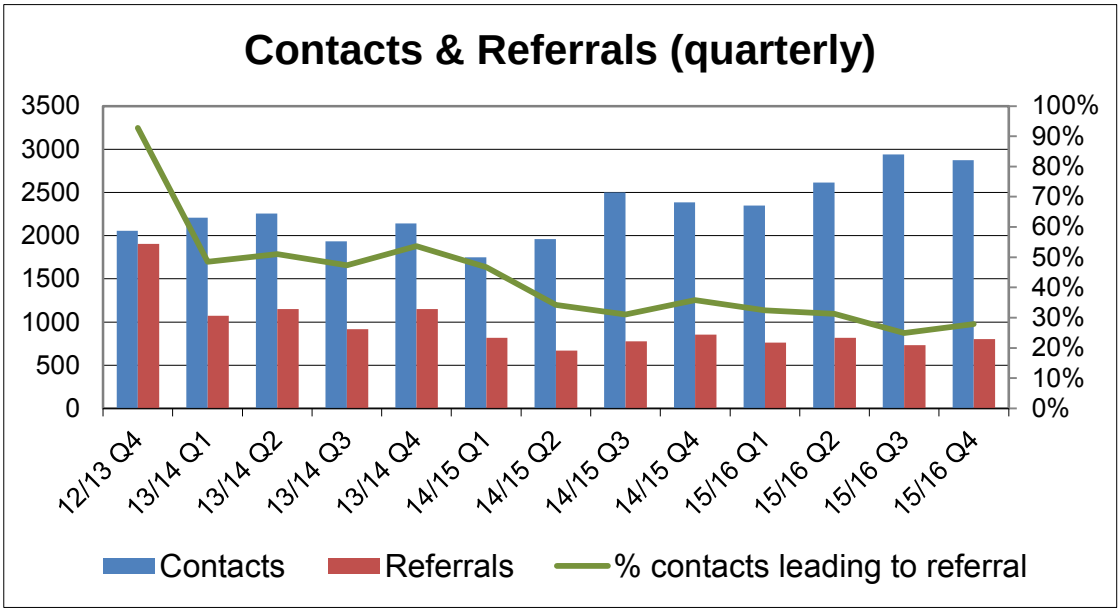
3.50 The new EHA enables the measuring of progress against agreed outcomes for families. The EHA will be rolled out across Medway late summer 2016 and will also allow reporting on its impact some 6-12 months later. The Department of Communities and Local Government has also developed a system to demonstrate the fiscal impact of the work on troubled families programmes and compares the cost of interventions both prior and post TF support. The system should have sufficient data for meaningful reports by the autumn. Currently an internal data dashboard demonstrates the quantitative impact of EH.

Children's Social Care

Referrals to Children's Social Care

3.51 Table 3 looks at the number of contacts received each month and the proportion leading to referral. There has been a slight increase over the last 12 months but Medway remains in line with other authorities.

Table 3 – Contacts and Referrals to Children's Social Care



3.52 Frontline practitioners are now adapting to the single assessment approach with timescales for completing assessments decreasing. The rate of assessments being completed within 25 days has increased significantly from 7% in 2014-15 to 23% in 2015-16 and is now slightly better than the national average of 22%. Assessments within 45 days is also an improving picture from 75 % in 2014-15 to 83% in 2015-16. This is now slightly better than the national average of 82% (2015 data) and Medway's statistical neighbours average of 79% (2015 data). This shows that assessments are now being completed quicker. Timeliness is a key element of the quality of an assessment and the outcomes for the child.

3.53 Improvement in rates of re-referral's within 12 months of a previous referral gives further evidence of continual improvement within Medway as the aim is to meet children's needs at the earliest point with a low number of re-referrals. The end of year figure stands at 17% in comparison to the national average of 24%.

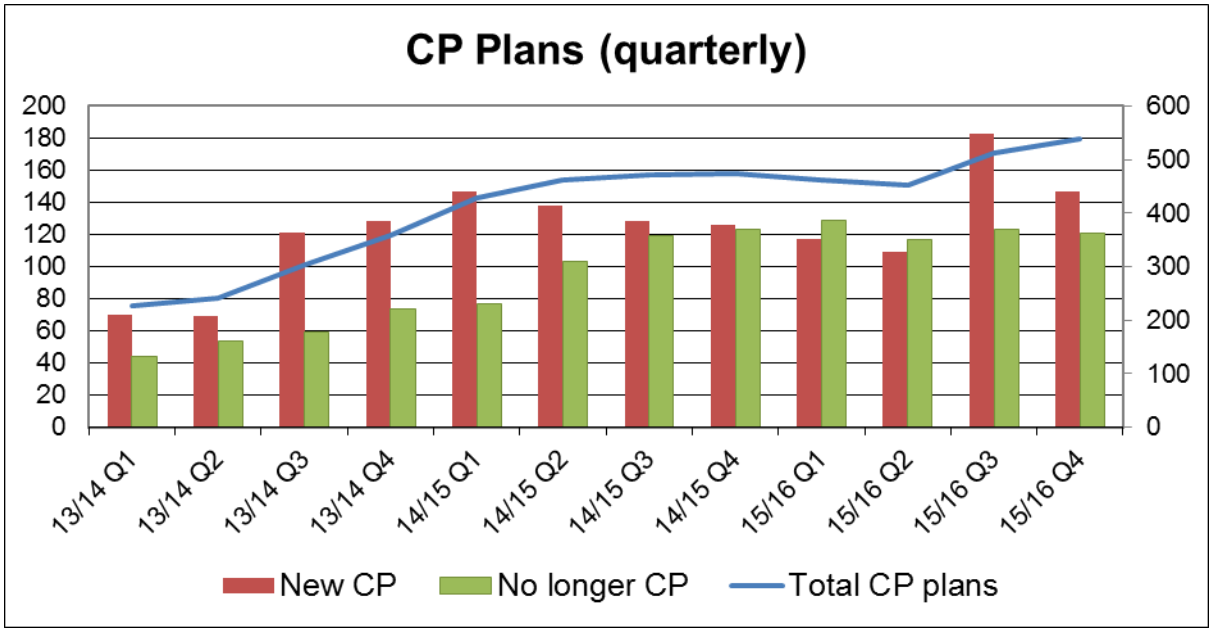
3.54 Section 47 of the Children Act 1989 places a duty on local authorities to investigate and make enquiries into the circumstances of children considered to be at risk of 'significant harm'. The level of Section 47 enquiries remains high within Medway. There has been a further increase from 242 Section 47's per 10,000 children in 2014-15 to 258 in 2015-16. This compares to a national average of 138 Section 47's per 10,000 children. Only 35% of these Section 47's lead to an Initial Child Protection Conference (ICPC). This figure is low and suggests that further improvement is needed on decision making about whether to initiate Section 47 enquiries. It is important children at risk of significant harm are identified effectively and Section 47 enquiries identify the appropriate action required to safeguard the child.

