CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

5 OCTOBER 2017

MEDWAY SAFEGUARDING CHILDREN BOARD (MSCB) ANNUAL REPORT 2016-17

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 2016-17 to the Committee. 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 2016-17 and the plans to develop this further in 2017-18.

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; and
- 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; and
- 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 14 July 2017. The report is presented annually to the Health and Wellbeing Board, Children and Young People Overview and Scrutiny Committee and the Community Safety Partnership and is appended to this report at Appendix 1.

2.2 The Annual Report brings together in one place reports on all the principle work carried out in Medway during 2016-17 that have been designed to keep children safe from harm, abuse or neglect.

2.3 The Annual Report 2016-17 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;
- Single Agency reports on safeguarding;
- An overview of the quality assurance and learning and improvement activities during the year;
- The priorities the MSCB has set for the year ahead; and
- A summary of the MSCB accounts for the next three years.

3. Risk management

3.1 Whilst there are no specific risks identified, the MSCB annual report 2016-17 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.

4. Financial implications

4.1 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.

5. Legal implications

5.1 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.

6. Recommendations

6.1 The Committee is asked to consider and comment on the annual report and the effectiveness of local services in keeping children safe.

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Appendices

Appendix 1 – Medway Safeguarding Children Board (MSCB) Annual Report 2016-17

Background papers

None

Medway Safeguarding Children Board

Annual Report of 2016-17

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	Page
Foreword from Independent Chair	4
Section One – Independent Chair's Introduction • How effective are the arrangements for keeping children safe and promoting their welfare in Medway today? • Medway in Context	5
Section Two – Governance and Accountability Arrangements • The MSCB and its statutory responsibilities • MSCB Structure • Key Relationships • Attendance at Meetings • Lay Members • Wood Review and Children and Social Work Act 2017	9
Section Three – Progress in Medway • Achievements against Priorities for 2016-17 • Other Achievements in Medway o Early Help o Children's Social Care o Safeguarding children missing from care and home o Children missing Education o Private fostering o Allegations against staff o Ensuring children in secure units are safe	17
Section Four – Single Agency Annual Reports on Safeguarding Children	33
Section Five – Learning and Improvement • Section 11 Audits • Serious Case Reviews/ Learning Lessons Reviews • Multi Agency Audits • MSCB Training • Child Deaths	57
Section Six – Priorities for 2017-18	65
Section Seven – MSCB Budget	66
Appendix One – Membership of MSCB	68
Appendix Two – Agency Attendance at MSCB Board meetings	70
Appendix Three - Glossary	72

Foreword from Independent Chair

The annual report of the Medway Safeguarding Children Board (MSCB) for 2016-17 brings together in one place reports on all the main work carried out in Medway in the last year that have been designed to keep children in Medway safe from harm, abuse or neglect. You can read more about the MSCB in Section 2 of this report.

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

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

In the opening section of the report I will be answering the main question 'How safe from harm, abuse or neglect are children in Medway today?' so I won't repeat that here. I would, however, like to take this opportunity to give credit, publicly, to the staff of the MSCB for the hard work they do all through the year on behalf of our Board. Simon Plummer, our Board Manager; Kirstie King, our Learning and Development Officer; Rhonda Barker and Claire West, our Project Support Officers; and Natalie Paterson, our Administrator, are all examples of excellent public servants who consistently give very high standards of service to the cause of keeping Medway's children safe. I am deeply in their debt.

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

Section One – Independent Chair's Introduction

How effective are the arrangements for keeping children safe and promoting their welfare in Medway today?

1.1 The government requires each Local Safeguarding Children Board (LSCB) to produce a '*rigorous and transparent assessment of performance and effectiveness of local services'*[1] each year. This whole report is our assessment of our local arrangements within Medway.

1.2 I am appointed as the independent[2] chair of the LSCB where my job is to '*hold all agencies to account'* for their work. What follows is my personal assessment of how effective the arrangements in Medway are.

1.3 Each LSCB is required by the government to do five main things. These are:

1. To develop arrangements for safeguarding and promoting the welfare of children[3]*;*
2. To communicate and raise awareness of the need to keep children safe;
3. To monitor and evaluate the effectiveness of what is done locally;
4. To participate in local planning of services for children; and
5. To undertake reviews of serious cases.

1.4 Strengths with the local arrangements for safeguarding include the work being done to develop a safeguarding hub, an approach designed to improve multi agency working, and to introduce the Graded Care Profile[4], which should improve multi agency assessment of the care provided to children as well communication between those working with families.

1.5 The findings of audits, data, case reviews and regular reporting to the MSCB provide us with a clear view of how good child protection work is at the moment. The Case File Audits, described in Chapter 5, are particularly important and point to a continued need to improve detailed work, not all of which was satisfactory. Almost all agencies have reported that they have significant problems with recruiting and retaining experienced and able staff to work with children. This is most serious amongst social workers, health staff, and those working in the custodial estate for children. One of our six priorities for the next three

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[1] Department for Education (2015) *Working Together to safeguard children* HM Government: London

[2] An independent person, in this context, means someone who neither works for or is a part of any of the organisations that make up the LSCB

[3] What this means is explained in more detail in Chapter Three of *Working Together*.

[4] You can read more details about this in section 3.2 of this report.

years is to support a local recruitment strategy to help agencies improve this.

1.6 During 2016/17 we decided to hold Serious Case Reviews (SCRs) into three cases that either involve the death of a child or, in the case of the Secure Training Centre (STC), where serious abuse of children was reported by the BBC. It is unusual to start three SCRs in one year, but I believe this shows that agencies are vigilant and willing to invest in learning lessons, both of which are signs of health in a multi agency safeguarding partnership.

1.7 We have identified the importance of reviewing our links to Medway's schools in the coming year. This is planned to raise awareness of safeguarding. The education reforms of the past ten years have made it more difficult to engage with all schools and it is time for us to consider how we can make improvements in this area.

1.8 We have also identified particular subjects, including the impact of domestic abuse, neglect and exploitation that need further initiatives and these are included in our priorities for the next three years, listed in Chapter 6.

1.9 The single biggest concern in relation to keeping children safe is the state of two custodial centres in Medway, the children's prison HM Young Offender Institution Cookham Wood and Medway STC. We will be launching a new way of reviewing the treatment of children in these establishments in 2017 and in the meanwhile the Council has reformed the operation of its Local Authority Designated Officer (LADO) service that oversees all cases where allegations are made against adults who work with children, including those placed in the custodial centres.

1.10 The MSCB enters the next three years in a healthy state. Meetings are well attended by knowledgeable people who share a common motivation to improve services to keep children safe. There is a shared understanding of what needs to be improved locally, based on a good and improving evidence base. There remains much to be done but I am satisfied that the current arrangements are effective and will improve further with the changes being introduced in 2017.

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

Medway in Context

1.11 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.

1.12 At the end of June 2016 the Office for National Statistics released the mid-2015 population estimates – these reflect the population as at 30 June 2015. The latest mid-year estimate indicates that the population of Medway reached 276,492 in June 2015 – 2,477 persons (0.9%) above the 2014 mid year figure. The latest annual growth rate while significant is below that seen in 2014 (+1.1%). Medway's population is predicted to reach 330,200 by 2035, growing by just over 56,000 people between 2014 and 2035, a growth rate of 20.5%. The projected population growth estimate in Medway is above the growth level for England (+14%), the South East (+16%).

1.13 There is an indication that families are continuing to relocate to Medway, as over one thousand 0-4 year olds moved to Medway from within England. Evidence shows that families are moving to Medway from South East London.

1.14 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.

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

1.16 Children and young people under the age of 20 years make up 25.4% of the population of Medway. 23.2% of school children are from a minority ethnic group.

1.17 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.

1.18 The level of child poverty is worse than the England average with 21.4% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.

1.19 In 2015, 74 children entered the youth justice system for the first time. This gives a lower rate than the England average for young people receiving their first reprimand, warning or conviction. The percentage of young people aged 16 to 18 not in education, employment or training is higher than the England average.

1.20 There were 313 children subject to a child protection plan at the end of March 2017, compared with 506 in April 2017. This equates to 49 children subject to a child protection plan per 10,000 of the child population and is higher than the national average (2016 data) of 43 children subject to a child protection plan per 10,000 of the child population. This is now lower than Medway's statistical neighbours[5] which is 52 children subject to a child protection plan per 10,000 of the child population (2016 data).

1.21 There were 391 Looked After Children at the end of March 2016. This equates to 61.4 looked after children per 10,000 of the under 18 population. This is only slightly higher than the national average (2016 data) of 60 looked after children per 10,000 of the under 18 population. This is lower than Medway's statistical neighbours which is 69 looked after children per 10,000 of the under 18 population.

[5] 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:

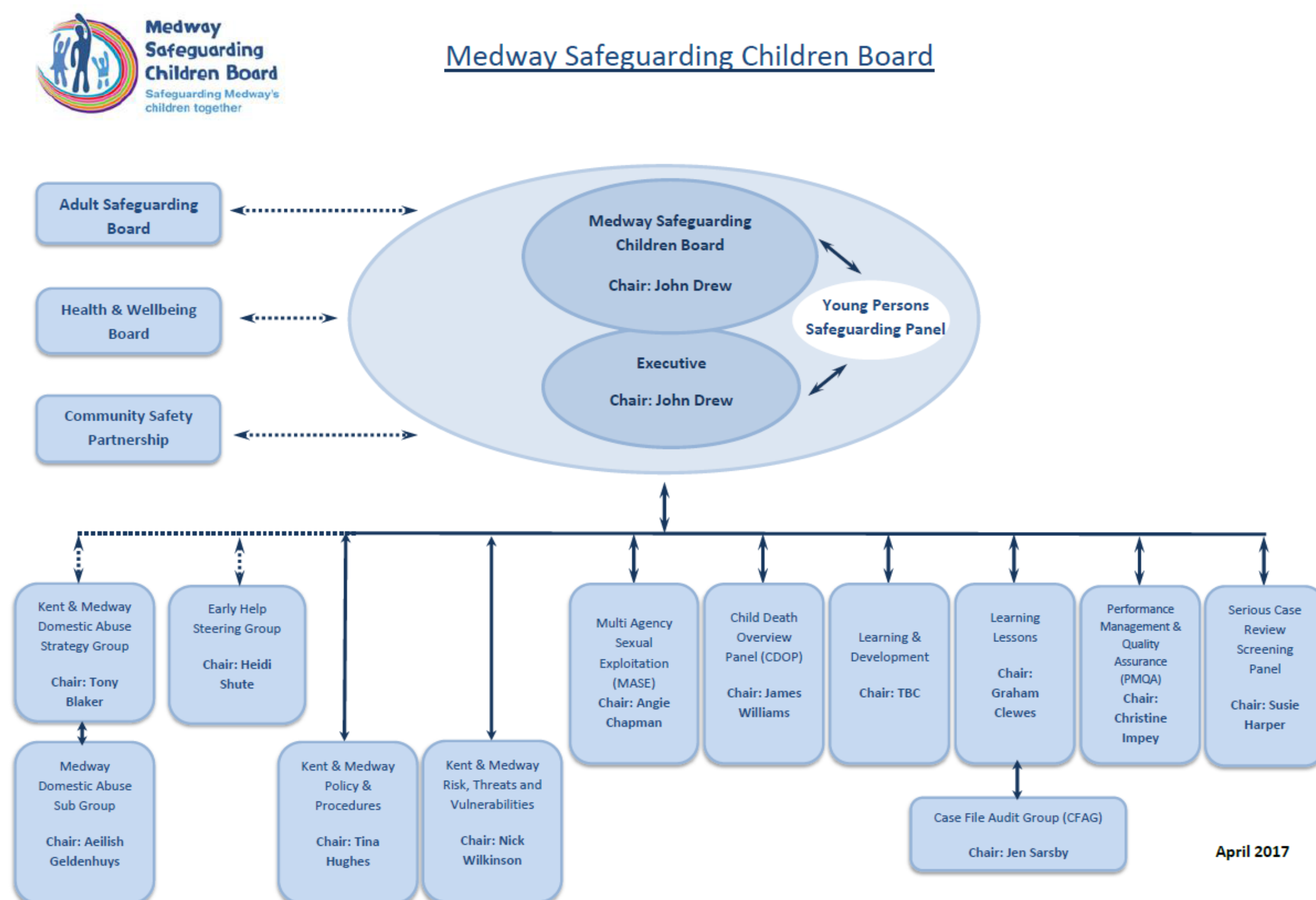
- developing policies and procedures for safeguarding and promoting the welfare of children in the area of the council, including policies and procedures ;
- communicating to persons and bodies in the area of the council the need to safeguard and promote the welfare of children ;
- monitoring and evaluating the effectiveness of what is done by the council 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 council; and
- undertaking reviews of serious cases and advising the council 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 sub group structure. The Executive, Board and its Sub Groups are supported by the MSCB staff team.

2.4 To ensure accountability of each of the MSCB sub groups, each sub group chair is a member of the Executive and submits a formal report to the MSCB Executive twice a year. This is then reported to the Board. During the year, the Kent and Medway Risks, Threats and Vulnerabilities sub group has become a joint sub group of the Kent and Medway Adult Safeguarding Board.

Figure 1 – MSCB Structure Chart (March 2017)



Independent Chair

2.5 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

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

- Medway Children's Services
- Health agencies including Medway Clinical Commissioning Group (CCG); Medway Community Healthcare (MCH); Medway NHS Foundation Trust; Kent and Medway NHS and Social Care Partnership; Sussex Partnership NHS Foundation Trust and; South London and Maudsley NHS Trust
- HMYOI Cookham Wood and Medway Secure Training Centre
- National Probation Service & Community Rehabilitation Company (CRC)
- Police

- Schools and Colleges
- Voluntary Sector
- Youth Offending Team

Executive

2.7 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). The Chairs of each of the sub groups are also members of the Executive.

