



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



Medway Safeguarding Children Board

Annual Report of 2017-18

September 2018

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Foreword from Independent Chair

The annual report of the Medway Safeguarding Children Board (MSCB) for 2017-18 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 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 Bethany Driver, 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. They are very ably managed and coordinated by Christine Impey. 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 independent² 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 There are a number of very good things happening at Medway. There are strong commitments between agencies and individual workers to working together to keep children safe. This is demonstrated in well-attended and lively Board meetings as well as in our sub groups. There is also clear analysis about how things need to be improved and you will find many examples of this in the work that is described in this report.
- 1.4 I am particularly pleased to be able to report that the quality of links between the Safeguarding Board and Medway’s schools has improved significantly during the past year; this was one of our partnership priorities for 2017/2018 and owes much to the positive attitude of Heads as well as to the excellent work of Kim Gristy for the Council. You can read more about this in paragraphs 3.2 to 3.5 of this report.
- 1.5 I also want to highlight progress in our work in several areas including:
 - co-ordination around children with particular vulnerabilities (see paragraphs 3.24 to 3.39);
 - raising the profile of the scourge of domestic abuse (paragraphs 3.10 to 3.19); the implementation of the Graded Care Profile assessment system covering neglect (paragraphs 3.20 to 3.23); and with
 - increased early helps assessments (paragraphs 3.40 to 3.44).
- 1.6 At the same time there are important areas where we need to improve. I want to highlight three areas in this report:

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

- it has taken a long time to get the Multi Agency Safeguarding Hub³ off the ground – this needs to be the cornerstone of our day to day work to keep children safe;
- we are not as good at producing good quality performance information and analysing this as we need to be - done properly such information will help us know how well children are being kept safe and guide our priorities; and
- the individual case audits that we conduct still regularly show too many cases where safeguarding has not been as good as it should.

1.7 I am in no doubt that a major explanation for this last problem of staffing is to be found in the 'churn'⁴ of professionals, social workers, health visitors, nurses etc.. All agencies in Medway report real difficulty in recruiting and retaining key staff, yet we know that regular changes of key staff do not serve children or their families well. We discuss this regularly at our Board meetings. I am not describing a problem here of which managers are not aware. Their plans for improving things are thorough and imaginative. But it is very hard for a place like Medway to compete with London in key labour markets. We need to focus on this constantly.

1.8 My summary of 2017-2018 would, therefore, be that significant progress has been made but individual practice is still not as good as we need it to be. We will continue to focus on improving this in the coming year.

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

³ A 'Multi Agency Safeguarding Hub', or MASH, brings together a team of workers from a number of different agencies into the same room to share knowledge and deal with safeguarding concerns about a child. The three common principles are information sharing, joint decision making and coordinated intervention.

⁴ The length of time staff stay in one job.

Medway in Context

- 1.9 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.
- 1.10 In June 2018 the Office for National Statistics released the mid 2017 population estimates, which reflect the population as at 30 June 2017. The latest mid-year estimate indicates that the population of Medway reached 277,616 in June 2017 – 659 persons (0.2%) above the revised 2016 mid-year figure. The latest annual growth rate is below annual growth levels over the past five years from a peak in 2012. With the release of the 2017 mid-year estimate, Medway’s population estimate has been revised downwards. Between 2015 and 2017 Medway’s population grew by a lower percentage than nationally, regionally and across Kent. Natural growth remains Medway’s main source of growth, however significant outward migration from Medway has resulted in a relatively low level of annual growth in 2017.
- 1.11 The majority of the population (89.6%) in Medway are classified as White, with the next largest ethnic group being Asian or Asian British (5.2%) including Chinese. The proportion of the population that is White is slightly larger than in England and slightly lower than in Kent, although these differences are not significant. There are also no significant differences in ethnicity by gender. Data from the January 2017 school census show that 75.4% of pupils in Medway are White British and 23.9% of pupils are of minority ethnic origins. This may suggest a large change in the overall population distribution in Medway since the 2011 Census. Some wards are considerably more diverse than others. The three wards with the most ethnically diverse school populations are Chatham Central, Rochester East, and Gillingham North. Within these wards 53.8% to 62.9% of pupils are White British and at least 36.6% of pupils are of minority ethnic origins. Rainham South, Peninsula, and Cuxton and Halling are amongst the wards with the most homogenous school populations, as 86.7% to 89.1% of pupils are White British.
- 1.12 Medway is ranked 118th most deprived Local Authority of 326 in England in the latest index. This is a relatively worse position than in the previous index in 2010, when Medway ranked 136th most deprived of 325.
- 1.13 Children and young people under the age of 20 years make up 25.4% of the population of Medway. 24.2% of school children are from a minority ethnic group.
- 1.14 Overall, comparing local indicators with England averages, the health and wellbeing of children in Medway is mixed. The infant mortality rate is similar to England with an average of 14 infants dying before age 1 each year.

