

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

5 JUNE 2018

MEDWAY SAFEGUARDING CHILDREN BOARD (MSCB) UPDATE REPORT

Report from: John Drew, MSCB Independent Chair

Author: Simon Plummer, MSCB Business Manager

Summary

The purpose of the report is to update the committee on the work of the Medway Safeguarding Children Board (MSCB) during 2017-18 and to provide members with an update on the MSCB Strategic Plan 2017-20.

The report has been written in accordance with the joint protocol between strategic partnerships in Medway and it follows the presentation of the MSCB Annual Report 2016-17 in October 2017. The MSCB Annual Report 2017-18 will follow later in the year.

The Health and Wellbeing Board were presented with the mid-year update on 17 April 2018. The comments of the Health and Wellbeing Board are set out at section 5 of the report. This report provides further additional detail concerning actions taken as a result of the Serious Case Reviews.

This report also provides additional information as requested by the Children and Young People Overview and Scrutiny Committee on 5 October 2017 in respect of modern slavery.

1. Budget and Policy Framework

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

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

- 1.2 The MSCB has a pooled budget made up from financial contributions from its constituent statutory partners:
- Medway Council
 - Medway Clinical Commissioning Group and Health partners
 - Kent Police & Crime Commissioner
 - National Probation Service
 - Kent, Surrey & Sussex Community Rehabilitation Company
 - HM Young Offenders Institution Cookham Wood
 - Medway Secure Training Centre
 - Children And Families Court Advisory and Support Service (CAFCASS).
- 1.3 A protocol has been signed between the MSCB, Health and Wellbeing Board, Kent and Medway Safeguarding Adult Board and the Medway Community Safety Partnership to ensure appropriate co-ordination and coherence between the boards.

2. Background

- 2.1 The MSCB comprises an Executive, a Board and a number of sub groups. The Executive is the main business forum ensuring that the MSCB maintains its main focus on the strategic priorities that impact on safeguarding and promoting the welfare of children in Medway. The day-to-day work of the Board is managed through the sub group structure. The Executive, Board and its sub groups are supported by the MSCB Staff Team, who are employed by Medway Council and based in Gun Wharf.
- 2.2 The main responsibilities for MSCB are defined under regulation 5 of the Local Safeguarding Children Board (LSCB) Regulations and include:
- developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures;
 - communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children;
 - monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
 - participating in the planning of services for children in the area of authority; and
 - undertaking reviews of serious cases and advising the authority and their board partners on lessons to be learned.

3. Summary of Progress

- 3.1 The MSCB Independent Chair is required to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in Medway. The MSCB Annual Report 2016-17 was presented to the Children and Young People Overview and Scrutiny Committee in October 2017. A further update on the work of the MSCB is below. The MSCB Annual Report 2017-18 will be presented to the Committee on 4 October 2018.

- 3.2 Child Sexual Exploitation (CSE) – The Medway Multi Agency Sexual Exploitation (MASE) Group, a sub group of the MSCB, approved the Kent and Medway CSE Strategy in March 2017. A Champions model has been set up and partner agencies 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 are required to support good practice in their organisations by disseminating learning, feeding in CSE experiences from their service, participating in multi agency CSE work streams and supporting training events.
- 3.3 In January 2017, the first annual Child Sexual Exploitation (CSE) Problem Profile was produced for Kent and Medway. The report looked at the total number of potential CSE victims and the number of perpetrators.
- 3.4 Key findings:
- 89.4% of potential victims are female.
 - Across Kent, the highest number of potential victims fit within the 13-15 year age bracket accounting for 54.1%; followed by 16-17 year age bracket with 33.5%.
 - In North division, the district that is showing a higher number of victims aged 16-17 than 13-15 is Medway.
 - The majority of potential victims of CSE are white European in relation to ethnicity.
 - 41.3% of all children identified as potential victims of CSE are in care. 13.7% of the 41.3% are children who have been placed from out of county. Thanet and Medway have the highest volumes of children in care.
- 3.5 There are 101 potential victims of CSE in Medway. In total across Kent and Medway there are 540 potential victims of CSE. The number of potential victims identified in Medway is 18.7% of the total identified across Kent and Medway.
- 3.6 Medway has a CSE Multi Agency Operational Panel in place to discuss young people that have been identified by social workers/ early help workers using the CSE risk assessment, to be at medium to high risk of sexual exploitation.
- 3.7 In March 2018, the MSCB agreed a proposal for the MASE Panel to merge with the Kent MASE to become a Kent and Medway MASE Panel. The Kent and Medway MASE's share the same chair and have a joint CSE Strategy, the same intelligence report is also considered at both meetings.
- 3.8 Modern Slavery and Child Trafficking - Modern Slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. The term 'Modern Slavery' captures a whole range of types of exploitation, many of which occur together. Child trafficking and modern slavery are child abuse. Children are recruited, moved or transported and then exploited, forced to work or sold. Children are trafficked for:
- child sexual exploitation
 - benefit fraud
 - forced marriage
 - domestic servitude such as cleaning, childcare, cooking