2.8 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

2.9 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.

2.10 In 2016-17, the work of the PMQA sub group included:

- Developing and scrutinising a Section 11 audit for schools;
- Updating the Learning and Improvement Framework;
- Scrutinising annual reports on Private Fostering; children missing from home and care; children missing education and; allegations against professionals.
- Holding an event to identify and share examples of best practice identified through Section 11 audits of partners safeguarding effectiveness.

Case File Audit Group (CFAG)

2.11 The key role of the Case File Audit Group (CFAG) is to undertake multi agency audits on behalf of the MSCB. CFAG does this through a programme of multi agency themed audits through which it identifies areas of good practice, areas for improvement and recommendations from the learning.

2.12 In 2016-17, the work of CFAG included:

- Undertaking three themed audits on: children known to mental health services; children on child protection plans and subjected to domestic abuse and; children subject to a child in need plan (CHIN). In March 2017, the group also began an audit on pre birth assessments which will be concluded in 2017-18.
- Undertaking three extraordinary multi agency case reviews on cases referred in to the MSCB through the case referral process where partners considered there was multi agency learning.
- Auditing the case files of 17 families and 47 children through the themed audits and extraordinary case reviews.

2.13 A more detailed summary of the work of the Case File Audit Group is included below in Section 5.

Learning Lessons Sub Group

2.14 The key roles of the Learning Lessons Sub Group are to ensure there is a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children; to 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 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.

2.15 In 2016-17, the work of the Learning Lessons Sub Group included:

- Developing the MSCB series of topical factsheets for professionals based on themes identified from audits. During the year these covered:
  - Child Sexual Exploitation (CSE)
  - Harmful sexual behaviour
  - Keeping babies safe
  - Parental consent
  - Working with young people.
- Developing and monitoring the action plan for the implementation of recommendations from learning lessons reviews and multi agency case file audits
- Reviewing the transfer of safeguarding files protocol for schools and colleges following learning audits
- Developing a process to review discharged actions from historic serious case reviews to consider the long term sustainability of the changes.

Child Death Overview Panel (CDOP)

2.16 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.

2.17 In 2016-17, the work of CDOP included:

- Reviewing 17 cases – 14 expected and 3 unexpected deaths
- Identifying that 3 cases had modifiable factors[6] present

2.18 At the end of March 2017 there were 13 outstanding cases due for review, at the end of March 2016 there were 12. 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

2.19 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 this 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.

2.20 In 2016-17, the work of the Learning and Development Sub Group included:

- Planning and organising the MSCB annual conference attended by 111 professionals
- Developing a training brochure listing all MSCB training which was attended by over 1100 professionals
- Setting up a task and finish group to review MSCB support for professionals working with young people aged 11 to 18 and set up a work plan including developing support materials and a range of training and briefing sessions.

[6] 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

Multi Agency Sexual Exploitation (MASE) Sub Group

2.21 The Multi Agency Sexual Exploitation (MASE) Sub Group provides the strategic oversight, collective accountability and direction for the multi-agency approach to Child Sexual Exploitation (CSE). It aims to ensure that intelligence and information relating to CSE activity is appropriately shared across all agencies, to inform mapping and enable analysis to profile CSE across Medway; for effective safeguarding and investigative opportunities to be identified along with trends and target hardening opportunities at locations. The MASE sub group has in place an action plan and seeks to reduce the risk and harm caused by sexual exploitation to children and young people across Medway, putting their needs at the centre of the service provision.

2.22 In 2016-17, the work of the MASE sub group included:

- Developing a new strategy for safeguarding children abused through sexual exploitation
- Setting up a champions model of representatives from agencies who meet quarterly to act as CSE champions and be a point of contact for CSE concerns within their agency and to provide advice to colleagues
- Undertaking a CSE self assessment with all partner agencies which showed that agencies are signed up to the key principles in the CSE strategy and staff within agencies know the referral routes for CSE concerns
- Developing a multi agency CSE risk panel to discuss young people who may be or are at risk of CSE.

Kent and Medway Policy and Procedures Sub Group

2.23 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.

2.24 In 2016-17, the work of the Kent and Medway Policy and Procedures Sub Group included:

- Reviewing the Kent and Medway online procedure manual, ensuring it is up to date and accessible to professionals through the MSCB website
- Setting up a task and finish group which has developed a tracker system to standardise the process for reviewing procedures.

Kent and Medway Risks, Threats and Vulnerabilities Sub Group

2.25 During the year the Kent and Medway Risks, Threats and Vulnerabilities sub group has been set up combining Kent Safeguarding Children Board (KSCB), Medway Safeguarding Children Board (MSCB) and Kent and Medway Safeguarding Adults Board (SAB). The group oversees multi-agency activity around Modern Slavery and Trafficking, Radicalisation and Extremism, Gangs, Digital Safeguarding, Unaccompanied Asylum Seeking Children (UASC), and Missing Children and Vulnerable Adults. The group will also consider the inclusion of other emerging vulnerabilities that may become apparent.

Key Relationships

2.26 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 and the Medway Community Safety Partnership. The MSCB Chair presents 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

2.27 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. Detailed information showing agency attendance at Board meeting is in Appendix Two.

Lay Members

2.28 At the start of 2016-17, the MSCB had two Lay Members in place, both of whom were appointed in September 2015. However, during the year, one of our Lay Members resigned from the post. Both Lay Members worked closely with the MSCB Young Persons Safeguarding Panel and have attended their meetings and provided feedback to the Board. Recruitment for another Lay Member will take place in early 2017-18. The role of Lay Members and their attendance at Board meetings can be key to offering a different perspective, helping everyone to stay in touch with local realities and the issues of concern in our communities.

2.29 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.

Wood Review and Children and Social Work Act 2017

2.30 Following the national review of the role and functions of Local Safeguarding Children Board's (LSCBs) undertaken by Alan Wood, the Children and Social Work Bill included within it changes to LSCB's. In the bill, the statutory requirement for a LSCB were replaced with greater local discretion for safeguarding and promoting the welfare of children to be decided by three bodies: the council; the clinical commissioning group; the chief officer of police for Medway; and any relevant agencies that they consider appropriate.

2.31 The bill received Royal Assent in April 2017, however we are still waiting for timescales for the introduction of the different elements of the Act and supporting guidance to be published. Medway's response to the greater freedoms allowed by the Act will be considered in 2017-18.

Section Three – Progress in Medway

3.1 The MSCB strategic plan 2014-2017 sets out six priority objectives for the three year period which are reviewed annually. A summary of the key activity against each of the priority objectives is below:

Achievements against Priorities for 2016-17

Priority One: To improve the life chances of children living with family members with Mental Health, Substance Misuse or Disabilities

3.2 Neglect is a key feature in a majority of Serious Case Reviews (SCR's) nationally, and locally neglect is a prevalent issue which we know is strongly associated with parenting capacity problems associated with parental substance misuse; parental mental health and domestic abuse. Throughout the year, the MSCB has focused a number of events on these issues. The 2016 MSCB Conference held in November 2016 and attended by over 110 delegates focused on working with families with complex needs which included sessions on parental learning disabilities; parental substance misuse and parental mental health. In addition, a Recognising and Responding to Neglect Conference was jointly facilitated by Kent Police, the MSCB and Kent Safeguarding Children Board (KSCB). The conference was a full day event with a number of engaging speakers including a consultant paediatrician and the senior investigating officers for the Daniel Pelka and Liam Fee cases.

3.3 In February 2017 the roll out of the Graded Care Profile (GCP2) began in Medway. The GCP2 is a practical tool which supports practitioners in measuring the quality of care delivered to an individual child from an individual carer or carers over a short window of time, and is designed to give a representative overview of the current level of care. In turn, this allows practitioners to complete a detailed assessment of the quality of care and plan how this can be improved. All practitioners using the GCP2 must have attended and passed a licensed training programme. The MSCB hosted a train the trainer session in December 2016 to train sixteen professionals as trainers and has been running monthly training sessions with 42 professionals trained between January and March 2017. The introduction of the GCP2 will help professionals to identify areas where parents need to improve their care and achieve better outcomes for children.

3.4 At the April Executive meeting members considered the role of Core Group meetings in relation to the findings from the Case File Audit Group and the Partnership Event held by Medway Council to launch the Improvement Plan following the publication of the Ofsted Inspection report. One of the findings from audits undertaken by the Case File Audit Group (CFAG) was "Core Groups[7] met frequently in some cases

[7] '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

but actions were allowed to carry over on a number of occasions". As a result the MSCB held a multi agency workshop on the Challenge and Escalation Policy and Effective Core Groups on 21 June 2016. The session was attended by 39 professionals and provided an opportunity to relaunch the Core Group Guidance for professionals.

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

3.5 The Medway Multi Agency Sexual Exploitation (MASE) Group, a sub group of the MSCB, has developed a new strategy for safeguarding children abused through Sexual Exploitation which is available on the MSCB website. The MASE Group regularly reviews any relevant national or local learning which can be used to inform the response to CSE in Medway. This has included reviewing the key findings from the Joint Targeted Area Inspections (JTAIs) of the multi-agency response to Child Sexual Exploitation.

3.6 In December 2015, Kent Police, Medway Council, Kent County Council and health services came together to form a combined team to tackle the sexual exploitation of children alongside Operation Willow. Operation Willow is a partnership to respond to concerns and promote awareness of Child Sexual Exploitation (CSE) by working closely with schools, GP's, taxi firms, hotels and pubs. Agencies involved in Operation Willow supported the National CSE Awareness Day which was 18 March 2017. The day aimed to highlight the issues surrounding CSE; encouraging everyone to think, spot and speak out against abuse and adopt a zero tolerance to adults developing inappropriate relationships with children or children developing inappropriate relationships with other children.

3.7 The MSCB have set up a Champions model, in which partner agencies including Medway Council, Kent Police, health services and the voluntary sector have nominated representatives to act as CSE champions and be a point of contact for CSE concerns within their agency to provide advice to colleagues. CSE champions have quarterly meetings and are required to support good practice in their organisations by disseminating learning, feed in CSE experiences from their service, participate in multi agency CSE work streams and support training events.

3.8 At each MASE meeting an intelligence report from the CSE Team (CSET) is provided. CSET, based at Kent Police headquarters in Maidstone, has been set up as a joint hub where agencies can work

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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.

together to both identify children that are at risk as well as people who are suspected of sexually exploiting children. The latest report highlighted that there are currently a number of young people who have been raised as being potentially at risk of CSE situations. These are coupled with certain problematic areas within Kent and Medway that have also been highlighted as potentially significant areas of interest.

3.9 Between 22 July 2016 and 17 November 2016, there were 128 calls into the Kent Police Force Control room that were tagged for CSE for Medway.
- The highest number of calls tagged for CSE are in relation to missing persons
- The majority of the calls were made by either a parent or carer (foster carer/ care home worker etc.)

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

3.10 The MSCB has continued to engage young people in its work through the Young Persons Safeguarding Panel and engagement with other groups of young people. During 2016-17 the Young Persons Safeguarding Panel have developed 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 able to see this themselves. The group have developed a poster and leaflet which will be sent to every school in Medway and Kent when it is launched in 2017-18. In 2016 Medway was nominated for a Community Engagement Award at the National Municipal Journal (MJ) Awards and was highly commended for its engagement work with young people. Part of the work that led to this commendation was the young people's work for the domestic abuse campaign.

3.11 In 2016, the MSCB and Kent Police supported the development of a play to help raise awareness of sexting by students from the Robert Napier school. Sexting can impact the lives of young people as they can be pressured into sending explicit images of themselves via their mobile phone. The students, who developed the play themselves, performed it in front of a number of professionals at Medway Police station and at the MSCB annual conference. The performance received local press interest and a copy has been sent to all secondary schools in Medway.

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

3.12 The MSCB continues to be represented on the multi agency domestic abuse groups in Medway and Kent. In October 2016, the Kent and Medway Domestic Abuse Strategy Group (KMDASG) launched their new Domestic Strategy for 2016-20. The strategy identifies four key objectives which mirror those within the Government's Ending Violence Against Women and Girls Strategy 2016 – 2020:

- **Preventing Violence and Abuse:** Prevent domestic abuse by challenging the attitudes and behaviours which foster it and intervening at the earliest opportunity to prevent escalation to a crisis point.
- **Provision of Services:** Provision of good quality interventions to meet the needs of a diverse range of victims and their families.
- **Partnership Working:** Improved links to other areas of safeguarding, improved risk mitigation, and needs led interventions for victims, children and perpetrators, supported by commissioning frameworks.
- **Pursuing Perpetrators:** Take effective sanctions against perpetrators and support sustainable behaviour change, to reduce re-offending.

3.13 Each of these four objectives is supported by a range of key outcomes in the delivery plan.

3.14 As a result of discussions at a MSCB Board meeting around the governance arrangements for domestic abuse in Medway, a task and finish group was set up involving the Council, Health and the police to review the reporting lines between the existing domestic abuse multi agency groups and to review a self assessment against the criteria in the Joint Targeted Area Inspections (JTAIs).

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

3.15 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.