3.55 Education and Police account for approximately 50% of all referrals which lead to assessment. This high figure evidences the potentiality of a positive relationship. It also suggests that other agencies are making a lower number of referrals or a lower proportion of these agencies contacts lead to a referral. A review of the Children's Advice and Duty Service (CADS) will be carried out in early 2016-17. CADS is the first port of call for professionals or members of the public who have concerns about a child.

Children subject to a Child Protection Plan

3.56 At the end of March 2016, there were 541 children subject to a Child Protection Plan in Medway. This is more than double the number three years ago (224 in July 2013).

Table 4 – Number of Children subject to a Child Protection Plan



3.57 Whilst it was reported in April 2015 that numbers of children subject to a Child Protection Plan had begun to reduce these significantly increased within the final quarter of the year as shown in Table 5 below. Medway continues to have a higher rate per 10,000 than its south east neighbours and the England average. Work continues to robustly review these cases and ensure child protection plans are purposeful and are progressed appropriately.

Table 5 – Number of children subject to a child protection plan at end of month

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No	473	456	463	444	469	455	481	500	515	509	547	541

3.58 Children's Social Care have carried out several reviews of children subject to child protection plans focussing on the following key aspects:

- strategy discussions and outcomes from these
- children subject to a plan over 15 months
- children subject to a plan over 15 years.

3.59 These reports identified several areas of practice which required improvement in order for children to be effectively safeguarded as follows:

- strategy discussions did not consistently incorporate a contingency plan or a safety plan whilst awaiting ICPC
- agencies are not intervening at the early stages of a family in order to prevent escalation to ICPC
- there was a significant number of children over 15 years of age subject to Child Protection plans (50), the audit highlighted that children within sibling groups were not being considered as individuals in relation to risk but rather being considered as a "family group" resulting in increased numbers of older children being subject to Child Protection plans.
- there were a significant number of children who have been subject to child protection plans for over 15 months (82), there were various reasons for the drift and delay in progressing these plans, including changes of workers, delays in legal proceedings (either care or pre-proceedings), lack of challenge from partner agencies regarding progress against child protection plans and delays in ongoing care proceedings. If the changes outlined in the child protection plan have not been sustained or have not taken place after this length of time, other ways of protecting the child should be pursued.

3.60 These reports have been presented to senior management and there are clear plans in place to reduce the child protection numbers.

3.61 Positively, the work started within the previous year to improve timeliness of initial child protection conferences (ICPC's) has had a significant impact upon these as follows:

Table 6 – Percentage of children whose Initial Child Protection Conference (ICPC) was held within 15 working days of the strategy discussion

Month	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014-15	53.2 %	64.2 %	56 %	33.3 %	62 %	52.5 %	28.2 %	51.2 %	82.3 %	81 %	82.7 %	68.4 %
2015-16	77.8 %	88.1 %	100 %	97.6 %	92.7 %	92.2 %	92.4 %	100 %	76.4 %	86.3 %	73.3 %	93 %

3.62 These figures have resulted in an overall yearly figure of 88.8%, far higher than the target of 72% set within Medway Council and the

highest figure since 2011. This is also now better than the national average of 80%.

3.63 Timeliness of Review Child Protection Conferences is also monitored on a monthly basis and has, again, remained over 95% throughout the year.

3.64 In addition to monitoring the timeliness of Child Protection Conferences there is also an obligation to ensure key documents are recorded and distributed to parties within a reasonable timescale. Within Medway Council these timescales are set at Child Protection Plans to be recorded and distributed with 24 hours and Child Protection Conference Minutes within 10 working days of the meeting.

Looked After Children

3.65 MSCB continues to monitor the safeguarding arrangements for looked after children to ensure that agencies are effectively discharging their duties and looked after children are supported to achieve the best outcomes. 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.

Table 7 – Number of Looked After Children (LAC) 2015-16

All LAC	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Total number of LAC	424	417	422	420	435	441	436	434	437	449	451	429	
New episodes	15	14	18	15	24	23	17	16	18	27	14	12	213
Children no longer LAC	17	21	13	17	9	17	22	18	15	15	12	34	210
Rate per 10,000	68.0	66.7	67.6	67.3	69.7	70.5	69.7	69.4	69.7	71.8	72.1	69.7	

3.66 Table 7 shows the numbers of looked after children within Medway over the last 12 months which has remained relatively stable from 424 in April 2015 to 429 in March 2016. There was a significant increase in the number of Children in Care between July and February with this reducing again to the same level as of March 2015 in March 2016. During the latter part of the year, a Specialist Multi-Agency Response Team (SMART) has been set up to provide a package of intensive support to those families who are in crisis and where there is a risk of young people coming into care. This has begun to reduce the numbers of looked after children.

3.67 In short, over this reporting year there were 213 children and young people who entered the Care system in Medway whilst there were 210 children who left the care system either by returning home to parents, being adopted / SGO or turning 18 years of age resulting in the number of children looked after by Medway Council remaining stable as a whole from 2015 to 2016.

3.68 Each Looked After Child must have a LAC review, Chaired by an Allocated IRO, in the following sequence:

- within 20 days of being cared for by Medway Council
- 3 months following Initial Review
- 6 monthly thereafter

3.69 The timeliness of LAC reviews is monitored very closely. The figure as of March 2016 is significant improvement from the 84% that were in timescale in the year 2014-15.