- 1.15 The level of child poverty is worse than England with 18.5% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.
- 1.16 There were 343 children subject to a child protection plan at the end of March 2018, compared with 313 in April 2017. This equates to 53.8 children subject to a child protection plan per 10,000 of the child population and is higher than the national average (2017 data) of 43 children subject to a child protection plan per 10,000 of the child population. This is lower than Medway's statistical neighbours⁵ which is 56.39 children subject to a child protection plan per 10,000 of the child population (2017 data). This increase is seen as being a positive impact of the quality and timeliness of decision making to safeguard children, and also reflects the increases reported nationally.
- 1.17 There were 413 Looked After Children at the end of March 2018. This equates to 64.7 looked after children per 10,000 of the under 18 population. This is only slightly higher than the national average (2017 data) of 62 looked after children per 10,000 of the under 18 population. This is lower than Medway's statistical neighbours which is 72.8 looked after children per 10,000 of the under 18 population. Over the last two years, the number of children in care has reduced overall in spite of an increase in the last year.

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.

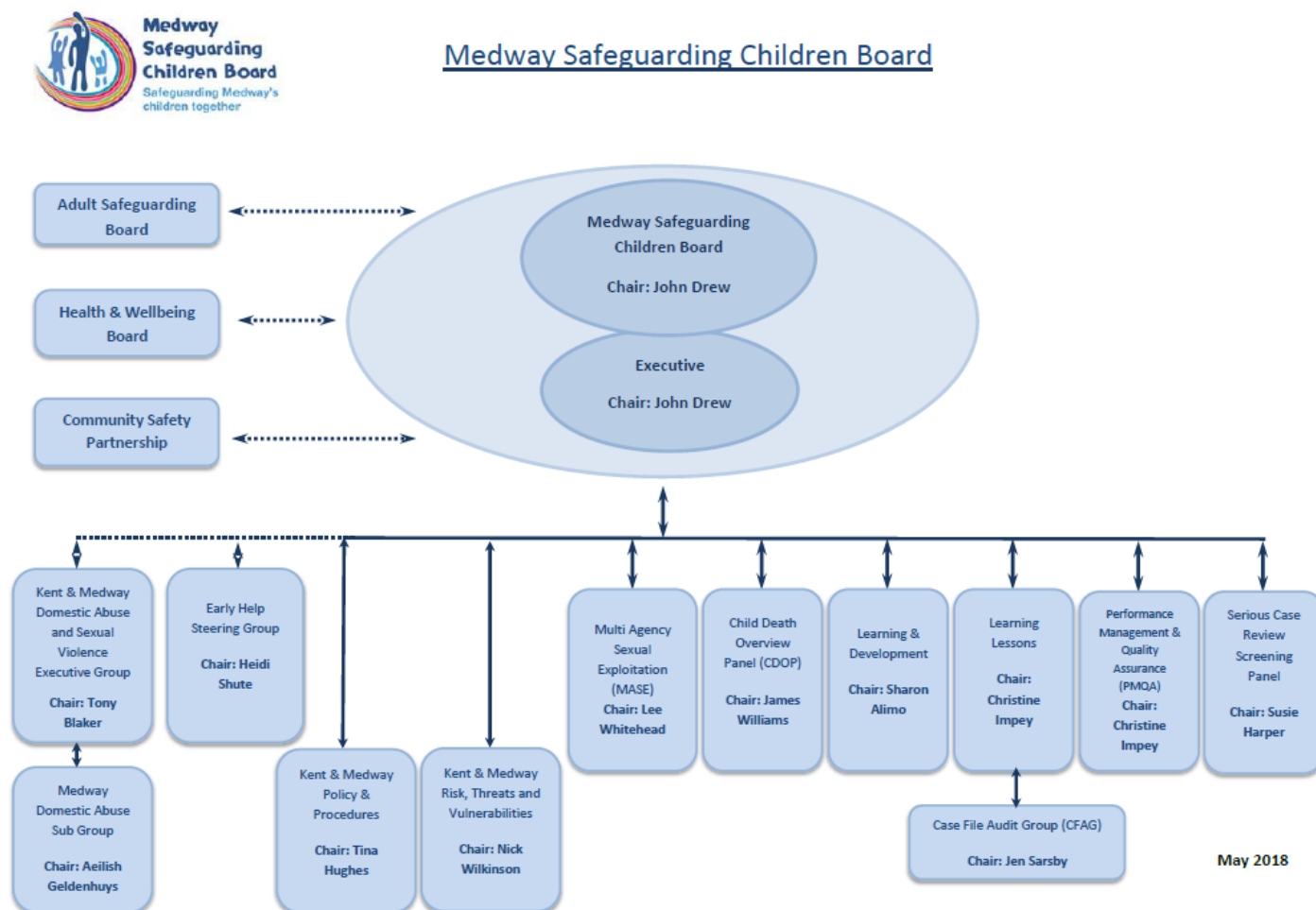
Section Two – The Board

- 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.