3.16 During the year the Young Persons Safeguarding Panel were involved in the work of a task and finish group to review what support professionals need to work with young people from the ages of 12 and older. They provided advice on what young people might say, talked about access to services, professionals reactions to young people and the types of risks and dangers that professionals need to be aware of. Through the task and finish group a series of training sessions and briefing sessions were planned to address these issues. Two training sessions on adolescent risk taking behaviour were held attended by 29 professionals. The course provided an insight into the psychology and drivers affecting adolescent risk taking behaviour, what works and how to use evidence based practice. Two briefing sessions were also held on Positive interventions and challenging behaviour and working with young people – listening and communication.

3.17 In 2015, the Board agreed to also include Female Genital Mutilation within its priorities. The eradication of Female Genital Mutilation (FGM) in the UK within generation is a key government priority. The MSCB is part of the Kent and Medway FGM Multiagency Steering Group which

reports in to the Board. The group look at national directives and local FGM prevalence as well as recording mechanisms and support.

3.18 The Kent and Medway FGM working group has developed a work plan for 2016-2018. The work plan includes the development of internal guidance in line with Kent and Medway procedures, FGM training, review of FGM cases, consideration of local FGM activity, FGM champions, public awareness and information sharing. All of which will be applicable to schools. The group are currently reviewing the action plan for their services and once the plan has been finalised it will be shared with all partners including schools to consider their own FGM position, with support from the MSCB.

3.19 The Kent and Medway FGM Operational Guidelines were developed by the group and are published within the Kent and Medway Safeguarding Procedures. These Operational Guidelines include a pathway for sharing information where FGM is identified, mandatory reporting duties and details of specialist services for FGM and other organisations that can help.

3.20 A range of additional resources is available through the MSCB website, this includes e-learning courses for professionals on FGM, Forced Marriage and Honour Based Violence. There are also resources created by young people including a short awareness raising video created by students from The Robert Napier School with support from Kent Police and the MSCB and a presentation developed by the Medway Youth Parliament.

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

3.21 The MSCB has continued to use its website to promote safeguarding messages and raise awareness and use of the MSCB resources by professionals and members of the public. During 2016-17 the MSCB published 7 MSCB bulletins to ensure professionals are kept up to date with relevant policy, news and training events alongside the MSCB fact sheets. During 2017, the MSCB also developed a new Learning Lessons Bulletin which is circulated to professionals and published on the MSCB website. The publication aims to share the learning from audit activity to allow professionals to reflect on their own practice. In addition, the MSCB has continued to grow its use of social media through its twitter account which provides an opportunity to raise awareness amongst children and young people and members of the community. The MSCB twitter account now has 400 followers which we will seek to increase by 250 during 2017-18.

3.22 The MSCB has in place a programme for agency annual reports to be presented to the Board detailing actions taken to improve effectiveness, strategic issues for the organisation and what life is like for front line staff. The MSCB also maintains a Challenge Log to demonstrate how the MSCB is challenging partners on their

responsibilities and provides details about the action taken to address the concerns raised by MSCB. The following are examples of challenges raised during the year:

- MSCB Lay members sought assurances that the MSCB budget is used efficiently and that areas to save money are being explored - The 2016-17 Budget was approved in January 2016. Cost saving measures have been implemented including changes to refreshments at meetings/ training and the costs associated with printing materials for training.
- Concerns were raised over a potential gap in the Child and Adolescent Mental Health Service (CAMHS) from August 2016 for 3-4 months – The commissioning team have updated that this issue has now been resolved, Kent have extended their procurement timetable through to September 2017 to match Medway's and the joint contract with Sussex Partnership Foundation Trust (SPFT) extended to 31 August 2017.
- The multi agency audit on children known to mental health services completed by the Case File Audit Group (CFAG) raised a number of areas of learning of concern to the Executive – As a result, the findings of the audit were raised at the Board meeting in September 2016. A Learning Lessons Bulletin has been developed and circulated to share the learning with professionals. The Executive has also approved the recommendation that the managers of the professionals involved in the cases will be sent a copy of the report as well as the chronology report being recorded on the child's case notes.
- Concerns were raised during a Serious Case Review (SCR) into the death of a child 'Harry' (being undertaken by Thurrock LSCB, 'Harry's' home) at the HM Young Offender Institution at Cookham Wood that toxicology results provided to the SCR Panel were inaccurate – As a result the MSCB along with Thurrock LSCB sought assurances from Kent Scientific Services who confirmed that a full and thorough investigation had been carried out, the coroner had been notified and procedures put in place to ensure that similar circumstances do not arise in any future case.
- Concerns were raised by the Executive in September 2016 that there was no outside representation at the Secure Training Centre (STC) quarterly safeguarding meetings. As a result, engagement with both the STC and HMYOI Cookham Wood was discussed at the Secure Estate Task and Finish Group and a representative of the Local Authority Designated Officer (LADO) now attends safeguarding meetings at both Medway STC and HMYOI Cookham Wood.

Other Achievements in Medway

Early Help

3.23 The MSCB continues to support the development of Early Help (EH) which is underpinned by the EH Strategy and Outcomes Plan approved by the Board and launched in June 2016. The strategy commits all services and agencies supporting children, young people and families to work with the whole family to ensure that problems for children and families are identified early, and responded to effectively as soon as possible.

3.24 Medway's EH services at level 3 have been pooled together to create a strengthened response to supporting families with complex needs. 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. Cases are not closed until outcomes are met. The work mirrors the model adopted by the government's national Troubled Families programme.

3.25 The EH Steering Group (EHSG) began its strategic oversight of the work in 2016 and reports to the Board twice a year. Its three main aims are:

- Upskilling the workforce and increasing awareness
- Increase in uptake and quality of Early Help Assessments
- Reduction in the number of families needing social care

3.26 In response to these aims:

- A pilot has been undertaken with over 70 partners to develop the new EH assessment, and training has now begun to be delivered to EH workers – 90 in May. The quarterly Lead Professionals forum goes from strength to strength now having approximately 50 staff in attendance where regular guess speakers attend.
- Four area-based EH coordinators support partners managing EH cases across Medway. As a result, the number of assessments being undertaken in Medway have increased by 50% from 663 in 2015/16 to 966 in 2016/17. Currently there are over 1100 open assessments in Medway. Steps are in place to build on the quality of assessments going forward. A recent survey of EH leads across Medway verified that support was well received and was helping to promote partnership working and provide better outcomes for families in Medway (see performance tables below).
- The number of families needing social care intervention has fallen in the last year. There has been work to train Social workers in facilitating the delivery of step downs (from safeguarding plans) to EH plans. We

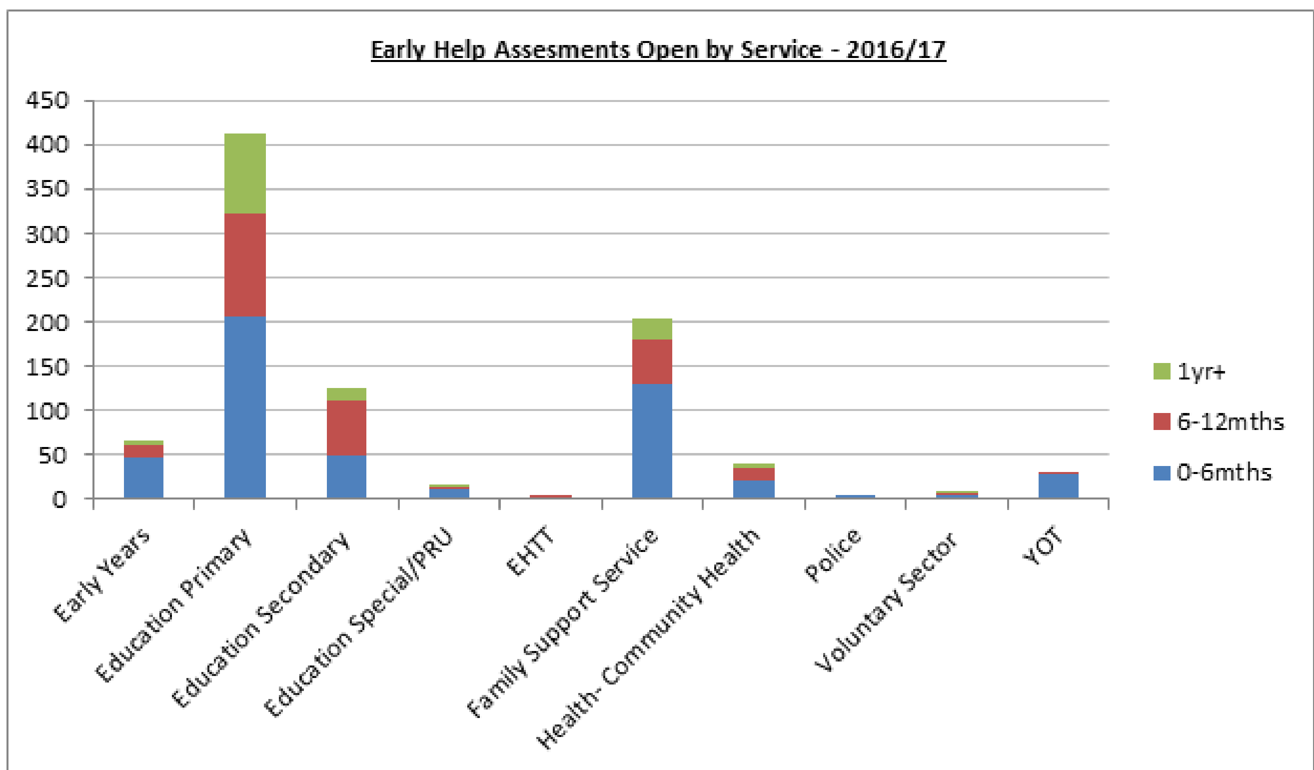
have supported and facilitated over 300 step downs this year (close to a 200% increase on last year).

Next steps

3.27 The robust assessment of whole family needs is also crucial to success, as is the development of their plan and the accurate recording and reviewing of progress. Following a successful pilot of 70 multi agency EH leads, an EH casework recording system has been proposed and is being considered by the Council's Transformation Board. The pilot group trialled a new assessment tool and this has been used to inform the development of a case recording system.

3.28 The EHSG is conducting an EH self assessment across six themes to better understand progress across Medway and what more is needed. This will be shared with the Department for Communities and Local Government and MSCB in its next full report.

Figure 2 – Early Help Assessments that are open by service



Children's Social Care

3.29 In the past year, the service has made significant changes to its structure in order to provide an Area Based service to children through social work pods i.e. small teams. Four areas have been created with a balanced level of demand. The four areas are:

- Area 1 – Gillingham and Twydall

- Area 2 – Luton and Rainham
- Area 3 – Strood, Peninsula and Rochester West
- Area 4 – Rochester East, Chatham and Walderslade

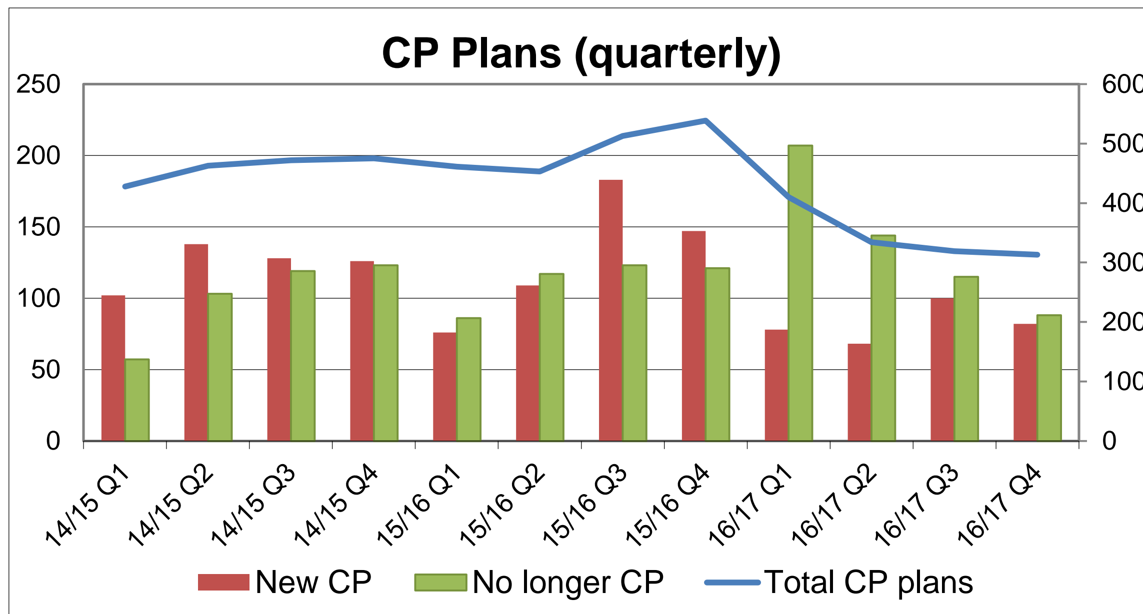
3.30 Aligning the social work pods to areas has enabled better joint working with partners responsible for the safeguarding of Medway's children. The changes in service structure are intended to provide consistency of social work throughout the intervention with the family. The changes have increased the numbers of first line managers (Practice Managers) and decreased the ratio of manager to practitioner in order to improve the quality of practice with children. The service has also commenced an ambitious training plan with the Institute of Family Therapy to support quality interventions with families and retain valuable staff.

3.31 The 'front door' to Children's Services is achieving excellent results in providing a prompt response to new cases. For 2016-17 96% of assessments are completed within the 45 working day target timescale against the national average of 83%. Where child protection concerns are identified, 87% reach the initial children protection conference within the 15 working day target timescale against the 77% achieved nationally.

3.32 In the past year, we have seen a reduction in legal action with families as cases in care proceedings have reduced by over 50% from January 2016. As of January 2017, there were 41 cases in proceedings.