Safeguarding Children Missing from Care and Home

3.70 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. Every missing episode should, therefore, attract attention from professionals to assess the risks and respond appropriately and proportionately. 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.

3.71 The administration for Missing Children now sits within the Specialist Multi Agency Response Team (SMART), an early intervention team with specialist focus on children on the edge of care. The team works in partnership with all key stakeholders (police, education, youth offending team, Children's Social Care), young people and their family or carers.

3.72 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.

Table 8 – Number of children missing from home and care 2011-2016

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	116	101	102	103	89	83	1239
2016	85	134	96	92	156								563
													5122

Key
0-50 - Low
51-100 - Med
101-150- High

3.73 Table 8 above illustrates the continuing upward trend in numbers resulting in a marked improvement in the exchange of Return Interviews between the two authorities. Relationships continue to be developed with other authorities who have placed their looked after children in Medway including Kent County Council, with the aim of receipt of Return Interview information being shared.

3.74 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. The numbers are also an indication of the high level of vulnerability of some of the children who live or are placed in Medway.

3.75 For the financial year 2015-16, an average of 28% of incidents were for POLAs (children placed in Medway by other local authorities) peaking at 41% in January 2016. This is a slight increase on 27% of incidents from 2014-15.Their incidents are recorded by Medway Council but responsibility for intervention lies with the placing authority. We know there are a number of looked after children placed in Medway by other local authorities. This issue has been raised at the Board who will be monitoring the numbers of POLAs in 2016-17. Increasing numbers of POLAs can put increased pressure on the public agencies responsible for supporting children in Medway. For the same financial year,

Medway's LACs accounted for 36% of missing incidents, peaking at 55% in May 2015.

3.76 Case notes and missing children episodes are recorded in a timely manner, generally within 24-48 hours, ensuring that CSC and OOH colleagues have up to date information available to them.

3.77 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.

Children Missing Education

3.78 Section 436 of the Education Act 1996 requires all local authorities to make arrangements to establish (so far as it is possible to do so) the identities of children and young people residing in their area who are compulsory school age and not receiving education.

3.79 Suitable education is defined as full time education suitable to age, ability, and aptitude and to any special education needs the child may have.

3.80 Medway Council has a full time dedicated Children Missing Education Officer (CME) who oversees and collates all information ensuring that all CME cases reported coming into Medway or leaving Medway are followed through until a case can be fully resolved.

3.81 Following Ofsted Inspection the report was positive with regard to the systems and processes in place for CME and that Medway where possible know where children are not in receipt of education and fully support to assist until a school place can be offered.

3.82 Statistics indicate that the overall total referrals into Medway and leaving Medway are slightly down on last year 2014-2015 however indicate that there was a rise in incoming cases which are increasingly becoming more complex and time consuming in resolving. Although Medway have enough school places, children are often placed in schools not closest to the family home or siblings in separate schools, making travel extremely difficult and challenging.

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 There were 33 notifications of Private Fostering arrangements in the year 2015 –16 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.

3.85 Developments of the service for children and carers during 2015-16 include:

- Very positive feedback from Ofsted inspection describing the service as good in all areas and assessments as thorough ,child focussed and sensitive support offered
- 98.66% of visits to children in PF arrangements up to 12 months were made as per regulations (36 in sample)
- 84.85% of Initial visits made to new arrangements as per regulations (33 in sample)
- Feedback from young people is gathered annually and is very positive –average of 9/10 scored in terms of child's assessment of service

3.86 Within Medway the number of notifications has been rising through the years. 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.

3.87 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.

Policing

3.88 Kent Police employ approximately 5500 staff (3275 officers). Protecting the Public is a core responsibility of the Police Service, so all staff have the responsibility to identify threat risk and harm and take measures to mitigate the risk of harm. Specifically however, the Public Protection Unit (PPU) have 250 specialist staff to manage the range of business known nationally as 'Protecting Vulnerable People' (PVP).

3.89 The PPU manages all safeguarding issues on behalf of the Force including child abuse investigations.

3.90 Kent Police has undertaken specific activities in the past year to improve safeguarding for children. Kent Police have led on the creation of a co-located CSE team (CSET) sited at Force Headquarters. Through growth funding of 15 staff (police staff and officers), a body of intelligence officers, detectives, analysts, trainers and supervisors has been established and resources from Medway Social Care, Health, and Education have committed to join the team to provide a truly

coordinated response to CSE. Further information is included in Section Three (pg).

3.91 Two detective sergeants have now been co-located within the CADS team as of January 2015. They effectively provide a central referral unit function for the CADS and LADO service with a principle responsibility for sharing information to safeguard and dynamically manage the risk to children in Medway.

3.92 The Medway MARAC (Multi Agency Risk Assessment Conference) is currently in a period of transition and now meets weekly instead of monthly. The meeting is well attended by the key agencies but its case list was simply becoming unwieldy for one meeting per month (40 – 50 cases monthly). The weekly meeting is subject of the six month pilot and is reviewed through the MARAC steering group every two months. Early indications are that the MARAC is now more dynamic in terms of managing risk and is delivering quicker and improved safeguarding outcomes for domestic abuse victims and their children.

3.93 The Kent Police Control Strategy has been significantly updated and includes key areas of public protection business including child abuse and exploitation, domestic abuse, serious violence and sexual violence, human trafficking and gangs. The control strategy is the mechanism by which Kent Police will prioritise its activities and coordinate its resources. This is a very significant move away from the traditional 'staple diet' of target based policing preoccupied for many years with acquisitive crime, and violence (particularly in relation to night time economy)

3.94 The force has recognised the notable increase in both volume and complexity of business being managed within PPU across the whole range of business but in particular the area of sexual abuse, both recent and non-recent. It has recently commissioned a full review of how the Force responds to the PVP business and over the next six months will fully consider how the business should be managed and what resources are required to manage this effectively.

Probation

3.95 As part of Transforming Rehabilitation under the previous coalition Government, In June 2014, the former Probation Trusts were divided to form two organisations: the public sector National Probation Service (NPS), which is a Directorate within the National Offender Management Service (NOMS); and 21 Community Rehabilitation Companies (CRCs).