Figure 1 – MSCB Structure Chart (May 2018)



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:

- Health agencies including Medway Clinical Commissioning Group (CCG); Medway Community Healthcare (MCH); Medway NHS Foundation Trust; Kent and Medway NHS and Social Care Partnership; NELFT and; South London and Maudsley NHS Trust
- HMYOI Cookham Wood and Medway Secure Training Centre
- Kent Fire and Rescue Service
- Medway Children’s Services

- 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.

Case File Audit Group (CFAG)

- 2.10 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.
- 2.11 A summary of the work of the Case File Audit Group is included below in Section 4.

Learning Lessons Sub Group

- 2.12 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.

Child Death Overview Panel (CDOP)

- 2.13 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.

Learning and Development Sub Group

- 2.14 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.

Multi Agency Sexual Exploitation (MASE) Sub Group

- 2.15 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.

Kent and Medway Policy and Procedures Sub Group

- 2.16 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.

Kent and Medway Risks, Threats and Vulnerabilities Sub Group

- 2.17 The Kent and Medway Risks, Threats and Vulnerabilities sub group is a joint subgroup with 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.

Board Membership and Attendance

- 2.18 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.

Key Relationships

- 2.19 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 that 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.

Lay Members

2.20 The MSCB has one Lay Member who has been in the role since September 2015. 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.

I have attended all of the MSCB meetings as a lay member in the last twelve months, and I am really impressed by the commitment and hard work that members of the police, NHS, council, prison services, and others dedicate to safeguarding in their chosen fields. I feel confident that the MSCB operates in a correct and progressive fashion, and the great opportunities it offers for vital communication between different public services. Chair John Drew is excellent at encouraging each individual to discuss their work within an ample time-slot, and the resulting conversations always seem to be beneficial to all partners and finish on a natural endpoint. I have become more confident over the last year to add my own thoughts and questions to proceedings in my role as lay member, without trying to get in the way of the main aims of the meeting!

Over the last twelve months, I've asked a variety of questions to any of the strategic partners during MSCB meetings:

- I enquired the police about the role of paedophile hunters, discovering that the Paedophile Online Investigation Team (POLIT) encourage groups to work with the police and stay within the legal framework.
- I found out that a full-time role for Speech and Language was desired for the Youth Offending Team (YOT).
- I've brought up the idea of suggestions for new partners to join the board after Kent Fire and Rescue Service became involved, and Kent Community Health Care Trust (KCHFT) and South East Coast Ambulance Service (SECAMB) have been approached.
- I've asked whether the length of time children stay in their cells was dependent on staffing levels, to which the reply was that are always looking to external help; for example, sport provision.
- I suggested that with smoking in pregnancy at 19% for women in Medway whether the council could ban smoking outside of primary schools, and found out that they are working on smoke-free schools to ensure that students take the right message home.
- I requested some examples of the six safeguarding cases that had been identified by the Kent Fire and Rescue Service.
- I questioned the number of schools represented in educational workshops (as well as the gender balance) and whether primary schools (which outnumber secondary schools by 3-1) could have their Year 6 students involved in future.
- I have also questioned the 25% jump in Emergency Department admissions between 2015/16, to which the answer seemed to be a combination of the nature of admissions changing, more mental health presentation, and data collection with a new nurse collating the figures.

I am really looking forward to see the MSCB continue it's mission to improve cross-partner co-operation and for every partner to achieve the best safeguarding results they can. I am proud to contribute as a resident of Medway and always happy to speak highly of the MSCB at any opportunity.

Tony Scudder, MSCB Lay Member

- 2.21 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.

Communications

- 2.22 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 2017-18 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. The MSCB also published a Learning Lessons Bulletin which is circulated to professionals and published on the MSCB website and two Serious Case Review (SCR) Briefings. The Learning Lessons Bulletins and SCR Briefings aim to share the learning from SCR's and audit activity to allow professionals to reflect on their own practice. We also added to our collection of Fact Sheets during the year. The MSCB has produced ten Fact Sheets in total covering topics including Child Sexual Exploitation (CSE); coercive and controlling behaviour; harmful sexual behaviour; and lone working.
- 2.23 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. Since we created a twitter account in October 2015 we have a total of 581 followers. In the past we have used twitter to announce the publication of SCR's, published links to the MSCB Bulletin, and other general announcements. We have also taken part in the Department for Education's tackle abuse together campaign.