3.33 The number of children subject to Child Protection Plans has reduced from 506 in April 2016 to 313 in March 2017. The current rate of 49 plans per 10,000 children sits between the 43 plans per 10,000 seen nationally and the average rate of 52 plans per 10,000 seen in our statistical neighbours.

Figure 3 – Number of children subject to a child protection plan



3.34 The number of looked after children (LAC) has also reduced from 424 in April 2016 to 391 in March 2017. This is a rate of 62 per 10,000 children and sits between the national average of 60 per 10,000 and the rate of 70 seen in our statistical neighbours.

Safeguarding Children Missing from Care and Home

3.35 Children and young people who go missing from home and care face a range of immediate and long terms risks including the risk of sexual exploitation. 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.

3.36 The policy and procedures regarding how missing children are managed within Medway continues to be reviewed with a drive towards all agencies working together to implement safety plans to ensure frequently reported missing children are safeguarded and the number of missing incidence are reduced. The responsibility for oversight and management of missing episodes currently sits with the Children's Advice and Duty Service (CADs) which is also under restructure. The current policy in relation to Missing Children from home and care is being reviewed by CADs and Kent Police.

3.37 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.

Figure 4 – Number of children missing from home and care 2011-2017

	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	143	156	110	115	148	113	92	1440
2017	104	94	139	146	152								635
													6634

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

Medway Missing Children Incidents

(Includes Medway looked after children resident outside Medway)

3.38 Figure 4 above illustrates the continuing upward trend of missing incidence. The total number of missing children incidents in 2016-17 was 1462 which is higher than the 1242 missing incidents in 2015-16. It is important to note that there are a number of children that are frequently reported missing (some on a daily basis) these young people have multiple incidents. The 1462 missing children incidents relate to 658 children and over the year there were 101 children who have gone missing more than three times.

3.39 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.

3.40 Medway needs to continue 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. In 2017 all children reported as missing have been offered a return interview. There continues to be improvement in return interviews being completed within timescale with this increasing from 54 % to 80%. One of the challenges continues to be obtaining return interviews from other local authorities who have looked after children placed in Medway who have gone missing. This continues to be an area of focus so that we can ensure that all missing children are seen for a return interview within timescales and any safeguarding concerns can be addressed effectively.

3.41 Case notes and missing children episodes are recorded in a timely manner, generally within 24-48 hours, ensuring that CSC and out of hours (OOH) colleagues have up to date information available to them and information sharing between agencies such as Police and Youth Offending Team continues to improve.

Children Missing Education

3.42 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.

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

3.44 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 then closed.

3.45 Medway Council Attendance Advisory Service to Schools and Academies (AASSA) fully support this responsibility and Attendance Advisory Practitioners (AAP's) working within AASSA ensure home visits are made and work closely to sign post or work jointly with all agencies, including the police, social care and health to ensure safeguarding concerns are addressed and appropriately dealt with.

3.46 CME cases can sometimes be complex. Families often move to Medway or are placed in Medway unaware of schools or the process for getting children on roll of schools. Families are often vulnerable in temporary housing with no friend or family support. The CME officer and AAP's assist families and assist with form filling or general advice regarding schools, the process and any other concerns which could be supported. Cases reported as CME into Medway have significantly increased from 204 cases in period 2015-2016 to 343 cases 2016-2017.

3.47 AASSA are in a good position compared to other local authorities. AASSA have become a full traded service from April 2016 which means that schools and academies can choose to buy the services and all but 7 schools and academies have chosen to purchase the AASSA service. Most other local authorities only offer a statutory service to schools and Academies meaning that many no longer have close working relationships with Schools and Academies and feel that information regarding CME or children being taken off school roll is not accurate and not always forthcoming. AASSA have ensured procedures are in place to support CME in our Schools and Academies that do not purchase the AASSA service.

3.48 As from September 2016 the Department for Education (DfE) requested that all schools and academies including private and independent schools notify the LA where a pupil is taken on or pupil removed from the school roll. Whilst this procedure has now been implemented by AASSA this responsibility needs to be developed further in the coming months. By employing an additional staff member data can be interrogated and where there appears no outcome for the pupils this can be fully investigated to ensure pupils are on roll at a school/academy or in receipt of education at home or otherwise.

Private Fostering

3.49 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.

3.50 Medway Council has a dedicated part time post located within the Fostering Service. This post assesses the suitability and safety of these placements and supports children and young people subject to these arrangements.

3.51 There were 31 notifications of Private Fostering arrangements in the year 2016-17 compared with 33 in 2015-16. Although this is a 3% drop from the previous year there has been a gradual overall increase in notifications of Private Fostering arrangements in Medway since 2005 when statistics were first recorded in Medway .

3.52 Developments of the service for children and carers during 2016/17 include:

- 83% of visits to children in private fostering arrangements up to 12 months were made as per regulations as opposed to the 68% national average
- 80% of visits were made to children in private fostering arrangements over 12 months were made as per regulations
- 91% of Initial visits made to new arrangements as per regulations (31 in sample) as apposed to 68% for the national average
- Data sharing and recording systems have been reviewed to support the service on frameworki
- Feedback from young people is gathered annually and is very positive –average of 9/10 scored in terms of child's assessment of service
- Reduced entry to Leeds Castle for carers and their family
- Private fostering awareness raising week was held from 10th July 2016

3.53 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.

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

Allegations against staff

3.55 The Local Authority Designated Officer (LADO) delivers a statutory role on behalf of the Local Authority to oversee and/or investigate all cases where allegations have been made against an adult who is employed or works in a voluntary role with children. The role includes providing advice and guidance to employers and voluntary organisations, liaising with the Police and other agencies and monitoring the progress of cases to ensure that they are dealt with quickly, consistently and fairly.

3.56 This period of April 2016 until March 2017 saw a change to the staffing levels in the LADO service due to increased demand. The service had been operating with one Senior LADO and two full time assistant LADO's with a fulltime administration assistant. In early March 2016 an additional LADO was recruited to take specific responsibility for all Operation Woodley[8] Cases. This investigation required further additional resources and in June 2016 a further fulltime assistant LADO was recruited to support the Operation Woodley investigation.

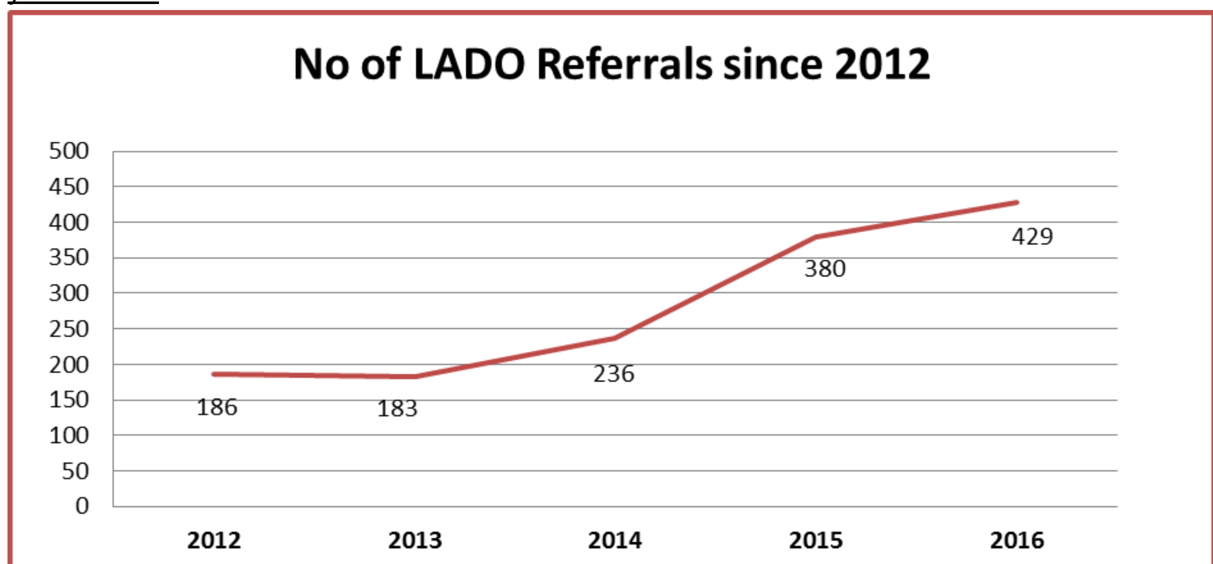
3.57 Changes to the workflow and the process and procedure documents have enabled the LADO to rationalise the work received and take on a more appropriate role of overseeing cases rather than undertaking investigations themselves. This will inevitably mean a reduction in work and therefore a reduction in staffing. The current workflow indicates that 2 FTE LADO post will be sufficient to cover the work effectively.

3.58 The threshold for a LADO investigation is that an adult 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.
- Behaved towards a child or children in a way that indicates that they pose a risk of harm if they worked regularly or closely with children.

3.59 Within the timeframe of this annual report April 2016 to March 2017 the LADO team have received a total of 430 recorded referrals. The table below demonstrates the number of referrals received each month since January 2012.

Figure 5 - Annual trend of LADO referrals received by LADO team since the year 2012.



[8] Operation Woodley is an active and ongoing investigation into alleged abuse of young people within Medway Secure Training Centre.

3.60 This does not capture the work that LADO would have completed regarding enquiries and consultations due to a lack of recording processes in relation to cases that did not progress to referral. This has been addressed with the implementation of the new LADO process and procedures and will enable a significantly more complete data capture for future LADO reports.

3.61 The most significant increase in workload to the LADO team relates to Medway Secure Training Centre and Operation Woodley. This investigation remains active and ongoing.

3.62 Cookham Wood YOI is the highest referrer of cases to the LADO team. Restraint is a feature of the work undertaken by staff in this establishment so it is likely that they would be higher level referrers. A large number of these referrals came through following an inspection of the YOI.

3.63 Education is also an organisation that we receive high levels of referrals. Referrals from education are most commonly received from Head teachers. Referrals relating to school or education staff are also referred in via OFSTED notifications or parental complaints. The LADO will be delivering awareness training to schools and Head teachers in the year ahead.

3.64 The table below shows the outcomes of cases that were investigated by LADO during the financial year 2016/2017. From this we can see that the highest number of referrals were concluded as unsubstantiated-184. And the lowest number of referrals was concluded as malicious-2.

Figure 6 - Number of LADO Referrals by outcome

Year 2016/2017	No of Referrals
Substantiated	43
Unsubstantiated	184
Unfounded	31
Malicious	2
Duty Enquiry	54
Ongoing	28
Consultation and Advice	88

3.65 Looking back over the last year there have been a number of challenges and changes across the LADO team. The challenges have related to staffing and the ongoing Operation Woodley investigation into Medway STC. It is hoped that these will conclude and the team will stabilise over the next year with the completion of a Serious Case Review so that lessons can be learned and this can be incorporated into practice and procedures for LADO and other organisations.

3.66 The changes already made to the team have been in response to the need to have established and transparent processes and procedures across the LADO team that are properly shared with and understood by partner agencies.

Ensuring children in secure units are safe

3.67 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.

3.68 Conditions in the secure estate for children across England and Wales have continued to be a matter of considerable concern and national debate over the past sixteen months. The MSCB has established a ‘task and finish’ group to come forward with practical ideas of how safeguarding can be improved locally and these will be implemented in 2017-18.

Section Four – Single Agency Annual Reports on Safeguarding Children

Medway Council Children's Services

Overview of year

4.1 The last year has been a time of change and continued development for Children's Services. Plans are in place to bring together further provision for children and their families into Children's Services, this has included the development of the Early Help Service to include the Youth Offending Team, Youth Services and the Inclusion Team. The Special Education Needs and Disability (SEND) service joined us in April and 0-25 Disability team will be transferring in August, with proposals to include specialist links to the locality safeguarding hubs. We continue to build links with partners and plan a further Partnership Event in October 2017.

What did we do and why?

4.2 Following a DfE review which confirmed that practice had lifted from Inadequate to Requires Improvement (RI) the service has transferred scrutiny from the Internal Improvement Board to a new Children's Transformation Board which will oversee progress on the practice and systems improvement required to move from RI to Good. Children's Service Management Team continue to monitor the implementation of service plans and review performance and other quality data on a monthly basis, with a bi monthly wider management review the governance of which sits with the Deputy Director. We continue to focus on outcomes for children, improving the consistency and quality of social work. The Quality Assurance and Performance Service are implementing a new Quality Assurance Framework (QAF), starting with a focus on the safeguarding service, which will report on the evidence and feedback of our practice development, highlighting areas of best practice in addition to feedback that leads to learning and development.

4.3 Whilst we celebrate that progress has been acknowledged we remain very conscious that we need to consistently demonstrate improved outcomes for children and their families.

How have we made a difference for children?

4.4 We are conscious that children and families benefit from consistency and continue to seek a permanent workforce and develop Medway Children's services as an employer of choice.

4.5 All Heads of Service in our management team are now permanent which is a positive model for the workforce and will provide clarity and consistency in decision making for children.

4.6 The introduction of systemic training will further enable our social workers to understand and work with children as part of families and communities, providing a model of practice that supports our commitment to the strengthening families approach.

What have we learned?

4.7 We are beginning to see the strengthening of local partnerships by working together in the 4 area hubs and 15 social work pods, seeing cohesion between agencies resulting in cooperative interventions for children and young people. These partnerships will be further developed by the launch of the MASH, bringing together partners to share information that will enable informed decision making about referrals to Children's Services.

What do we need to do better?