<u>National Probation Service (NPS)</u>

3.96 The NPS is divided nationally into 6 divisional areas across the country with Wales as one Local Delivery Unity (LDU). The NPS South East and Eastern (NPS SEE) Division hosts Kent and Medway.

3.97 In April 2015, a full time Safeguarding Case Administrator was appointed to the Central Referral Unit (CRU) which meant there were better resources to undertake automatic safeguarding checks of every offender sentenced by the Court to statutory supervision.

Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC)

3.98 Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC) provides a range of probation services for adult offenders on community orders and licences. The ownership of the CRC transferred to Seetec in February 2015.

3.99 While the core activities involve minimal direct contact with children, KSS CRC work with the individual within the context of their children, families and communities.

3.100 There are two key areas in which KSS CRC has direct contact with children:

a. Community Payback is delivered to young people aged 16-18 (although this service is not provided in Medway, where responsibility is retained by the Youth Service.)
b. 'Transition to Adulthood' arrangements for young people transferring from the Youth Offending Service to adult services.

3.101 KSS CRC fully support the Prevent strategy and are committed to the prevention of young people becoming radicalised. Under the statutory Prevent Duty KSS CRC place a high priority on ensuring front line staff are equipped with the necessary skills to identify and work with the relevant agencies to manage those who are at risk.

3.102 The prevention of domestic abuse remains a priority for the CRC and they continue to work alongside partner agencies through the MARAC and Early Help. KSS CRC also deliver direct interventions for perpetrators of domestic abuse.

Allegations against staff

3.103 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.

3.104 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

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

3.106 416 referrals and contacts were made to the LADO service in the 12 month period between 01.04.2015 and 31.03.2016. This is a 48 % increase in referrals and consultations compared with the previous 12 months.

Table 9 – Monthly LADO referral numbers from 2013-16

Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
13/14	11	14	20	11	18	18	10	21	10	16	18	17	**184**
14/15	13	20	17	22	12	22	30	34	14	33	23	40	**281**
15/16	31	32	46	29	19	24	31	35	43	57	32	37	**416**

3.107 117 consultations required no further action for the LADO service after initial advice and consideration (28%), compared with 37% the previous year. These include cases where employers were advised to proceed with internal investigations under misconduct or other processes. Some consultations are concluded the same day on the basis of straightforward information, such as needing to be redirected to another LADO service or not meeting LADO criteria, which is logged. Others require a discussion and evaluation of detailed information from the employer, and take longer to resolve.

3.108 278 referrals of the 416 total contacts with the LADO service were allocated for ongoing work and investigation in the year, representing 67% of all contacts received.

3.109 At the end of December 2015, the LADO team received information provided by the BBC in respect of allegations at Medway STC. The referred information triggered a complex abuse investigation, named Operation Woodley.

3.110 This joint police and LADO investigation is ongoing, and now involves both recent and historic allegations of abuse by staff and ex staff employed by the STC. The BBC Panorama programme broadcast in January highlighted the issues raised, leading to more young people and adults who had previously been in custody at the STC coming forward and reporting further abuse allegations, which are now subject to investigation.

Table 10 – Breakdown of contacts and referrals by Employment sector

Agency / employer	No of Referrals and consultations **2015-16**	% of all referrals and consultations in the year 2015-16	No of Referrals and consultations **2014-15 -** for comparison	% of referrals in the year **2014/15 -** for comparison
Armed forces	**1**	**0**	0	0
Children's Services	**6**	**<2%**	16	6%
Early Years	**29**	**7%**	36	<13%
Education	**135**	**32%**	112	<40%
Faith groups	**4**	**1%**	4	<2%
Foster carers	**41**	**10%**	32	11%
Health	**12**	**<3%**	6	2%
Police	**3**	**<1%**	5	<2%
Secure	**154**	**37%**	58	41%
Sports and leisure	**10**	**2%**	N/A	N/A
Voluntary youth groups	**9**	**2%**	8	<3%
Others	**12**	**<3%**	3	1%
Total:	**416**		**281**	

3.111 For some agencies with relatively low numbers, either of staff or referrals, it is not possible to identify trends or patterns in referrals. For example, the referrals from faith groups were from 4 different settings in relation to quite different issues. There has been a further 20% increase in contact from education settings compared with the previous year.

3.112 Previous reports have highlighted the low numbers of contacts regarding health professionals, which has a large workforce within Medway. The number of referrals and consultations in respect of health professionals doubled this year, which is very positive, given that there were only 8 referrals and consultations in the previous two years.

3.113 The most significant increase in referrals to the LADO service within the year was from the secure estate, across both Medway STC and HMYOI Cookham Wood.

Ensuring children in secure units are safe

3.114 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.

Challenges by MSCB

3.115 The MSCB has continued to maintain a Challenge Log throughout 2015-16 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 provides greater scrutiny and accountability in relation to the business of the Board.

3.116 Below is a summary of the challenges that have been completed and signed off by the Executive during 2015-16:

- The Board raised concerns around the demands on the Health Visiting service and achievement of its workforce targets. NHS England and Medway Community Healthcare were requested to report to the Board. The Board were satisfied with the robust recruitment plan put in place
- The Executive challenged the reporting arrangements between the sub groups and the Executive and Board. As a result of this sub group chairs have been invited to be part of the Executive and are requested to submit a progress report to the Executive on a six monthly basis. The Executive now provides an update at each Board meeting to keep Board members informed.
- Kent and Medway NHS and Social Care Partnership Trust (KMPT) were challenged by the Board to put an action plan in place to address areas of concern including a lack of focus on younger siblings, the voice of the child and use of CAF's. An action plan was put in place by KMPT, an event held and audit undertaken which evidence how services and care planning had changed due to the influence of young people.
- The Learning Lessons sub group escalated failure to attend a panel to present updates for Serious Case Review Action by HMYOI Cookham Wood and Sussex Partnership. Following escalation, the updated action plans were submitted and signed off.