- forced labour in factories or agriculture
 - criminal activity such as pickpocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs and bag theft.
- 3.9 Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.
- 3.10 The Modern Slavery Act 2015 received Royal Assent on 26 March 2015. The Act aims to provide law enforcement agencies with stronger legal tools to reduce modern slavery, ensuring the perpetrators receive suitably severe sentences and that victims are fully supported and protected.
- 3.11 Section 52 of the Act places a duty on specified authorities (including district and county councils) to report details of suspected cases of modern slavery to the National Crime Agency (NCA). The 'duty to notify' provision for specified public authorities is set out in the Modern Slavery Act. From 1 November 2015, local authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.
- 3.12 The Medway Community Safety Partnership (CSP) coordinates the Serious and Organised Crime Partnership, which encompasses Modern Slavery, as well as Human Trafficking, Ending Youth Gang Violence. The CSP is also a member of the Kent and Medway Risks, Threats and Vulnerabilities sub group which looks at child trafficking and in accordance with the joint working protocol between strategic boards in Medway, the CSP provides an annual update on the progress of the Community Safety Action Plan.
- 3.13 The Risks, Threats and Vulnerabilities sub group are in the process of reviewing the Kent and Medway Safeguarding Children Toolkit which will be relaunched during 2018. The toolkit is designed to assist professionals in identifying the risk of harm to a child through trafficking.
- 3.14 Information about child trafficking for professionals is provided on the MSCB website and the MSCB has a trafficking, exploitation and modern slavery e-learning course which is free to use for all professionals working in Medway. Awareness raising of child trafficking is also included in the Child Sexual Exploitation (CSE) training and in 2016-17, the MSCB also held two briefing sessions on Child Trafficking which were delivered by the NSPCC.
- 3.15 Section 11 Process – 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. The Section 11 audit is a self audit and repeated by the MSCB in full every two years.
- 3.16 The MSCB Board has approved proposals developed by the Performance Management and Quality Assurance (PMQA) sub group for the 2018-20 cycle of section 11 audits, this includes a new audit tool. The new Section 11 tool was launched in February 2018 at a launch event and agencies are in the process of completing the self assessment audits. Each agency will be expected to present their Section 11 audit to a multi agency challenge panel

who will scrutinise the findings. Following this, a multi agency staff survey will be launched for staff to test the findings of the Section 11 audits.

- 3.17 Serious Case Reviews (SCR's) - 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.
- 3.18 The MSCB has three Serious Case Reviews (SCRs) which are currently in progress, this includes the SCR in relation to the abuse of children at Medway Secure Training Centre (STC), which was first aired in a BBC Panorama documentary. Reg Hooke has been appointed as Independent Chair for the review and Alex Walters as Independent Author for the review. The third SCR panel meeting was held on 5 March 2018. Four separate meetings have also been held with Individual Management Review (IMR) authors. The MSCB has already agreed a proposal to widen its own annual review of restraint to also cover safeguarding. Working with the Governing Governors at both Cookham Wood and Medway, we have devised a process in which we seek annually the views of a wide range of professionals and organisations with first hand, expert, experience of these two establishments on both safeguarding and the use of restraint, before holding a conference with the Governors, and those responsible for commissioning and managing their services, in order to feedback to them the views of these other individuals and groups, and produce a coherent set of recommendations to improve safeguarding. In July 2016 the running of Medway STC transitioned from G4S to Her Majesty's Prison and Probation Service (HMPPS). The Governor reported to the MSCB in November 2017 that since the transition there have been a number of changes. The whole site has been restructured with the development of various departments such as security, casework, residential and safeguarding. The Governor reported that this restructuring has enabled a clearer direction of travel for the centre with new policies and procedures having been created to support the changes.
- 3.19 The two other SCR's are as follows:
- SCR following a Serious Incident (SI) investigation carried out by Medway NHS Foundation Trust. The SI was carried out following a retrospective review of records which identified a failure to escalate safeguarding concerns in relation to sexual abuse. Jane Wonnacott has been appointed as Independent Author for this review and Susie Harper is the Chair of the SCR Panel. We have agreed to take a systems approach with this SCR. Chronologies have been requested from agencies ahead of the first panel meeting covering the period from 2002 – 2017.
 - SCR following the death of a child before his second birthday. Keith Ibbetson has been appointed as the Independent Reviewer for this SCR and Tina Hughes as the SCR Panel Chair. An initial planning meeting has been held with the Independent Reviewer and the SCR Panel Chair and this SCR will adopt a systems approach. Chronologies have been requested from agencies and the first Panel meeting was held on 8 March 2018.