4.8 We intend to focus on reducing vulnerability for children and their families, including an increased awareness, together with partners on, for example, CSE, Gangs and other complex matters, aiming to improve our interventions for children both involved or on the edge of risk through the shared programmes of information and response.

4.9 We will monitor developments in practice nationally, the delivery of the Children and Social Work Act and a new, revised, working together in autumn. The appointment of 2 Principal Social Workers will enable us to better circulate practice updates and support learning and development at the front line.

4.10 Using the QAF we will monitor, evaluate and challenge the quality of practice, explore deficiencies and understand barriers to delivering good practice. We will link learning from audit, case reviews, service user feedback and listening to our staff to our learning and development plan consistently focusing on the quality of our intervention with children and their families and supporting our staff to feel valued working in Medway.

Medway Council Early Help and Targeted Services

Overview of year

4.11 Early Help and Targeted Services has moved to an area based model matching that within Childrens Services. This has strengthened our ability to work alongside partners and Schools/ Academies ensuring we provide the right service, at the right time to the right family. We have integrated our Youth Offending Team, Youth Service and Inclusions Team into Early Help and Targeted Services improving our response to Children with educational risk, those on the edge of care/ custody and those needing targeted support.

How have we made a difference for children?

- Reduction of Children on a safeguarding plans.
- Reduction in First Time Entrants and those Reoffending.
- Reduction of placement breakdown.
- Increase in Early Help Assessment so Families and Children getting a response much quicker.

What have we learned?

- We need multi agency Children and Family hubs in the community to be accessible to families that need provision of support.
- Thresholds need to be understood by partners and pathways into appropriate services.

What do we need to do better?

4.12 Create a vision and plan for 2020 so future remodelling is understood to our staff, partners and families.

4.13 Improve some of the issues through a Children and Families Board. Example:

1) Reduce exclusions and improve attendance
2) Reduce those children on plans
3) Increase the take up of Early Help Assessments through partnership delivery

Medway Council Public Health

Overview of year

4.14 We managed a range of projects that work to improve the health and wellbeing of children and young people. The projects span a wide range of settings, both primary and secondary age and beyond. The projects cover a range of topics including children and young peoples mental health and emotional well being, Personal, Social, Health and Economic (PSHE) education, Relationship and Sex Education (RSE), youth health champions plus a range of additional support available for schools and other settings on young peoples health and well being topics.

4.15 Children and young people's health and wellbeing programmes, (especially high quality PSHE) can drive improvements in key Public Health Outcome Indicators.

These include reductions in:

- Under 18 conceptions

- Excess weight in 4-5 and 10-11 year olds
- Smoking prevalence in 15 year olds
- Hospital admissions as a result of self-harm
- Alcohol related admissions to hospital
- Chlamydia diagnoses in 15-24 year olds

Our Programmes

PSHE/RSE: Supporting schools to provide their pupils with high quality personal, social, health and economic education. Providing children and young people with the knowledge and skills needed to make positive life choices

Youth Health Champions: An accredited course that aims to give young people the skills, knowledge and confidence to act as peer mentors, increasing awareness of healthy lifestyles and encouraging involvement in activities to promote good health.

Health Boards: A primary school programme that encourages pupils to engage in age appropriate health promotion.

Smoke Free School Gates: Health promotion programme highlighting the benefits of being smoke free to pupils and their parents/carers.

How have we made a difference for children?

4.16 There are 86 schools currently engaged in our programmes, which means we are providing frameworks, resources, and training to 80% of all Medway schools.

4.17 The programmes and interventions we offer provide children and young people the opportunity to gain knowledge, understanding, attitudes and practical skills that can help them to live healthy, safe, productive and responsible lives.

4.18 In year 2015-16 the child health team had a total of 3286 contacts with school aged child and young people; last year (2016-17) total contacts with school aged children and young people were 6258. This means that through the direct delivery aspect of our programmes; the child health team provided health promotion or health interventions to 12.2% of all school aged children and young people in Medway.

Figure 7 - Number of schools engaged in Public Health programmes

	Number of Medway Schools	**No. of schools we work with**
Primary	79	64
Secondary	17	16
SEND	4	3
PRU	3	3

4.19 The programmes and health interventions we offer cover a number of topics including sexual health, CSE, consent, oral health, nutrition and physical activity, anti-smoking, bullying, emotional wellbeing, family diversity, healthy relationships and risk taking.

<u>What have we learned?</u>

4.20 We have found that uptake of programmes can largely depend on having the right contact in school. Different members of staff place value on some aspects of our offer but not on others. Our main method of communication with schools is through our monthly PSHE letter.

4.21 The letter was previously sent out to PSHE leads and head teachers. We now include Special Educational Needs Co-ordinators (SENCO's) and Home School Support Workers (HSSW's) on the mailing lists and every letter also gets sent to each school office. We have found this has improved uptake of resources and training sessions.

<u>What do we need to do better?</u>

4.22 In light of the new legislation to make RSE compulsory we have reviewed our RSE offer to schools. While our secondary and Special Educational Needs and Disability (SEND) offer is strong, we feel we need to increase the support offered to primary schools. We currently have a five lesson programme for key stage 2 that focuses on puberty and transition. We will be working in partnership with the PSHE Association to produce another 5 lesson plans for key stages 1 and 2. They will include lessons on relationships, families and emotional wellbeing.

4.23 We will also continue to work towards equitable and universal health improvement provision for Medway's school aged children and young people. We will do this by targeting schools not yet engaged with our programmes. We also need to increase the numbers of teachers accessing our network and training events. We will do this by offering greater flexibility around meeting times and improved communication with a variety of school staff.

Medway Secure Training Centre

<u>Overview of year</u>

4.24 Medway Secure Training Centre was managed by G4S until the 1st of July when we were taken over by the National Offender Management Service (NOMS, now known as HMPPS). Since this date there have been significant changes.

4.25 The whole site was restructured in September 2016, and new departments were set up to ensure smoother running, and better

oversight. There has been the creation of a Safeguarding Department that has oversight of restraint, child protection, complaints, conflict resolution, discrimination etc. This has been hugely beneficial to the site, as all safeguarding concerns are now managed through one department, rather than shared across various areas.

4.26 There has been significant structural changes to the building meaning that shortly we will be able to provide better health and education facilities for the young people within our care. Living units have also been re-decorated with more child friendly furniture available for use.

4.27 NACRO has joined the site to oversee the education within the centre. This has enabled stronger links with the community to smooth transitions between the 2 areas, meaning that better provision for young people on release from the centre should be more feasible.

4.28 We have had an increase in the number of young people being released on temporary licence, attending college placements, work placements, visiting family members and attending the local community.

4.29 Overall, this has been a significant year for Medway STC due the difficulties that we experienced at the end of 2015. This is still having an impact on the centre, young people, staffing levels and overall confidence, which we are currently working on.

How have we made a difference for children?

4.30 Medway Secure Training Centre has promoted the mixing and integration of children across the centre from different residential units in education and at other times of the day. This has been a big departure from previous practice, but has proven to be very successful and has significantly reduced the number of 'mixing' issues between young people, and has resulted in much lower instances of young people shouting abuse at each other through windows in education etc.

4.31 As noted above, we have expanded the provision of release on temporary licence (ROTL), meaning that young people have been able to leave the site unaccompanied on a licence. This enables them to have normal daily experiences that they may have in the community. This is a positive experience for our young people, and begins to prepare them more adequately for release into the community.

4.32 The introduction of Managing and Minimising Physical Restraint (MMPR) Co-ordinators and Conflict Resolution Facilitators into the Centre has also made a difference for young people. The MMPR Co-ordinators now visit every young person after their involvement in restraint/use of force. This allows the young person to share their thoughts on restraint and raise any concerns that they may have. This allows us to improve the relationship between co-ordinators and young people, that we hope, in turn will allow us to lower the number of

restraints that are taking place within the centre. The Conflict Resolution Facilitators will also forge relationships with young people to improve any difficulties that take place within the centre.

What have we learned?

4.33 As previously stated we have spent more time looking into statistics around restraints, and have addressed staff around incident management and applying appropriate holds. We have spent time talking with staff members about their use of restraint, praising them when incidents are managed well, and offering advice when improvements could be made. This has worked really well, and in turn we have seen confidence rise with certain staff members when dealing with young people.

4.34 Due to the difficult year we had at the end of 2015, we have spent considerable time working on relationships with the LADO office. Regular JEM's (Joint Evaluation meetings) are now held in order to review cases as appropriate, and ensure that issues are resolved in a timely manner.

4.35 We have also improved the complaints process within the centre for young people. There are boxes on living units for young people to put their complaints in, and these are collected by a member of the safeguarding team on a daily basis. Young people then have a confidential process that they can make complaints through, including raising concerns of a safeguarding nature if they need to.

4.36 Overall, we have developed significantly over the last 12 months, developing a new service from scratch that is integral to the effective running of Medway STC as a whole.

What do we need to do better?

4.37 Medway STC's Safeguarding Department is still in its infancy, and therefore, there are several areas that we wish to improve on.

4.38 The collation of statistics for restraints, conflict resolution, complaints, acts of violence etc is limited at this stage, however, they are developing on a monthly basis. The plan for the coming year will be to look back on the year prior to compare data and analyse and evaluate trends that will assist us in reducing risk to staff and young people.

4.39 We also need to improve on our management of incidents within the centre, to develop staff confidence in managing difficult situations with young people.

4.40 In addition, we will continue to improve on the developing relationship with the LADO to ensure effective and timely outcomes for all young people within our care.

4.41 2016/2017 has been a busy year for Medway STC, but one that has seen lots of developments, that we will continue to improve on and embed through the remainder of 2017 into 2018.

HMYOI Cookham Wood

Overview of year

4.42 The past year has seen a heavy focus on tackling violence and maximising the safety of young people in our care. There have been 2 significant developments in trying to achieve this, the introduction of the progression programme – this is targeted at young people that have been prone to use violence, particularly if this is within the education setting. This programme, whilst still needing further development, will aim to address behavioural issues and is led by psychology, it is a 4 week journey with the goal of full re-integration into mainstream education and regime at the conclusion.

4.43 The second development has been the introduction of a dedicated resource to deal with conflict resolution between the young people. The number of complex arrangements for keeping young people apart has had a negative impact on the regime at Cookham Wood and did not enable the best outcomes for young people – by removing a number of these issues has allowed and encouraged better learning and engagement.

How have we made a difference for children?

4.44 From April 2016 – March 2017 Cookham Wood saw a 50% decrease in the levels of violence from young people – whilst still the major focus and concern, young people have been less exposed to violent incidents and careful management of perpetrators has allowed better access to learning, delivering better outcomes for a majority of young people in our care.

4.45 ROTL opportunities over the past year have increased, allowing young people better access to apprenticeships and in maintaining community ties.

4.46 Positive education outcomes have risen significantly during the reporting period, with the inclusion of some learning at level 3.

What do we need to do better?

4.47 In dealing with a complex and problematic group of young people, there will inevitably be times where segregation needs to be considered for the safety of others, we need to ensure that any young person in our care, who is segregated, has proper authorisation and re-integration planning completed at the earliest opportunity.

4.48 New initiatives will continue to be pursued in aiming to drive down the levels of violence – Cookham Wood is a community where people work and reside together and the next year will continue to promote cultural change to reflect this. There has been some success already with the introduction of community games, with young people and staff from all agencies engaging in team building, this needs to be continued and improved.

Kent Police

Overview of year

4.49 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) has 250 specialist staff to manage the range of business known nationally as 'Protecting Vulnerable People' (PVP).

4.50 Her Majesty's Inspectorate of Constabularies (HMIC) inspected the force between the 27th June and 1st July 2016, this inspection focused on the PEEL pillar of Effectiveness.

4.51 In August 2016 Kent Police launched Op Unity to help ensure we provide the best possible response to domestic abuse incidents. Operation Unity seeks to protect victims and children of domestic abuse through effective initial response and investigation. Op Unity was launched with an all-out day on the 23rd August, with weekly reports being provided to senior officers highlighting good work and updates in relation to arrests and outcomes. Kent Police officers have embraced new legislation on coercion and controlling behaviour, which helps to prove a pattern of behaviour not covered by the Harassment Act.' Since the implementation of the legislation, Kent has seen a steady increase in its use, from 10 recorded incidents in the first month to 41 in September 2016. Records indicate that the offence is committed by 5% family member, 38% ex-partner and 57% intimate partner. We currently have a 66% arrest rate. This demonstrates clear understanding by officers and use of a new law which is an additional tool to safeguard the most vulnerable people in our society. As a result of this work Kent was selected by the National Police Chief's Counsel (NPCC) to be used in their one year anniversary campaign for the coercion & control offence.

How have we made a difference for children?

4.52 Kent Police has undertaken specific activities in the past year to improve safeguarding for children as set out below:

4.53 The Medway MARAC (Multi Agency Risk Assessment Conference) pilot was completed and evaluated and it was agreed at the KMDASG that Medway would continue to hold weekly MARAC's. Feedback

remains that these are appropriate and are meeting expectations and managing risk and improving safeguarding outcomes for domestic abuse victims and their children.

4.54 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).

4.55 A full Force review has been completed and agreement has been made that a new force wide Vulnerability framework will be introduced. The Chief Constable is now engaged in roadshows across the county to inform and include staff in delivering these changes. The changes within Force will be completed in phases; phase 1 will see the introduction of the enhanced CRU, planned for April 2017 with the changes within Districts and Investigation teams taking place in the autumn of 2017.

What have we learned?