Section Four – Learning and Improvement

4.1 During 2015-16 the MSCB updated its Quality Assurance Framework to complement the MSCB Learning and Improvement Framework. The revised framework addresses the ways in which MSCB ensures effectiveness using an outcomes based accountability approach.

4.2 In addition to the programme of agency annual reports presented to the Board, Section 11 Audits, Case Reviews and the MSCB dataset, the framework sets out the programme of multi-agency themed audits for the year.

Section 11 Audits

4.3 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 is the MSCB's methodology of 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.

4.4 The MSCB launched the biennial section 11 audit in November 2015 and partner agencies were asked to complete the audit tool and submit it to the MSCB by the end of 2015-16.

4.5 The section 11 standards of compliance for all partners are:

1. Senior management have commitment to the importance of safeguarding and promoting children's welfare.
2. A clear statement of the agency's responsibility towards children is available to all staff.
3. A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children.
4. Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families.
5. 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.
6. Safer recruitment/allegations management.
7. Effective inter-agency working to safeguard and promote the welfare of children.
8. Information sharing.

4.6 A Peer Review event and challenge sessions will be held in early 2016-17.

Serious Case Reviews/ Learning Lessons Reviews

4.7 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.

4.8 No new SCRs were commissioned in 2015-16. The MSCB Serious Case Review (SCR) Screening Panel met in January 2016 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, and to offer advice on this matter to the Independent Chair of the MSCB, who is the decision maker in such matters.

4.9 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.

4.10 The Independent Chair 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.

4.11 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.

4.12 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.

4.13 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. Jack was a looked after child living away from Medway but when he was living away from Medway it was difficult for the authority to fulfil its duties to him because of his chaotic lifestyle and the distance. The support of children in care who live out of area has been highlighted as a national issue by the MSCB through this review. A briefing for practitioners has been published and is available on the MSCB website www.mscb.org.uk .

4.14 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.

4.15 In October 2015 the MSCB facilitated a “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. Learning from the Child Death Overview Panel (CDOP) was also presented at a mortality meeting and safeguarding forum meeting at Medway Maritime Hospital.

Multi Agency Audits

4.16 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.

4.17 During 2015-16, the MSCB Case File Audit Group audited 16 family cases which amounted to 57 children. In addition, two extraordinary case file audits have been undertaken on cases referred to the Learning Lessons sub group.

4.18 Learning from the audits is considered by the Learning Lessons sub group who maintain an action plan to ensure the learning from the audits is implemented. The Board received summary reports on each of the themed audits undertaken.

4.19 The Case File Audit Group uses a case mapping process to undertake the audits and from May 2015 all cases have been audited using the case mapping process. The decision to use one audit process was made following the Local Government Association (LGA) Peer Review which commented that using two different types of methodology could

lead to difficulties in terms of consistency in approach. 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. The group felt that the mapping process is a more effective way of building a picture of the family and identifying gaps in service and patterns of behaviour. In order to measure impact of the audit process and to ensure learning is consistent, standardised review questions for mapped cases were established in June 2015.

Themed Audits on children not reaching the threshold for child protection; and Parental mental illness

4.20 During the first half of 2015-16, the Case file audit group audited cases of children not reaching the threshold for child protection and considered cases where parental mental health was an issue. A number of common themes can be identified in the audits:

- Timely and regular visits to children and families, including those from social workers (Child in Need and Child Protection), family support workers, health visitors and midwives;
- Missing children procedures were followed appropriately and return interviews took place;
- Professionals going above and beyond expected levels of engagement. Including increased visits, persistent follow up and keeping cases open longer to monitor;
- Good communication between schools and families.
- Lack of challenge of decision making and escalation of concerns in between scheduled meetings, including challenging inaccurate records;
- Recognising neglect and having the tools to support evidence gathering for legal processes;
- Lack of consideration of the parents experiences as a child and how it may impact their parenting and attachment. Family history did not always inform assessments;
- Understanding the lived experience of a child, or what life is like for the children or previous experiences if they are new to the area

Themed audit on cases stepped down to a Common Assessment Framework (CAF) from a Children and Family Assessment

4.21 The following key themes were identified in the themed audit on cases stepped down to a CAF following a child and family assessment:

- The majority of schools are managing safeguarding processes and ongoing concerns well;
- The schools that engaged in the process knew the families in depth, had considered the lived experience of the children and were persistent in their attempts to work with parents;
- Professionals are well engaged and dedicated to the CAF process;
- Voice of the child was evident within each case that was reviewed;

- Disguised compliance was evident when children's social care became involved as parents claimed they would engage with the CAF;
- When stepping down cases from a child and family assessment to a CAF and the family refused consent or did not engage professionals did not escalate the case;
- Risk of CAF process managing high need cases;
- Lack of understanding of criteria of referrals to CAMHS and roles and responsibilities of referrer.

Themed audit on children known to mental health services

4.22 Between January 2016 and March 2016, the case file audit group audited cases of children known to mental health services. The group reviewed the cases of 16 children within 6 families. The following key themes were identified in the audit:

- Services going beyond their expected service provision and building flexibility into their ways of working – important with adolescents and families who find it difficult to engage.
- Education settings being protective and supportive factors in the child, and family's lives.
- Inter agency communication and working together is still a challenge. Services that are involved with the family were left out of key multi agency conversations and multi agency working was not robust. There is evidence of services being relied upon to continue support without appropriate information sharing taking place first or professionals taking on responsibility. Lack of appropriate escalation is still a challenge.
- How we work with adolescents who present with challenging behaviour and non engagements and support for the family with children with identified needs. The audit also demonstrated the need for wider family involvement at earlier opportunities and inclusion in assessments.
- Considering a families history appropriately. Some families have long complex histories that need to be understood by professionals working currently with the family in case of potential impact.
- Professionals understanding of mental health and its presentation, but also the difference between mental health and bereavement and trauma.