- 3.20 The MSCB published SCR Ellie on 24 January 2018 into the tragic death of Ellie and her mother. Ellie was two years old when she was found dead with her mother in March 2016. Post mortem examinations proved inconclusive and Police enquiries ruled out the involvement of other individuals in the deaths. The last physical sighting by any witness had been a week earlier. The recommendations from the review were:
- It would have been helpful if the contract for provision of accommodation had also included a specified induction to the local sources of support and a quantified frequency / purpose of contact. The most relevant missed opportunity though for linking the family in to local sources of support was at the point of mother registering with the local GP Practice.
 - The Board should alert Croydon's Safeguarding Children Board of the need to ensure that the Croydon Immigration and Asylum Support Service (IASS) is sufficiently informed of obligations and expectations arising from section 11 of the Children Act 2004.
 - Medway Clinical Commissioning Group (CCG) should review GP registration protocols and establish a robust reporting system (with a subsequent audit after 3 months) to the Health visiting / School Nursing Service for all under 18s moving into Medway.
- 3.21 Following publication of the SCR, the MSCB has developed an action plan to implement the recommendations. As Ellie and her mother were housed on behalf of Croydon Council, the review was shared with Croydon Safeguarding Children Board. The recommendations in the report were discussed with Croydon Council's Immigration and Asylum Support Service, who have strengthened commissioning arrangements to ensure all providers are aware of their safeguarding responsibilities. As a result of the SCR, new GP registration arrangements have also been put in place to ensure that the details of children arriving from outside of Medway are shared with health visitors and school nurses. A link to the SCR Ellie Overview report is available in the background papers.
- 3.22 The MSCB published a second SCR on 29 March 2018 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. A link to the SCR Dawn Overview report is available in the background papers of this report. The main themes identified in this SCR are:
- Recognising neglect
 - Child's voice not sought or heard
 - Comprehensiveness of assessments, including risk
 - Adolescents with chronic health conditions and their complex management
 - Sharing information between health agencies.
- 3.23 In addition to single agency recommendations identified in Individual Management reports the SCR identified the following recommendations, which have been summarised:
1. Health providers across Medway should provide assurance to the MSCB about how they manage and co-ordinate the care of children and adolescents with complex health needs to ensure that safeguarding issues are not missed.

2. Health providers should work together to identify a lead agency where multiple health agencies are involved in the care of children and young people with complex health needs.
3. Children's Social Care to set up a working group, to include health, to develop flagging systems across agencies which identify children and adolescents where other children or young people in the family are Looked After.
4. Children's Social Care to develop a system for regular liaison between Children's Services in different areas, where children in families of concern live between parents and across areas.
5. When responding to incidents of domestic abuse police officers are required to record the details of all the children who may be affected by the abuse under question 10 of DASH.
6. MSCB to hold a multi-agency event for agencies to discuss the theme of adolescents with complex health needs and explore the impact of cultural attitudes.

- 3.24 The recommendations from SCR Dawn have been developed into an action plan which will be monitored by the MSCB Learning Lessons sub group and will report to the Executive. As part of the action plan the MSCB will be holding a multi agency safeguarding session focused on managing complex health care needs with a particular focus on teenagers. Alongside the publication of the full SCR report the MSCB has also published a two page briefing sheet for professionals highlighting the key issues and learning from the SCR.
- 3.25 Implementation of Working Together 2018 - The Department for Education consultation on Working Together to Safeguard Children: changes to statutory guidance closed on 31 December 2017. The MSCB submitted a response to the consultation.
- 3.26 The consultation sought views on the changes to guidance which are needed to support the new system of multi-agency safeguarding arrangements established by the Children and Social Work Act 2017, including views on two sets of statutory regulations. These changes relate to:
- The replacement of Local Safeguarding Children Boards with local safeguarding partners.
 - The establishment of a new national Child Safeguarding Practice Review Panel.
 - The transfer of responsibility for child death reviews from Local Safeguarding Children Boards to new Child Death Review Partners.
- 3.27 Following the consultation, the Government is currently reviewing the guidance and the statutory instruments will be debated and voted on by both the Houses of Parliament in the Spring. Following the publication of the updated version of 'Working Together to Safeguard Children' which is expected in May 2018, local areas will have twelve months to develop and publish their arrangements, and a further three months to implement them in full. The three safeguarding partners, the Police, Local Authority and Clinical Commissioning Group (CCG) identified in the Act have meetings arranged to agree Medway's response to the changes.