Working Together to Safeguard Children 2018

- 2.24 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.
- 2.25 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.

2.26 Following the consultation, the publication of the updated version of 'Working Together to Safeguard Children' is expected in June 2018. The three safeguarding partners, the Police, Local Authority and Clinical Commissioning Group (CCG) identified in the Act have meetings arranged during 2018-19 to agree Medway's response to the changes and ensure the new arrangements are in place by June 2019.

Section Three – Progress in Medway

- 3.1 In February 2017, the Executive held a priority setting workshop to consider the new MSCB priorities from April 2017 onwards. The MSCB agreed six new priorities for 2017-20 set out in the MSCB Strategic Plan. The MSCB has a Business Plan that sets out the detailed actions under each of the six priority areas. A summary of the key activity against each of the priority objectives is below:

Achievements against Priorities for 2016-17

Priority One: 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.**
- 3.2 The MSCB recognises that educational establishment and school staff play an essential role in safeguarding children. They have regular contact with children so are in a strong position to identify signs of abuse and neglect. The education reforms have made it more difficult to engage with schools over the years and for this reason the MSCB has made it a priority to develop and build on the existing links it has with educational establishments. In particular, over the next three years, the MSCB wants to:
- Ensure safeguarding issues are communicated effectively to all educational establishments
 - Ensure that educational establishments are engaged with the work of the MSCB
 - Develop assurance arrangements on the effectiveness of safeguarding arrangements in educational establishments
- 3.3 The MSCB has a secondary head teacher representative who sits on the MSCB Board. The previous primary head teacher representative stood down and a new representative will be appointed during 2018-19. During the last year the MSCB Independent Chair and Business Manager have attended both the Primary Head Teacher Forum, Medway Educational Leaders Association, and the Medway Secondary Head Teachers Forum to discuss the role of the MSCB and to identify more effective mechanisms to engage schools.
- 3.4 The MSCB requests schools complete an annual educational safeguarding audit. The audit is used by the MSCB for quality assurance purposes to ensure Medway schools and educational establishments satisfy their safeguarding responsibilities and so the MSCB can identify areas for support across school settings. The response rate for the education safeguarding audit for the school year September 2016 to July 2017 was 55%. During the year, the MSCB has been working with the Education Safeguarding officer to develop

the audit tool in line with the Section 11 tool. The new tool will be launched for the academic year September 2017 to July 2018 and through improved engagement with schools, the MSCB will seek a 100% response rate.

- 3.5 During the year, the MSCB has approved and published a 'Whole School Policy for Safeguarding' for any Medway schools to use as a template policy. The template has been circulated to schools and is available on the MSCB website. The MSCB has been working closely with the Education Safeguarding Officer to ensure that MSCB resources including bulletins and fact sheets are circulated to all schools in Medway, in addition the MSCB has hosted specific twilight sessions for schools on Prevent and Child Sexual Exploitation (CSE).

Priority Two: Ensure that the principles of Early Help, the Multi Agency Safeguarding Hub (MASH) and thresholds are understood and embedded across partners.

- 3.6 The MSCB continues to support the development of Early Help which is underpinned by the Early Help Strategy and Outcomes Plan which have been approved by the Board. The MSCB Board receives six monthly update reports on Early Help including data on the take up of Early Help Assessments (EHAs) that have increased from 2014-15 to 2017-18.
- 3.7 During the year the MSCB approved proposals for a Medway Multi-Agency Safeguarding Hub (MASH) which will be launched in April 2018. The development of the MASH reflects the close partnership between key agencies in Medway and co-locates police, professionals from Children's Services teams, Health and Education safeguarding. There is additional involvement of virtual partners from Probation and Housing to improve information sharing at the front door.
- 3.8 Alongside the development of the MASH and a new multi-agency referral form, the MSCB has developed and approved a new Threshold criteria document for children in need. The Threshold document provides guidance for professionals and service users, to clarify the circumstances in which to refer a child to a specific agency to address an individual need, to carry out an Early Help Assessment (EHA) or refer to Children's Services in Medway via the First Response Service. To support the new threshold document and the introduction of the Medway referral and contact forms, a series of workshops have been set up across 2018-19 to look at making good referrals and understanding thresholds in Medway.

Priority Three: Support a local recruitment strategy to help ensure there is an effective workforce for safeguarding children in Medway.