4.23 As a result of the audits undertaken, the following actions have already been completed:

- Development of a new case mapping process
- Updating the Threshold document to reflect changes to early help
- Hosting safeguarding taster sessions on drug services and domestic abuse
- Development of the MSCB Challenge and Escalation Policy

- Purchasing E-learning packages which include Hidden Harm – the effect of parental drug and alcohol misuse on children; Parental mental health; and Safeguarding Adults at Risk
- Development of MSCB Fact Sheets for professionals on Resistant, uncooperative and hard to change families and; Coercive and Controlling Behaviour

Performance Monitoring / Dataset

4.24 Partner agencies submit on a quarterly basis their agencies data on the MSCB dataset alongside an analysis of the data. Highlights from the MSCB data set for 2015-16 include:

- The numbers of children subject to child protection plans increased from 456 in May 2015 to a peak of 547 in February 2016. Medway continues to have a higher rate per 10,000 than the England average and our south east neighbours;
- There were 372 domestic abuse cases referred to MARAC over the year where there were children in the household. This is an increase from the 2014-15 figure of 325;
- The number of referrals made to the Local Authority Designated Officer (LADO) by Medway Secure Training Centre and HMYOI Cookham Wood increased during the last quarter of the year;
- There has been an increase in the number of children attending Medway Accident and Emergency (A&E) with 7,559 children attending in quarter 4 of 2015-16 compared with 6,753 in quarter 1 of 2015-16;

4.25 During 2015-16 the dataset has been reviewed in response to comments in the Ofsted Inspection that the current dataset was too broad and did not focus on key areas. The revised dataset is set out under the key themed headings which form into four key sections:

1. Early Help and referrals to Children's Social Care
2. Safeguarding Children in specific circumstances
3. Children in Need, Child Protection and Looked After Children
4. Workforce

MSCB Training

4.26 Between April 2015 and March 2016, the MSCB delivered 43 training sessions which were attended by 1229 people. The number of people attending MSCB training has increased by over 50% since 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.

Table 11 – Breakdown of MSCB Training Events

Course title	April 2015 – March 2016	
	Number of Events	Number of delegates
Basic child protection	4	92
Intermediate child protection	6	139
Refresher Child Protection		
Refresher Child Protection (Training for Trainers)	1	9
Child Sexual Exploitation	4	82
Child Sexual Exploitation (Training for Trainers)		
Exploited CSE Conference (Kent Police Training School)	1	41
Child Sexual Exploitation (for taxi drivers)	1	52
Night watch – Basic CSE workshop	1	30
Updating Training Materials	2	19
WRAP	5	113
Domestic abuse and safeguarding children	2	35
DASH (Domestic abuse stalking, harassment and honour based abuse risk indicator checklist)	2	37
Domestic Abuse Workshop	1	60
MDAF (Medway Domestic Abuse Forum)	1	126
Understanding Thresholds	3	69
Safer babies		
Working with men		
Strengthening families	1	19
Safer Recruitment	1	8
Learning lessons from SCRs		
Tea Time Taster: Turning Point	1	55
Team Time Taster: Learning Lessons	1	14
New to role DCPC	2	41
Whole School Training		
School twilight: DA	1	35
School Twilight: FGM		
School Twilight: CSE		
MSCB Annual Conference	1	147
Total	**43**	**1229**

4.27 At the end of each training course delegates are asked to complete a training evaluation, these evaluations are compiled and summarised in this report. Delegates are asked to rate the course content, the support materials, the value to themselves and their service, the trainer's skills, abilities and knowledge and training videos if any. They are also asked to detail what they found helpful/valuable, how they will apply their new

skills and knowledge and if any aspects were not relevant or they have outstanding learning needs.

4.28 Delegates are then contacted at least 3 months after their attendance at a MSCB training course.

4.29 Each course evaluation praises the knowledge of the MSCB trainers, who are volunteers from our partner agencies. Case studies have also been built into training where possible and are often commented on in evaluations as tools which support learning.

4.30 The MSCB has in place a three month post course evaluation to measure how the learning has had an impact on practice. Delegates are sent an email to invite them to answer a number of questions within the email and return the email to MSCB. The evaluations were previously completed via a survey, however return numbers were very disappointing and equated to around 5% of those surveyed. During the year, changes were made to the process which has resulted in an improved response rate of 10% return of all those surveyed. It is recognised that this is an improvement but there is still further work to improve the response rate.

4.31 Of those that responded 53% had already implemented learning, 100% said their needs were met or the course served as a good basis for knowledge and 82% had used their course hand outs to support their practice or reflect on their learning. Here are some examples of how delegates reported they have applied their new skills and knowledge and what they have done differently since the course:

- Implemented an investigation in a school after a child disclosed some fire setting behaviour of his older brother.
- More aware of behaviours of children and actively look for and listen for information which may indicate that a child is vulnerable.
- This will assist me in working with education professionals and discussing issues of CSE. Also some of the practical information (handouts) will also be beneficial when working with other professionals.
- It has made me aware of the dynamics of CSE so that I have this information in the back of my mind whenever I am assessing children.

4.32 During 2015-16, the MSCB agreed a proposal to purchase a number of e-learning courses in partnership with the Kent Safeguarding Children Board (KSCB). The e-learning courses will be available in early 2016-17.

Child Deaths

4.33 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 (CDOP) 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.

4.34 The Director of Public Health chaired the CDOP between March 2015 and February 2016. From March 2016 the interim Director of Public Health delegated chairing the CDOP to a consultant in public health Medicine. The acting chair reports directly to the Medway Safeguarding Children Board main board meetings.

4.35 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.

4.36 In September 2015 Ofsted inspected Medway's services for children in need of help and protection, children looked after and care leavers. This inspection also included a review of the effectiveness of the Medway Safeguarding Children Board. As part of the review members of CDOP, including the chair, were interviewed by the inspectors.

4.37 The findings of Ofsted were: The Medway Child Death Overview Panel fulfils its statutory functions, with appropriate steps taken to address local modifiable factors in child deaths, such as smoking in pregnancy. The panel is well constituted and attended and is appropriately challenging. The work of the panel has led to changes in procedures and practice, for example child sexual exploitation, in the development of a policy to respond to parents who do not attend health appointments for children with long-term health conditions. The impact of this policy is in the process of being evaluated.