4.56 Kent Police remain committed to engaging with multi agency partners. We have representation across the Board, as well as in MSCB subgroups. In addition to being proactive in supporting the awareness around CSE, we have co – hosted with the Children's Board two multiagency exploitation and vulnerability conferences, and a conference on FGM within the last year to raise awareness on these subjects. Officers have spoken at conferences around DA as well as delivering bespoke training and presentations to specialist teams.

What do we need to do better?

4.57 Kent Police is undergoing significant change in 2017 and this will mean change in the way we manage vulnerability, impacting on all partner agencies. Given the uplift in staff working within these roles and an increased focus on safeguarding and young people; these changes are a positive step for Kent Police and the service provision to vulnerable victims across Kent and Medway.

4.58 'New Horizon' is the name of our change programme for 2017. It includes a new operational model designed by officers and staff following the most extensive staff consultation the Force has ever undertaken.

4.59 The model aims to protect frontline policing and realign existing resources in response to crime trends set out in the National Policing Requirement (including Counter-Terrorism, Cybercrime and

Vulnerability). This will mean enhanced and dedicated services for missing and exploited children as well as vulnerable adults, alongside more general specialist service provision for those identified groups; putting them at the heart of what we do. There will be support for vulnerable people at the time of need, not the time of crisis.

National Probation Service

Overview of year

4.60 The National Offender Management Service (NOMS) was replaced by a new Agency; Her Majesty's Prison and Probation Service (HMPPS) following a launch in April 2017 and has a newly appointed CEO, Michael Spurr. Following the launch of the new Agency, we are very much at the beginning of our journey to shape the way in which we work to reform those in our care.

4.61 As a consequence of the Transforming Rehabilitation programme, the creation of the National Probation Service (NPS) in 2014 has provided an opportunity to create a national delivery capability for probation services which:

- Provide increased value for money whilst reducing risk
- Deliver the best possible services to offenders to achieve better outcomes
- Consistently apply best practice principles with proactive learning from experiences of others
- Provide equality of opportunity for staff
- Ensure professional standards are applied consistently

4.62 The E3 Programme, Phase 2 was launched in March 2017 and this covers approximately 15-20% of NPS work including the implementation of the new Offender Management Model in our Public Sector Prisons, ViSOR usage and vetting policy.

4.63 The NPS Safeguarding and Promoting the Welfare of Children Policy Statement was published in January 2017 to replace the interim NPS child safeguarding Guidance issued in June 2015. The Policy Statement acknowledges the NPS statutory responsibility to ensure it discharges its functions with regard to the need to safeguard and promote the welfare of children. It builds on and further develops the good practice identified in the interim Guidance and has been developed in consultation with NPS Child Safeguarding Reference Group.

How have we made a difference for children?

4.64 In January 2017, Kent LDU appointed a Senior Operational Support Manager (SOSM) who retains lead responsibility for Safeguarding Children and Adults and attends both the Medway and Kent

Safeguarding Children Board and sub groups. The SOSM has a lead responsibility for Youth Offending in Kent and Medway and leads on both Performance and Quality for the Kent LDU. The SOSM also has responsibility for overseeing a small Investigations Team covering the work of Serious Further Offences (SFOs), Stage 1 Complaints, Domestic Homicide Reviews (DHRs), Serious Case Reviews (SCRs) and Case Reviews and Safeguarding Adult Reviews (SARs) as well as Reviewing and reporting Deaths of Offenders Under Probation supervision (DUS) in the community.

4.65 Following protracted recruitment for Probation Officer secondments to Youth Offending Teams across Kent and Medway, the Kent LDU SOSM appointed four staff to these roles. A vacancy in North Kent remains.

4.66 The Kent LDU SOSM worked with colleagues in Kent and Medway Youth Offending and the KSS CRC to review the Kent and Medway Transfer and Transition arrangements between Youth Offending Services and The National Probation Service South East and Eastern (NPS SEE) Kent and Kent, Surrey and Sussex Community Rehabilitation Company (CRC). This was presented that the County Youth Justice Board on 15th May 2017. This work will support young people at a potentially difficult time when they are transitioning from youth to adults service provision.

4.67 The NPS is fulfilling its statutory partnership working through the MSCB subgroups and there is senior representation in the SOSM at the Board. The SOSM and the small NPS Kent Safeguarding Team are responsible for setting an annual Safeguarding Workplan which is reviewed monthly ensuring an efficient focus is kept on safeguarding and promoting the welfare of children to frontline practice. The Safeguarding Team is also responsible for producing a quarterly Safeguarding Bulletin/Newsletter for NPS Kent staff as well as regular attendance at Team Meetings in order to champion safeguarding practice across the LDU.

What have we learned?

Better Outcomes Programme 2017-18:

4.68 In December 2016, the NPS SEE Senior Leadership Team approved the proposal to deliver mandatory Better Outcome Events as part of a developing programme for 2017-18. The purpose of the Better Outcomes continuing professional development (CPD) events are to provide an opportunity for practitioners to reflect on their learning, raise awareness of current guidance and research in relation to themed areas and enable participants to understand why certain approaches to engaging offenders work better than others as well as providing practitioners with the script and tools for taking such approaches forward in their work with offenders either in the community or in prison.

What do we need to do better?

4.69 The NPS SEE is keen to able to provide meaningful data for the Medway Safeguarding Board on its statistical safeguarding activity. The National Performance and Quality Group are developing specific national datasets.

4.70 The Kent LDU Safeguarding Team will be supporting Medway colleagues in establishing a strong link to the Medway MASH from September 2017.

4.71 The Kent LDU Safeguarding Officer is keen to raise the profile of Gangs and CSE within the LDU.

Kent, Surrey and Sussex Community Rehabilitation Company (CRC)

Overview of year

4.72 KSS CRC is responsible for the supervision and rehabilitation of low and medium risk service users and provides a range of services for adult service users on community orders and licences.

4.73 The main aim of KSS CRC is to reduce reoffending and thereby protect the public. Recognising that safeguarding of children and adults is an important aspect to public protection, KSS CRC has revised its policies so that it now brings together all the key documents that fall within the safeguarding of children and adults under one set of overarching principles. In addition, to support clarity and best practice, we have added, extremism, modern slavery, sex working, gangs, child sexual exploitation and trafficking (CSE) and female genital mutilation (FGM) as key strands to the policy.

4.74 During November 2016 the CRC completed a safeguarding week to increase staff knowledge of safeguarding issues and impact positively on behaviours and attitudes This included articles in staff and partnership magazines, daily safeguarding ‘top tips’ posted in the intranet, posters around offices and a subsequent on line staff quiz. The safeguarding section of the intranet has been fully revised to store all safeguarding documents and other relevant reports in a manner that facilitates staff access.

4.75 KSS CRC implemented a Quality Assurance Audit and Performance Strategy which outlines the purpose, principles, strategies and key deliverables for quality assurance. As part of this strategy KSS CRC undertook a safeguarding audit in July 2016 which focused on safeguarding practice for both children and adults. Prior to actual audits taking place, we have started to undertake mock internal audits to identify learning which included the recent JTAI on neglect. KSS

CRC also took part in two domestic abuse JTAI audits for Kent and Surrey & Sussex.

4.76 Our plans for a new IT platform were successfully implemented. Our moves to new premises, where the layout and physical environment provides for and reflects our collaborative approach to rehabilitation, has been welcomed by staff, service users and our partners.

How have we made a difference for children?

4.77 KSS CRC has identified a named designated Strategic Lead for safeguarding, Debbie Piggott, Head of Service for Policy Development who also sits on the Senior Management Team. Senior Management Representatives are also appointed to attend all Safeguarding Boards both children and adults. KSS CRC's commitment to safeguarding children and the outline of both strategic and line management roles are contained within the safeguarding policy.

4.78 The Excellence and Effectiveness Team was established in 2016 with the remit of conducting thematic audits across the business with internally published observation and recommendations. They also have responsibility for the completion of serious case reviews, serious further offences, death reviews, complaints as well as domestic homicide reviews. Local and organisational actions are cascaded upon review and wider action plans from the final reviews are shared as appropriate. There is a link to the Learning and Professional Development Team in order to identify further areas of training required. KSS CRC produce a 'professional practice' bulletin highlighting areas of good practice and learning in relation to all investigations completed.

4.79 The Service User Council remains the key mechanism by which we gather service user feedback in relation to the impact of service delivery on service users and their families. Surgeries are carried out for service users in each offices by members of the Service User Council who report back issues and recommendations. In collaboration with the Service User Council, the CRC has recruited two Case Support Workers who have personal experience of the Criminal Justice System.

What have we learned?

4.80 KSS CRC has revised the Continuous Professional Development & Supervision policy which applies to all staff across the organisation. Whilst this policy has been developed to ensure all staff are supervised appropriately and their professional development is reviewed. It also clearly outlines an expected regular review of safeguarding practice to ensure every staff member reflects on the quality of their practice, receives appropriate support and attends the required training.

4.81 A task and finish group was created in October 2016 to review how we allocate the type and frequency of responsible officer appointments to

our service users to ensure that those ‘at risk’ of becoming high risk of harm during their sentence will be appropriately flagged, managed and escalated to the National Probation Service if required. This new guidance and RAG grading was launched in February 2017 to all staff.

What do we need to do better?

4.82 The Excellence and Effectiveness Team will be responsible for pulling together all the actions from audits, inspections, complaints and investigations to ensure that these are monitored and implemented.

Kent and Medway NHS Partnership Trust (KMPT)

Overview of year

4.83 During the year KMPT has focussed on three areas in particular. Those areas were Female Genital Mutilation (FGM), Sexual Exploitation (SE) and teams gaining the Trust compliance level of 85% in Level 3 Safeguarding children training. The training ensures staff have firm foundations on which to build their safeguarding skills, knowledge and awareness.

4.84 Auditing around staff’s knowledge abuse on FGM and SE alerted the safeguarding team that more work was required on how staff interpreted the less obvious ‘soft intelligence’ that they sometimes saw, heard or were informed about. The results allowed us to address the training accordingly.

How have we made a difference for children?

4.85 During February 2016 the Care Quality Commission (CQC), reviewed health services and safeguarding for children and looked after children across the health economy in Medway. This was a very positive visit for KMPT services in Medway and CQC were clear there was much evidence of the ‘think family’ principles in the work of the mental health teams. This means the children within these families are not invisible to adult services and their needs are being acknowledged within the family unit.

4.86 In addition to ensuring the children are always ‘visible’ the recording page for details on children within households has been simplified, therefore far easier for staff to complete.

What have we learned?

- To include any improvements made during the year
- Teams within Medway feel overall there is really good partnership working amongst agencies.

- The Multiagency audits have also allowed for sharing of best practice and additional learning even if KMPT were not directly involved in some of the cases being reviewed.

What do we need to do better?

- The one area we need to focus on is the use of the Common assessment framework and really get involved in the early help and support for families.
- Continue to try and enhance the knowledge of staff around SE and FGM to ensure children and young people are being identified if at risk, in a timely manner.

Sussex Partnership NHS Foundation Trust

Overview of year

4.87 We sustained our high standards of service delivery and quality despite facing uncertainty and disruption caused by the procurement process, because we did not want service users and their families adversely affected by this, and we are proud of what we have achieved as a team over the last five contractual years.

4.88 We sustained the Medway SPA and Tier 2 team, despite various ongoing internal and organisational obstacles. We also improved the Medway SPA by developing a new referral document for professionals and a consultation line for external stakeholders

4.89 We significantly reduced waiting times for Medway young people waiting for assessment for ASD because we did not think it right that young people and had to experience this delay. We currently have 49 Medway young people waiting for an ASD assessment and the longest wait is 33 weeks.

4.90 We dealt with 844 Medway referrals

4.91 We saw 554 Medway young people for an initial assessment / Choice appointment and the longest wait for this is currently 8 weeks.

4.92 The longest a Medway child has to wait for their first partnership (treatment appointment is 8 weeks)

4.93 Medway ASD Waiting is 49 with the longest wait at 33weeks.

4.94 Following feedback from our CQC inspection we delivered our own improvement plan which ensured that all young people in our care had an up to date risk assessment, and a care and risk management plan.

4.95 The Medway CAMHS staff are 86% compliant with Level 3 Safeguarding Children Training and 71% compliant with PREVENT training.

4.96 The Medway CAMHS team also have a robust model of Safeguarding consultation readily available within the team. This is provided by The Named Dr for Safeguarding who is based within the team and a senior consultant psychologist who is the team's safeguarding link practitioner in addition to an available and proactive team leader. In addition where needed if the team need additional safeguarding input, they can access the Named Nurse for Safeguarding who also is the team's CSE champion along with one of the CAMHS lead nurse's.

How have we made a difference for children?

4.97 By ensuring our staffs have the right qualifications to deliver the services we need to provide. Six clinicians are engaged with the CYP IAPT programme. Another clinician is undertaking CBT therapist training. Two T2 council practitioners were funded by SPFT to commence the PG cert Low Intensity Interventions CYP training. Eight clinicians undertook ADOS assessment training as part of our strategy to reduce waiting times for ASD assessment.

4.98 By developing a group for LGBT young people.

What have we learned?

4.99 The introduction of the new electronic patient record system, presented us with process and system challenges that were identified by CQC. Whilst front line camhs clinicians' were considering and managing risk and undertaking care plans and risk assessment and documenting them in the body of their activity entries, they could not be clearly seen under the relevant tabbed section headings which were added into the carenotes programme as it has evolved. Therefore a co-ordinated improvement plan was mobilised to ensure that all young people now have a clearly identified risk screen and where clinically indicated a more in-depth risk assessment along with an identified and agreed care plan.

What do we need to do better?