- 3.28 Multi agency audits – The MSCB undertakes multi agency audits to identify good practice and multi agency learning through the Case File Audit Group (CFAG). 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 Lessons sub group.
- 3.29 The theme of the last audit considered by the MSCB was children on child in need plans. In 3 of the 6 cases looked at, the panel concluded that improvements could have been made. The following key themes were identified:
- Visits and meetings are generally within a good timeframe, although this is impacted by a lack of engagement of family.
 - Children are being spoken to and seen by themselves as appropriate, although the consideration of the lived experience of the child is still missing.
 - Preparing children for transition into adult services; health plans are needed for life long conditions.
 - The local response to fabricated and induced illness (FII) should be reviewed as in one of the cases there was a focus on it without any evidence.
 - Working with families to understand long term impacts on emotional wellbeing of domestic abuse.
- 3.30 Multi agency dataset – Partner agencies submit on a quarterly basis their agency data to the Performance Management and Quality Assurance (PMQA) sub group. Below is a summary of some of the key issues highlighted in the dataset:
- There were 345 children subject to a child protection plan at the end of December 2017, compared with 319 in December 2016. This equates to 54 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.
 - There were 413 Looked After Children at the end of December 2017. This equates to 64.8 looked after children per 10,000 of the under 18 population. This is only slightly higher than the national average (2016 data) of 62 looked after children per 10,000 of the under 18 population. This is lower than Medway's statistical neighbours¹ which is 69 looked after children per 10,000 of the under 18 population.
 - In relation to missing children incidents figures, the third quarter of 2017-2018 has seen an increase in the number of children/young people reported missing. This figure has raised from 301 to 389. In total in 2016-17 there were 1500 missing children incidents. There continues to be a

¹ 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.

number of young people who are looked after by other local authorities placed within Medway. These young people repeatedly go missing and the information received from Kent Police often highlights that the young people placed by other local authorities in Medway are absconding from their placements in Medway to be back in the area they resided with their family to associate with their peers.

- 3.31 Whilst continuing to collect data on the current dataset, the MSCB are reviewing the dataset to ensure that it can be used to provide an understanding of safeguarding activity within partner agencies. Multi agency workshops are being held to develop the dataset which will be redesigned to focus on key safeguarding indicators. The new dataset will contain comparative data and national indicators alongside a clear narrative analysis of the data.

4. MSCB Strategic Plan and Business Plan

- 4.1 The MSCB agreed six new priorities for 2017-20 set out in the MSCB Strategic Plan. The MSCB has a Business Plan which sets out the detailed actions under each of the six priority areas. A detailed review of the work undertaken will be included in the MSCB Annual Report 2017-20. The MSCB priorities for 2017-20 are:

- 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.

5. Consultation – Health and Wellbeing Board 17 April 2018

- 5.1 The Health and Wellbeing Board was presented with the MSCB mid-year review on 17 April 2018, the discussion of the Board follows:
- 5.2 A key issue highlighted to the Board was that of Child Sexual Exploitation (CSE). Prevalence in Medway was in line with what would be anticipated for a place of its size. National best practice was being fully utilised to address the issue. The level of CSE was impacted by a range of factors including whether

there is a history of abuse, particularly sexual abuse and gang prevalence. It was considered that the local response was as effective as it could be.