4.38 There were 31 child deaths reported to the MSCB in 2015-16 which compares with 32 in 2014-15. Of these, 10 were deaths of children resident in other Local Safeguarding Children Board (LSCB) areas. Of the 31 deaths, 21 were children normally resident in Medway. 16 of the children died in Medway and 5 died out of area. The Medway CDOP is responsible for reviewing all deaths of Medway resident children wherever they died and therefore there were 21 reported deaths in 2015-16 to review. Of these deaths, 13 were expected and 8 were unexpected (see Table 1).

Table 12 - Overview of child deaths reported to MSCB in 2015-16

	Number of deaths
Total deaths reported to Medway MSCB in 2015-16	**31**
Non Medway resident children who died in Medway	10
Medway resident children who died in Medway	16
Medway resident children who died out of area	5
Medway resident deaths requiring review	**21**
Children resident in Medway – Expected death	13
Children resident in Medway – Unexpected death	8

4.39 During 2015-16 Medway CDOP reviewed 19 cases – 15 expected and 4 unexpected deaths.

4.40 At the end of March 2016 there were 12 outstanding cases due for review which is slightly higher than the 10 that were outstanding at the end of March 2015. Cases may not be reviewed in the year of death where not all the relevant information is available to CDOP. 10 of the outstanding cases were deaths between December 2015 and March 2016. This did not allow for enough time to be reviewed at 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.

4.41 The notification process is coordinated by the MSCB Child Death Review coordinator (CDR) via a secure "Child Death Notification Inbox". This works well. The notification process is clear and positive working relationships have been developed between the MSCB CDR and those responsible for notifications in Medway NHS Foundation Trust, where the large majority of deaths are recorded, and Kent Police. Verbal notification is made immediately once a death is known and is usually followed up within 24 hours in writing.

4.42 There is confidence that notifications of all child deaths in Medway are captured. This is supported by a monthly return from the Medway Register Office, which details all Medway child deaths.

External Scrutiny

Ofsted Review of MSCB

4.43 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.

4.44 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.

4.45 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

4.46 The MSCB has developed a series of actions to take forward the recommendations which have been incorporated into the MSCB Business Plan

Inspection of services for children in need of help and protection, children looked after and care leavers

4.47 Medway Council was issued with an Improvement Notice by the Department for Education (DfE) in 2013 following an Ofsted Safeguarding Inspection in January and an Ofsted Looked After Children inspection in July, both of which rated its services as 'inadequate'. Since then Children's Social Care Services has been working to an Improvement Notice issued by the DfE, and an Improvement Plan which lays out the actions required to meet the requirements of the Improvement Notice. This work has been overseen by an External Improvement Board.

4.48 The service was inspected again by Ofsted over a four week period starting in September 2015 under a Single Inspection Framework (SIF) which incorporates safeguarding services, services for looked after children, care leavers and adoption services.

4.49 The report of the recent inspection was published on 27 November 2015 and found Medway Council's Children's Services "require

improvement to be good". The independent inspectors say there are "no widespread or serious failures that leave children being harmed or at risk of harm".

4.50 The report finds that there have been positive changes in the experiences of children and young people in most of the areas identified for improvement in the previous inspections and highlights that there has been decisive and directive strategic management and firm leadership by the Director of Children and Adult Services, combined with robust monitoring by elected members and external and internal improvement boards.

4.51 It noted that senior and political leaders have been fully committed to improving services, evidenced through substantial investment in social work teams. However, inspectors have made it clear that they require further improvements before they can give the council an overall 'good' rating.

4.52 Services for Care Leavers were graded 'good'.

4.53 The report has made a number of recommendations for further improving services.

4.54 In response to the recommendations of the Ofsted report, and as part of its ongoing plan to improve services for children and families in Medway, Children's Services, working together with its partners, have produced a Strategy for Action 'Medway Together We Can' which will drive the work of the Council and its partners over the next two years, and support its ambition to become good to outstanding during this timeframe.

4.55 It has been developed in consultation with partners, through presentation to the MSCB, discussion at a partner's workshop, and opportunity for partners to contribute their views in writing.

4.56 The plan focuses on four key themes:

- Theme 1 - Service transformation, leadership and management oversight
- Theme 2 - Quality of Practice
- Theme 3 - Workforce
- Theme 4 - Partnership working

4.57 Each themed section includes actions and performance targets to achieve the required impact, and improve services for children and families. The MSCB will take on the challenge and oversight role for improvement across the wider partnership.

Care Quality Commission Review of Services for Looked After Children and Safeguarding

4.58 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.

4.59 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.

4.60 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.

Ending Gang and Youth Violence Peer Review

4.61 In January 2016, there was a Peer Review held in Medway around the theme of "Ending Gang and Youth Violence". The purpose of the Home Office led review was to establish what partners in Medway recognise as emerging gang and youth violence related issues. The peer review team set out a summary of strengths and areas for further improvement against the seven Ending Gang and Youth Violence principles which it is felt will assist local partners in their approach to tackle gang and youth violence.

4.62 The review found that Medway partners have recognised emerging issues of serious youth violence, vulnerability and exploitation. These are not in isolation but form part of the wider picture in Kent and beyond.

4.63 The peer reviewers reported that it is evident that Medway does not yet experience some of the overt violence affecting young people found in some other locations, but partners suggest it is timely to take steps now to prevent escalation and the risk of violence, linked to drug market fuelled criminal activity.

4.64 It was noted that some good work has been started by Kent police in Medway, including links to relevant police teams in London and elsewhere. The local authority also demonstrates effective work for

example in CSE and YOT practice. There is a significant amount of multi agency practice. There is clarity that the problem does not stop at age 18 and that therefore engagement of the post 18 and transition services is essential.