4.100 At this point in time the local camhs services within both Kent and Medway are preparing for a change in contract provider from SPFT to NELFT. There will also now be two distinct contracts, one for Medway and one for Kent. At this point in time we are focusing on bringing continuity and stability for not only service users but staff at this time of organisational change and uncertainty.

4.101 Earlier in the year SPFT identified to Medway commissioners in a business plan, the need for additional safeguarding provision to be

provided to Medway. The current 1wte Named Nurse covers both Kent and Medway CAMHS and respective LSCB's. She has been unable to cover the required attendance at MSCB subgroup meetings due to demand and capacity issues. Hopefully the new contract will address this need for increased safeguarding resource within Medway.

Medway Community Healthcare (MCH)

Overview of year

4.102 During 2016/17 Medway Community Healthcare (MCH) undertook a review and restructure of both the safeguarding teams and Health Visiting Services.

4.103 The Safeguarding Adults Team and the Safeguarding Children team were amalgamated to form an overarching Safeguarding Team with a Head of Safeguarding, Named Nurse for Safeguarding Children and Safeguarding Advisors including a specialist Domestic Abuse Advisor.

4.104 The aim of this restructure was to provide and embed a "Think Family" approach to safeguarding practice, empowering staff to see/ act on their responsibilities to safeguard all members of the family regardless of age.

4.105 The Health Visiting Service restructure was implemented to ensure effective leadership at all levels, to provide a focussed and cost effective service for families and to be flexible to service delivery demand. The service is provided by qualified and specialist practitioners who are empowered and dedicated to care provision to families and who hold themselves and others to account.

How have we made a difference for children?

4.106 We believe the restructures above will ensure children receive robust services and specialist input as required. By encouraging staff to see the wider safeguarding picture we will assist in safeguarding all children, especially those at risk of Child Sexual Exploitation or radicalisation, this group are often not known to our Children's Services but family members could well be known to the wider MCH community provision.

4.107 In addition we have reviewed our allegations against staff processes, building on our partnership working with the Medway LADO to ensure children are safeguarded from abuse and processes are adhered to correctly.

What have we learned?

- We have revised our training packages for staff, to include refresher training at all levels.
- We have reviewed our safeguarding supervision model; training and providing support to Team Leaders to undertake the supervision themselves, thus empowering our leaders and increasing caseload awareness and ownership of safeguarding concerns.
- We have learnt that there are differences in process for safeguarding adults and children, we are moving towards a more streamlined, consistent approach which enables greater awareness and practice confidence.

What do we need to do better?

4.108 We need to increase our consistency and persistence in our communication with multi-agency partners, creating communication pathways that allow for effective information sharing and quick action, if required.

Medway NHS Foundation Trust

Overview of year

4.109 In the past year a project Board was set up within the Trust working towards developing CPIS. There has been extremely good working with NHS Digital the National team, as well as working with Medway Council coordinating systems. The result is that the system is now live and frontline staff would now be better able to quickly identify children who are either on a CP Plan or who are LAC.

4.110 We have developed a training package covering FGM and CSE which has begun to be rolled out in the Trust in addition to the other levels of training expected. This is to raise awareness of these key issues to ensure staff know what their role is and what is expected of them.

4.111 We have had been working towards achieving our actions as set out by our CQC action plan. This has mostly been achieved and our focus is on embedding and sustaining these standards.

How have we made a difference for children?

4.112 Historically young people over the age of 16 have been seen by adult services in the Trust, however in the last year it has been agreed these young people would be seen and treated in the children areas of the Trust. This has enabled a better assessment to be completed focusing on the needs of young people.

What have we learned?

4.113 We have now got in place a database to capture key information on children and young people attending the Emergency Department. This has given us a clearer picture of the safeguarding issues for those children attending the Emergency Department and how these issues fit into the Safeguarding Board's dataset and priorities for children in the last year.

4.114 We have learned how to better capture the voice of the child and this has been carried out on the ward, in the community and with the LAC team

What do we need to do better?

4.115 Increasing our training compliance is an area we are targeting as we need to be better at how we achieve this.

4.116 Supervision for staff in the acute areas of the Trust needs to be developed further. We have started this within the Emergency Department and anticipate being able to roll this out during the year to other key staff.

4.117 Provide assurance through regular audit of sustained and improved practices across the Trust.

South London and Maudsley NHS Foundation Trust (SLAM)

Overview of year

4.118 Provided a clear statement of the agency's responsibility towards children for all staff especially in relation to chaperoning young people and E-Safety.

- Chaperone policy ratified and disseminated in July 2016
- CAMHS E -Safety policy ratified and disseminated in October 2016

4.119 KMAU prioritised a robust Recruitment and Retention strategy to ensure vacancy rates were reduced. This provided consistently of care to young people. The strategy included:

- Career Development Pathway (CDP) for Band 5-6
- £2000 Additional Payment on joining the Trust
- Retention initiatives for band 6 staff
- Promotion of the career development opportunities through attendance at job/career fairs
- Good relationships and brand ambassadors in local universities
- Increase in number of student nurses on placement
- Retention focus groups and action planning

4.120 SLAM developed an IT infrastructure to ensure trust wide and borough based safeguarding activity is recorded on the electronic patient record. This ensured robust data quality and collection which meets S11/CCG quality and performance requirements.

4.121 The new safeguarding template went live in July 2016 at KMAU following a launch and training event.

4.122 SLAM delivered Multi- agency training on behalf of the MSCB on The Impact of Parental Mental Ilness on children. This helped to raise awareness of the impact of mental illness on children and what support they required from partner agencies.

4.123 KMAU social worker has been trained in the Guided Care Profile which has helped us to identify young people at risk of neglect and formulate our response to keep them safe.

4.124 SLAM have engaged in all relevant aspects of the board including regular attendance at MSCB, PMQA, CSE forum and the Kent and Medway Domestic Violence Strategy Group workshop.

How have we made a difference for children?

- Increased the quality of care to young people by increasing the percentage of substantive staff
- Policy development has helped to provide guidance to staff to protect young people from abuse
- Use of Guided Care Profile has helped to identify areas of risk in young people's care and provided clear evidence for meeting the threshold for CSC intervention

What have we learned?

4.125 **QNIC Review (**Quality Network for Inpatient CAMHS)
KMAU had a QNIC peer review in February 2017. The feedback from the review was extremely positive and recommended suitability for accreditation in the next round.

4.126 The following areas were highlighted by the reviewing team under the safeguarding standard;

4.127 **Young People's Rights and Safeguarding Children**

- The service had good links with local safeguarding boards
- The advocacy service appeared to be well used
- Staff and young people receive training on e-safety

4.128 The unit shared the Overall view summarised by the QNIC Peer review team. The Adolescent Unit appears to deliver young people an exceptional complement of interventions by a staff team that is both dedicated and passionate. The location of the unit whilst scenic,

presents logistical challenges with staff recruitment however the unit appears to have been determined to meet these challenges with a plethora of staff recruitment and retention initiatives. Going forward the unit appears in a good position to continue to respond to the needs of young people and be proactive about future challenges.

What do we need to do better?

4.129 KMAU needs to consolidate the improvements in recruitment of staff and focus on the development of a robust retention strategy. To achieve this we need to continue to develop recruitment and retention strategies and to provide positive incentives for staff to join and remain in the workforce.

Mid Kent College

Overview of year

4.130 During this academic year, MidKent College were inspected by Ofsted in January 2017 who described Safeguarding arrangements as effective and "as a result, students and apprentices are safe and feel safe".

4.131 All new staff within their first few days of employment, receive mandatory extensive training in key aspects of Health and Safety, Safeguarding and their responsibility under the 'Prevent' duty.

4.132 In addition, tutors who have responsibility for identified vulnerable groups of students i.e. Unaccompanied Asylum Seeking Children (UASC) and English for Speakers of Other Languages (ESOL) also undertake mandatory online training for awareness of FGM.

4.133 All students have an e-safety induction and 'proprietary' software is used well to monitor and review student's use of the internet. The Safeguarding and Student Welfare Manager now receives daily suspicious search reports and will make contact with students if there are any concerns raised.

4.134 All Personal Development Tutors have received training from the University of Kent enabling them to deliver the 'Zak' online package and also 'Looking out for Lottie' online package. Both have been created to raise awareness of radicalisation and grooming, this training has been delivered to all students across both campuses.

4.135 The College has also introduced the use of 'Essentials' online training which is used by all students to ensure that they are aware of Prevent, e-safety and British Values.

4.136 There has been close liaison with a number of external agencies who have provided a number of information days at both campuses

enabling all students to receive appropriate advice on a number of issues such as mental health, drugs and alcohol misuse and domestic violence.

How have we made a difference for children?

4.137 The use of a number of online training packages by both staff and students is consistently raising the profile of Safeguarding within MidKent College, which ensures that students feel safe and know who to go to.

What have we learned?

4.138 There were a number of methods for staff to report any concerns to the Safeguarding team which could have allowed for information to be missed. MidKent College has now introduced onto all desktop computers and laptops across both campuses an icon which allows both staff and now students to 'report a concern'. This raises an online alert enabling the Safeguarding team to be notified immediately and for appropriate action to be put in place.

What do we need to do better?

4.139 MidKent College will continue to work towards receiving appropriate information from the previous schools that students attended as this is an area that requires improvement.

Medway Voluntary Action

Overview of year

- Delivered 2 in house safeguarding young people courses to a Medway organisation
- 19 Newsletter articles run in total in that period relating to safeguarding children
- Offer an accessible best practice safeguarding policy on our website for other VCS organisations to download for their own organisation with associated guidance and support (new website being rebuilt – to be uploaded again shortly)
- One of our staff is a CSE Champion – we offer CSE training to the VCS
- We cover safeguarding in our 1:1's with VCS organisations

How have we made a difference for children?

- Raised awareness among the VCS of safeguarding issues enabling VCS organisations to produce their own policies and safeguarding processes.

- Raised awareness of CSE issues thereby enhancing the level of vigilance for children at risk of CSE amongst some organisations in the VCS

What have we learned?

- That we have to be ingenious to promote this to the VCS to enable them to understand that safeguarding is everyone's business

What do we need to do better?

- Target organisations from our database (once completed) to offer safeguarding awareness/training

Section Five – Learning and Improvement

5.1 The MSCB has in place a Quality Assurance Framework and Learning and Improvement Framework. 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

5.2 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.

5.3 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.

5.4 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.

5.5 Key findings from the Section 11 Audit included:

- Safeguarding policies were in place, reviewed and available online
- Partners were using workshops to share policy updates.
- Complaints information is available but are not always child friendly also some agencies had some good examples of child friendly questionnaires.

- Some partners have reported that they need to look at developing auditing work.
- Safeguarding training is monitored and recorded.
- Safer Recruitment policies are in place and available through organisation's intranet and DBS checks are carried out.
- There is a lack of mention of safer recruitment training. Whistle blowing policies are in place.
- Prevent and WRAP training is an area that is under development.
- Agencies have clear information sharing policies.
- The challenge and escalation process is sketchy across some agencies, apart from health.
- Some partners mentioned the MSCB challenge and escalation process.
- Partners referred to the MSCB challenge and escalation process but there is further awareness raising to be done with staff

5.6 A Section 11 Champions Event was held in May 2016 to review key areas of the audit responses and to develop best practice around the following standards:

- Multi agency working
- Impact of training on practice
- Engagement of children and young people
- Information sharing
- Particular themes including: Domestic Abuse; Prevent; FGM and; Private Fostering.

5.7 In October 2016, the MSCB Young Peoples Group ran a take over day and met with six of the Section 11 champions. The young people interviewed the champions and looked at specific sections of agencies Section 11 audits including the engagement of young people with service delivery and the complaints process for young people. The young people reviewed what information agencies provided for young people including leaflets and information that is available online and reported back how useful and easy to access they found the information.

Serious Case Reviews/ Learning Lessons Reviews

5.8 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.

5.9 The MSCB has commissioned three SCRs in 2016-17 that are currently in progress. The first is in relation to the death of a young girl who had a number of health conditions including diabetes and sickle cell anaemia. Her death was due to natural causes linked to medical

complications arising from her diabetes. The report is expected to be published in October 2017.

5.10 The second SCR is in relation to the death of a two year old girl who was found dead at her home alongside her mother. The report is expected to be published in September 2017.

5.11 The third SCR is in relation to the abuse of children at Medway Secure Training Centre (STC), which was first aired in the BBC Panorama documentary. Following interviews, an Independent Author has been appointed and the recruitment for an Independent Chair is currently underway.

Multi Agency Audits

5.12 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.

5.13 Over 3 meetings the MSCB Case File Audit Group (CFAG) map 6 families within a theme. In the past themes have included parents with complex needs and cases that have been stepped down. An overview report is completed to provide a key summary of the lessons from the audits and recommendations from the group. These recommendations are built into the MSCB Action and Improvement plan which is managed and implemented by the MSCB Learning Lesson Subgroup. A summary of the learning and challenges for professionals to consider are included below. During 2016-17, the MSCB Case File Audit Group undertook three themed audits.

Themed audit: Children known to Mental Health services

5.14 The following key themes were identified in the themed audit on children known to mental health services:

- Services were going beyond their expected service provision and building flexibility into their ways of working which is important with adolescents and families who find it difficult to engage.
- Education settings are protective and supportive factors in the child, and families lives.
- Health agencies that are involved with families are not being included in strategy meeting discussions.
- There should be a health representation at the children’s social care front door.
- Professional’s responses to allegations of physical abuse was not always in line with procedures.
- There was an over reliance on the role of the Child and Adolescent Mental Health Services (CAMHS) when engaged with a child in the family.