- 5.3 A number of Serious Case Reviews (SCRs) were in progress or had been concluded. These are undertaken when it was acknowledged that there had been significant issues in relation to child safeguarding. The undertaking of reviews demonstrated an awareness of issues and was not necessarily a bad thing.
- 5.4 The most high profile case was in relation to the Medway Secure Training Centre. This review was still in progress so it would not be appropriate to discuss further but it was anticipated that the learning from the review would have implications across the country. This review is likely to be published by the end of September.
- 5.5 Two other serious case reviews were in progress with two more having recently published, each of which had common themes. The children involved had been less visible to public authorities than they should have been. Detailed case summaries, recommendations and agency responses had been published on the MSCB website. Neither of the cases were principally about actions that the Council had or had not taken. The reviews demonstrated that there was an issue with information about children moving into Medway not being passed on to local agencies quickly enough.
- 5.6 In line with Government legislation, the processes around children's safeguarding had to be reformed by September 2019. The reforms, which provided more local freedom in relation to safeguarding arrangements, involved three key partners. These were Medway Council, Medway Clinical Commissioning Group and Kent Police. There was considerable agreement between the partners about what the arrangements would look like. Care would be taken to consider what was being planned in other areas.
- 5.7 Half of cases audited in Medway were good, while one third required improvement. Approximately 10% of cases had not reached a satisfactory level. There had recently been a peer review of safeguarding in Medway. Plans to employ a second Council auditor in this area were welcome, as audit activity was critical to help raise standards.
- 5.8 Recruitment and retention of staff was challenging as Medway was in direct competition with London Boroughs, who were often able to pay more. For the last couple of months, Medway had been adding a market premium to social worker salaries to make them more competitive compared with other areas. The number of applications received had increased during this time and there had been a reduction in the number of staff leaving posts. This had also been helped by the creation of area pods and stronger supervisory arrangements.
- 5.9 Caseloads for each social worker were still slightly higher than was desirable, but had fallen by 1.5 cases per worker in the last year. Along with salaries, manageable caseloads were another important factor in attracting staff to Medway.

5.10 The Board raised a number of points and questions, which were responded to as follows:

5.10.1 Impact of gangs – The impact of gang culture was a growing concern. Research undertaken in London suggested that the impact of gangs had increased significantly in the last ten years. London gangs were known to be sending drug runners out into surrounding areas, with the whole of the South East being at risk, although there was no evidence to suggest that Medway was a particular target. The involvement of young children in these activities was considered to be increasing. It was acknowledged that the response to this risk needed to consider all the component parts that could lead to children becoming involved in drugs.

5.10.2 A Board Member advised that Home office funding had been provided for a local organisation. This had run two training sessions for people working with youngsters to help them recognise signs of involvement in gang activity. Work was also taking place in local primary schools to ascertain what children knew about gang culture. This had shown that many were fascinated by the idea, but that reassuringly few had hands on knowledge.

5.10.3 It was noted that Medway Council had retained a targeted youth service and that work had been undertaken in relation to gangs. A conference for foster carers had recently been held, which had explored the issues of gangs. It was noted that Looked After Children tended to be more vulnerable to becoming involved in gang activity.

5.10.4 Social Workers - A Board Member advised that Medway's Transformation Board had invested £0.5 million in social worker kits for mobile working and that there was ongoing work to reduce Council reliance on agency provided social workers.

5.10.5 Serious Case Reviews – A Member was concerned that one of the Serious Case Reviews had highlighted issues dating back 15 years in relation to reporting and documentation. The Member felt that Medway as a place had lessons to learn and that the review highlighted a system that collectively needed to improve. Concerns were also raised about use of the word 'should' in the recommendations for one of the serious case reviews as there was concern that this may not lead to action being taken. It was requested that further information about the recommendations for the serious case reviews completed during the year and actions taken since adoption be circulated to the Board.

5.10.6 In relation to the 'Ellie' Serious Case Reviews, it was explained that mother and daughter had been placed in Wolverhampton due to availability of accommodation rather than due to them having a connection to the area and had subsequently been relocated to Medway, again due to availability of accommodation. There had been a lack of notification of relevant authorities in Medway and joint working between agencies had not been strong enough. There had also been a weakness in how the local GP had been made aware of the case. The housing provider in Medway had not been informed of the family needs. There was confidence that if the circumstances of the case were to be repeated there would not be the same issue.

5.11 The Board:

5.11.1 Considered the contents of the update report and provided comments as set out in the minutes.

5.11.2 Requested that further information be provided to the Board in relation to the actions taken following the two published Serious Case Reviews.

6. MSCB Independent Chair Comments

6.1 Subsequent to the comments from the Health and Wellbeing Board on 17 April 2018, further information in relation to the action taken following the recommendations from SCR Dawn is set out in paragraph 3.24 of the report.

7. Risk management

7.1 Whilst there are no specific risks identified, the MSCB annual report 2017-18 will present an analysis of safeguarding in Medway and work to challenge and support the Council and its other partners to address and reduce risks to children.

8. Financial and Legal implications

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

9. Recommendation

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

Lead officer contact

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

Simon Plummer, MSCB Business Manager simon.plummer@medway.gov.uk

Appendices

None

Background Papers

Serious Case Review ‘Ellie’ (January 2018) –

<http://www.msbc.org.uk/pdf/Ellie%20Overview%20Report%20-%20Final.pdf>

Serious Case Review ‘Dawn’ (March 2018) -

<http://www.msbc.org.uk/pdf/Dawn%20SCR%20final%20version%2013-03-18.pdf>