Section Five – Priorities for 2016-17

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. This is the last year of the current MSCB Strategic Plan and Business Plan and work will begin in 2016-17 to develop the priorities from 2017. 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:

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

- 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

5.5 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

- 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

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

- 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

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

- 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)

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

- 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

5.9 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

Section Six – MSCB Budget

6.1 A summary of the accounts for MSCB for 2015-16:

MSCB Budget 2015-16

MSCB Income from Partner Agency Contributions

	2015-16	2014-15
	(£s)	(£s)
Medway Council	95,000	81,305
NHS Medway CCG	4,300	30,000
NHS England	0	0
Medway NHS Foundation Trust	4,300	0
Kent & Medway NHS & Social Care Partnership	4,300*	0
Sussex Partnership Foundation Trust	4,300*	0
Medway Community Healthcare	4,300	0
South London and Maudsley NHS Foundation Trust	4,300	0
Kent Police and Crime Commissioner	15,434	15,994
National Probation Service	1,941	3,882
Kent, Surrey & Sussex Community Rehabilitation Company (KSSCRC)	1,941	0
HMYOI Cookham Wood	3,000	3,000
Medway Secure Training Centre	2,152	2,152
CAFCASS	550	550
OTHER INCOME	2,200	700
Total Income	148,018	137,583
Carried forward from 2013/14	66,625	82,500
Grand Total	214,643	220,083

MSCB Expenditure

	(£s)	£s
Staff (including Independent Chair fee and consultancy)	153,734	138,064
SCR costs (Chair and Author)	0	0
Learning Lessons Review	6,573	0
Development of new Kent & Medway Safeguarding Children Procedures (Tri.x)	2,100	1,900
Printing, Stationery, general office costs (including computer equipment)	2,993	4,235
Meeting costs (including refreshments for all training events and SCR Panel meetings)	6,440	8,770
Travel costs	2,503	489
Total expenditure	**174,344**	**153,458**

Carried forward to 2016/17 **40,299**

*As at 31 May 2016 the partner contributions from Sussex Partnership Foundation Trust and Kent and Medway NHS and Social Care Partnership remain unpaid

6.2 Over the last three years MSCB has increasingly had to use the MSCB reserve to fund its core work. The reserve fund has reduced from £109,450 in 2011-12 to £40,299 for 2016-17. The MSCB maintains a reserve to fund any serious case reviews or learning lesson reviews. In February 2016, MSCB Board members agreed a proposal to increase partner agency contributions from partner agencies for 2016-17 onwards.

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 2016.

Name	Role	Agency
John Drew	Independent Chair	Independent
Jonathan French	Governor	HMYOI Cookham Wood
Pippa Barber	Executive Director of Nursing and Governance	Kent and Medway NHS and Social Care Partnership
Andy Pritchard	Detective Superintendent	Kent Police
Cynthia Allen	Director, Kent	Kent, Surrey and Sussex Community Rehabilitation Company
Fiona Stephens	Clinical Quality Director	Medway Community Healthcare
Heidi Shute	Associate Director	
Janet Bailey	Interim Head of Quality Assurance and Safeguarding Services	Medway Council
Ann Domeney	Assistant Director, Children's Social Care (From January 2016)	
Cllr. Mike O'Brien	Lead Member	
Barbara Peacock	Director Children and Adult Services	
Ian Sutherland	Deputy Director, Children and Adults Service	
Phil Watson	Assistant Director, Children's Social Care (up until January 2016)	
Eleni Stathopulu	Designated Doctor	Medway NHS Foundation Trust
Steve Hams	Chief Nurse	
Barry Golding	Lay Member (From July 2015)	Medway Safeguarding Children Board
Louwella Prenter	Lay Member (up until February 2015)	
Tony Scudder	Lay Member (From July 2015)	
Ralph Marchant	Director (up until February 2016)	Medway Secure Training Centre
Ben Saunders	Director (From March 2016)	
Jane Howard	Chief Executive Officer	Medway Voluntary Action

Keith Gulvin	Youth Offending Team Manager	Medway Council
Graham Clewes	Chief Executive	Medway Youth Trust
Andrea Allman	Director, Corporate Services	Mid Kent College
Tina Hughes	Senior Probation Officer	National Probation Service
Satvinder Lall	Named GP for Safeguarding	NHS Medway Clinical Commissioning Group
Domenica Basini	Designated Nurse for Safeguarding Children	
Sarah Vaux	Deputy Chief Nurse	
Geoffrey Wheat	Chief Nurse Medway and Swale (up until March 2016)	
Liz Caldwell	Head teacher (up until September 2015)	New Road Primary School & Nursery
Alison Barnett	Director of Public Health (up until March 2016)	Medway Council – Public Health
Catherine Burnett	Head Teacher	St John Fisher
Jo Fletcher	Assistant Director of Nursing – Trust Named Nurse Safeguarding Children	South London and Maudsley NHS Trust
Simone Button	Service Director (up until September 2015)	Sussex Partnership NHS Foundation Trust
Matthew Stone	Deputy Service Director (from September 2015)	

Associate Members

Name	Role	Agency
Steve Hunt	Assistant Director	CAFCASS
Sally Allum	Acting Director of Nursing and Quality	NHS England

Appendix Two – Agency Attendance at MSCB Board Meetings

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

Agency	24th April 2015	12th June 2015	18th Sept 2015	6th Nov 2015	8th Jan 2016	18th March 2016
Independent Chair						
Lay Member (1)						
Lay Member (2)						
Kent Sussex and Surrey Community Rehabilitation Company (CRC)						
National Probation Service						
South London and Maudsley NHS Foundation Trust (SLAM)						
Medway Youth Offending Team (YOT)						
Medway Council - Lead Member						
Medway Council - Children and Adults Service						
Medway Council - Children's Social Care						
Medway Council - Public Health						
Kent and Medway Partnership Trust (KMPT)						
Medway Foundation Trust						
Sussex Partnership NHS Foundation Trust						
Medway Primary Schools						
Medway Secondary Schools						
Medway Further Education College						
Medway Secure Training Centre (STC)						
Medway Youth Trust						
NHS Medical Clinical Commissioning Group (CCG)						
Medway Community Healthcare (MCH)						
HMYOI Cookham Wood						
Kent Police						
Medway Voluntary Action (MVA)						
Named GP for Medway						

Associate Members

Agency	24th April 2015	12th June 2015	18th Sept 2015	6th Nov 2015	8th Jan 2016	18th March 2016
Children & Family Court Advisory and Support Service (CAFCASS)						
NHS England						

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