- Information supplied by a child's parent/carer was relied upon without fact checking or challenge, including where a health diagnosis was reported.
- Professionals do not always understand what early help support services are available and how these should be accessed.
- The information shared at point of referral to Children's Social Care did not appropriately reflect professional's concerns for a child.
- Professionals were not skilled in working with challenging adolescents.
- There was not enough consideration of the wider family contribution to the family.
- Professionals did not always recognise disguised compliance. Disguised compliance involves a parent or carer giving the appearance of cooperating with agencies.
- Professionals need to understand family and parent's history when working with children.

Themed audit: Children on child protection plans for 15month+ with a component of Domestic Abuse

5.15 The following key themes were identified in the themed audit on children on child protection plans for 15 months or more with a component of domestic abuse:

- Schools are consistently supporting families above and beyond expectations, although this may not always be appropriate.
- The lived experience of a child through the child protection process and at points of "step down" was not always considered.
- There is a lack of child specific services for those affected by domestic abuse.
- Professional's responses to allegations of physical abuse were not always in line with procedures.
- Written agreements were often used in domestic abuse cases for one adult to agree not to have contact with their current/ ex partner however, all professionals involved with the family were not aware of the agreements and they were often broken. There was also a lack of sanctions when they were broken.
- Assessments should be updated when family circumstances change e.g. when a new partner moves in or a family move home, this was not always evident.
- Professionals were not challenging parents when they are not engaging in the child protection process.
- There was evidence in some of the cases that the focus was on the domestic abuse incidents however there was evidence the children were being neglected.
- Understanding the interplay of alcohol and drug use where there are domestic abuse concerns.
- Sharing details of injunction orders with other professionals and ensuring breeches are reported.

- Domestic abuse programmes for victims are often included in child protection plans, however these are not always suitable and instead there should be a focus on what difference the programme can make to the life of the child.

5.16 As a result of the audits undertaken, below is a summary of some of the actions that have been undertaken:

- In February 2017 the roll out of the Graded Care Profile (GCP2) began in Medway. The GCP2 is a practical tool which supports practitioners in measuring the quality of care delivered to an individual child from an individual carer or carers over a short window of time, and is designed to give a representative overview of the current level of care. All practitioners using the GCP2 must have attended and passed a licensed training programme.
- Guidance on Core Groups has been developed and disseminated.
- The Medway Threshold Criteria for Children in Need is currently under review through multi agency consultation and will be launched in 2017-18.
- The MSCB Learning and development sub group has facilitated a number of learning sessions themed around such things as adolescent risk taking behaviour.
- E-learning packages have been commissioned to support professionals learning around working with families with complex needs.
- A series of MSCB fact sheets have been introduced to support professionals learning.

MSCB Training

5.17 One of the most immediate ways in which the MSCB influences the effectiveness of safeguarding in Medway is through running a range of multi agency safeguarding training sessions for professionals including courses on basic and intermediate child protection, child sexual exploitation, domestic abuse and Prevent. Between April 2016 and March 2017, the MSCB delivered 44 training sessions, attended by over 1100 delegates. This is slightly lower than the 1214 delegates who attended MSCB training during 2015-16, however, during the year the MSCB has introduced e-learning courses which if taken into account means that in total over the year 1500 people were trained using either face to face training or e-learning. MSCB training remains popular and is always highly rated, with very positive feedback from delegates.

5.18 During the last year the MSCB has been running a series of workshop sessions called ‘Taster Sessions’. These shorter sessions have been designed to make training more accessible. The taster sessions have covered issues including child trafficking; parental substance misuse and engaging with young people. The MSCB are looking to facilitate further taster sessions in the coming months, including the impact of parental mental health and gangs awareness training.

Figure 8 – Breakdown of MSCB Training Events

Course title	April 2016 – March 2017 TOTAL	
	Number or Events	Number of delegates
Adolescent Risk Taking Behaviour Training	2	29
Basic Child Protection Training	6	93
Child Protection Refresher	2	42
Child Sexual Exploitation Training	2	43
CSE: Taxi Driver Training	1	40
DASH Training	3	58
Domestic Abuse Training	3	79
Domestic Abuse Workshop		
Exploited CSE Conference (Kent Police Training School)		
NSPCC Train the Trainer – Graded Care Profile	1	14
Graded Care Profile	3	42
Intermediate Child Protection	4	99
MDAF Conference	1	120
MSCB Annual Conference	1	111
New to Role DCPC		
Night Watch – Basic CSE Workshop		
Recognising and Responding to Neglect Conference	1	52**
Safer Recruitment Training	2	32
School Twilight: Domestic Abuse		
Strengthening Families		
Taster: Core Group and Challenge and Escalation	1	39
Taster: Impact of Parental Domestic Abuse	1	23
Taster: Impact of Parental Substance Misuse	1	11
Taster: Kent Fire and Rescue Taster Session	1	14
Taster: Learning Lessons		
Taster: NSPCC Child Trafficking Taster Session	1	20
Taster: Positive Interventions Session	1	24
Taster: Practice Reflection Framework	1	15
Taster: Turning Point		
Taster: Working with Young People: Listening and Communication	1	21
Understanding Thresholds		
Update Training Materials		
Whole School CP Briefing	1	19
Workshop to Raise Awareness of Prevent	3	68
Total	**44**	**1108**

5.19 The MSCB has in place a three month post course evaluation to measure how the learning from the training has had an impact on practice. This adds to the evaluation carried out immediately after the completion of each course. Over the last two years the MSCB has improved the response rate to the post course evaluation from 5% in 2015 to 23% in 2017. As a result, the MSCB now has evidence of how professionals have applied the skills, abilities and knowledge from the training courses, and can be assured about the value of the training.

5.20 Following the decision made by the MSCB in 2016 to introduce e-learning packages, the packages went live in May 2016. Since the release of the various training packages 436 delegates have engaged in 60 programmes. The most popular programmes that have been accessed are: Safeguarding Children from Abuse by Sexual Exploitation; An Introduction to Safeguarding; An Introduction to Female Genital Mutilation (FGM), Forced Marriage, Spirit Possession and Honour Based Violence. It is positive that practitioners are accessing a variety of programmes and that since their introduction they have attracted 40 delegates a month. The MSCB will continue to advertise the courses and will consider in the future using the online courses as a form of entry for face to face courses to ensure delegates come with the same level of knowledge.

Child Deaths

5.21 The objective of the child death review process is to learn lessons in order that effective action may be taken to help prevent future deaths. Medway's Child Death Overview Panel was established in April 2008, in line with statutory guidance, to review every child death in Medway and identify trends, matters of concern and whether there is any learning which could positively influence outcomes for children and young people.

5.22 From March 2016 the interim Director of Public Health delegated chairing the CDOP to a consultant in Public Health Medicine. The interim Director of Public Health chaired the CDOP between October 2016 and April 2017. The acting chair reports directly to the Medway Safeguarding Children Board main board meetings.

5.23 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.

5.24 There were 30 child deaths reported to the MSCB in 2016/17. Of these, 12 were deaths of children resident in other Local Safeguarding Children Board (LSCB) areas. There were 12 children normally resident in Medway who died in Medway, and 6 who died out of area. The Medway CDOP is responsible for reviewing all deaths of Medway resident children wherever they died and therefore there were 18 reported deaths in 2016/17 to review. Of these deaths, 15 were expected and 3 were unexpected (see Figure 9).

Figure 9 - Overview of child deaths reported to MSCB in 2016-17

	Number of deaths
Total deaths reported to Medway MSCB in 2016-17	**30**
Non Medway resident children who died in Medway	12
Medway resident children who died in Medway	12
Medway resident children who died out of area	6
Medway resident deaths requiring review	**18**
Children resident in Medway – Expected death	15
Children resident in Medway – Unexpected death	3

5.25 During 2016/17 Medway CDOP reviewed 17 cases – 14 expected and 3 unexpected deaths.

5.26 At the end of March 2017 there were 13 outstanding cases due for review, at the end of March 2016 there were 12. Cases may not be reviewed in the year of death where not all the relevant information is available to CDOP. 8 of the outstanding cases were deaths between January 2017 and March 2017. This did not allow for enough time to be reviewed at CDOP. Two cases were the subject of Serious Case Reviews which CDOP does not address until the reviews are complete. CDOP actively chases outstanding information in order to review cases in a timely manner. Details of outstanding cases are not included in this report.

5.27 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.

5.28 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.

Section Six – Priorities for 2017-18

6.1 In February 2017, the Executive held a priority setting workshop to consider the new MSCB priorities from April 2017 onwards. The MSCB have now agreed the following priorities for 2017-20.

- Develop the effectiveness of the Medway Safeguarding Children Board. The MSCB will do this by:
  - Developing links between educational establishments (to include primary, secondary, pupil referral units, independent and colleges) and the MSCB
  - Championing new and evidence based initiatives which will help achieve positive outcomes for children and young people in Medway
- Ensure that the principles of Early Help, the Multi Agency Safeguarding Hub (MASH) and thresholds are understood and embedded across partners
- Support a local recruitment strategy to help ensure there is an effective workforce for safeguarding children in Medway
- Raise awareness of the impact of domestic abuse on children and young people to ensure they are appropriately identified and safeguarded
- Enhance the understanding of neglect amongst professionals and ensure children experiencing neglect receive timely and effective support
- Address the challenges to children and young people at risk of specific vulnerabilities including exploitation (including online exploitation), sexually harmful behaviour and mental health.

6.2 The new priorities have been built into the MSCB Strategic Plan 2017-20 which is due to be published at the end of May 2017.

Section Seven – MSCB Budget

7.1 A summary of the accounts for MSCB for 2016-17:

MSCB Budget 2016-17

MSCB Income from Partner Agency Contributions 2016/17

	%	(£s)
Medway Council	69.20	119,291
NHS Medway CCG	2.97	5,117
NHS England *	-2.49	-4,300
Medway NHS Foundation Trust	2.97	5,117
Kent & Medway NHS & Social Care Partnership	2.97	5,117
Sussex Partnership Foundation Trust	2.97	5,117
Medway Community Healthcare	2.97	5,117
South London and Maudsley NHS Foundation Trust	2.97	5,117
Kent Police and Crime Commissioner	8.95	15,434
National Probation Service	1.34	2,310
KSS Community Rehabilitation Company	1.34	2,310
HMYOI Cookham Wood	2.07	3,570
Medway Secure Training Centre	1.49	2,561
CAFCASS	0.29	500
OTHER INCOME (Income from training charges etc.)		13,885
Total Income		186,263

Carried forward to 2016/17 **44,599**

MSCB Expenditure 2016/17

		(£s)
Staff (including Independent Chair fee and consultancy)		173,730
SCR costs (Chair and Author)		3,913
E-learning Package		5,250
Learning Lessons Review		0
Graded Care Profile Training		4,600
Kent & Medway Safeguarding Children Procedures (Tri.x)		2,267
Printing, Stationery, general office costs (including computer equipment)		1,783
Meeting costs (including refreshments for all training events and SCR Panel meetings)		3,776
Travel costs		578
Total expenditure		**195,896**

Carried forward to 2017/18 **34,966**

*The NHS England contribution for 2016-17 is shown as (-£4,300). This is because a contribution of

£4,300 from NHS England was requested and included in the 2015-16 MSCB budget however, NHS England have since notified all Local Safeguarding Children Boards (LSCBs) that they will not be making any financial contributions to LSCBs nationally.

Appendix One – Membership of MSCB

Membership of the Medway Safeguarding Children Board (MSCB) at 31 March 2017.

Name	Role	Agency
John Drew	Independent Chair	Independent
Graham Spencer	Governor	HMYOI Cookham Wood
Mary Mumvuri	Executive Director of Nursing and Governance	Kent and Medway NHS and Social Care Partnership
Susie Harper	Detective Superintendent	Kent Police
Emma Vecchiolla	Head of Service	Kent, Surrey and Sussex Community Rehabilitation Company
Heidi Shute	Associate Director	Medway Community Healthcare
Christine Impey	Head of Quality Safeguarding and Quality Assurance	Medway Council
Ann Domeney	Interim Deputy Director, Children and Adults	
Cllr. Andrew Mackness	Lead Member	
Ian Sutherland	Director Children and Adult Services	
Eleni Stathopulu	Designated Doctor	Medway NHS Foundation Trust
Karen Rule	Chief Nurse	
Barry Golding	Lay Member (Up until September 2016)	Medway Safeguarding Children Board
Tony Scudder	Lay Membe	
Graham Spencer	Director (From March 2016)	Medway Secure Training Centre
Jane Howard	Chief Executive Officer	Medway Voluntary Action
Keith Gulvin	Youth Offending Team Manager	Medway Council
Graham Clewes	Chief Executive	Medway Youth Trust
Andrea Ashman	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

Jen Sarsby	Designated Nurse for Safeguarding Children	
Sarah Vaux	Chief Nurse	
Sean McKeown	Head Teacher	Barnsole Primary School
Karen Bennett	Head Teacher	Will Adams Pupil Referral Unit (PRU)
James Williams	Director of Public Health	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
Matthew Stone	Deputy Service Director (from September 2015)	Sussex Partnership NHS Foundation Trust

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

Appendix Two – Agency Attendance at MSCB Board Meetings

Agency	6th May 2016	8th July 2016	23rd Sep 2016	18th Nov 2016	27th Jan 2017	17th Mar 2017
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						

Agency	6th May 2016	8th Jul 2016	23rd Sep 2016	18th Nov 2016	27th Jan 2017	17th Mar 2017
Children & Family Court Advisory and Support Service (CAFCASS)						
NHS England						

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

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