- 3.9 The MSCB recognises the importance of recruiting and retaining staff in ensure there is an effective workforce for safeguarding children in Medway. Almost all agencies have reported problems with recruiting

and retaining experienced and able staff which is why, during 2018-20, the MSCB will support agencies to develop a local recruitment strategy to help agencies to improve this. As part of this the MSCB will seek to develop joint approaches to recruitment to promote Medway as a place to work.

Priority Four: Raise awareness of the impact of domestic abuse on children and young people to ensure they are appropriately identified and safeguarded.

- 3.10 Domestic abuse (DA) impacts on quality of life and can destroy people's lives. As well as being a significant contributor to crime statistics, it is also a pattern of behaviour that often takes place behind closed doors and is significantly under-reported. Domestic abuse is an issue that cuts across all social, geographical and cultural groups, causing harm to both adults and children, both directly and indirectly. It is of high financial cost to public agencies, the economy, the individuals concerned and to wider society. Furthermore domestic abuse produces patterns of behaviour that are often replicated from generation to generation. Domestic abuse is a priority for the MSCB because we know that 38% of all violent crime in Kent and Medway is recorded as domestic abuse and there has been a 45% increase in domestic abuse offences compared to 2016-17.
- 3.11 It is widely acknowledged that no single organisation acting alone can deal with domestic abuse effectively. Victims fleeing abuse have many varying needs at varying times, which requires a multi-agency approach.
- 3.12 Across Kent and Medway there is a newly formed Kent and Medway Executive Group for Domestic Abuse and Sexual Violence. The group was formed in November 2017, this was after a multi-agency event in February 2017 regarding the necessity for a separate dedicated board. The group meet quarterly, there are representatives from the MSCB on the group and it reports in to the MSCB Board.
- 3.13 The strategy is in the process of being reworked and has been to the Domestic Abuse and Sexual Violence Executive Group on a number of occasions. This strategy is out for consultation with the tactical domestic abuse group and seeking agreement prior to submission.
- 3.14 The Domestic Abuse tactical group was formed in January 2018. Attendance at Medway Multi Agency Risk Assessment Conference (MARAC) is very good, especially as there is a MARAC every week.
- 3.15 There were 6,839 police reported incidents of domestic abuse from 1st April 2016 -31st March 2017 in Medway⁶ the breakdown of assessed risk is as follows:
- High Risk– 981

⁶ Victim Support Data via Police and Crime Commissioner

- Medium Risk-1,973
 - Standard Risk-3,885
- 3.16 981 individuals were assessed as high risk and required the support of the Multi Agency Risk Assessment Conference (MARAC). Due to the high case load in Medway, Medway's MARAC convenes weekly. Anecdotally, in other Local Authorities, MARAC convenes every 3 to 4 weeks.
- 3.17 The following issues and gaps have been identified within existing Medway service provision:
- High levels of reported cases
 - Current services are over subscribed with limited funding
 - Fragmented service provision
 - Limited preventative services
 - Limited support for victims other than those assessed as being at high risk
 - Gaps in service provision e.g. limited provision for children and young people and perpetrator programmes
- 3.18 A commissioning process for an integrated domestic abuse service model has been endorsed by the MSCB and will be initiated in 2018-19.
- 3.19 In 2017-18 there has been a 45.6% increase (+1699) in domestic abuse offences compared to the previous year from 3725 to 5424 offences. April 2018 recorded 537 offences; which is higher than the rolling year average of 452 offences.

Priority Five: Enhance the understanding of neglect amongst professionals and ensure children experiencing neglect receive timely and effective support.

- 3.20 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. Because of this we have set a priority to enhance the understanding of neglect amongst professionals and to ensure children experiencing neglect receive timely and effective support. In October 2017, the MSCB published a Neglect Strategy. The purpose of the strategy is to set out the strategic objectives and targets of Medway's approach to tackling neglect. Key to the strategy is the importance of the early identification of neglect, the use of the Graded Care Profile (GCP2) and the need to support children and families through early help arrangements.
- 3.21 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 introduction of the GCP2 will help professionals to identify areas where parents need to improve their care and achieve better outcomes for children.

- 3.22 Fourteen staff were trained to deliver GCP training across a range of organisations. Those who received this training are able to deliver GCP training to enable professionals to use the tool. Only those who have completed the training receive a “licence” to be able to use the tool. The tool should not be used by those who have not attended the training as there is an assessment element to the training to ensure the proper use of the tool.
- 3.23 Trainers are able to deliver the GCP training within their own service. During 2016-17, the MSCB trained 124 people on the use of the GCP. In addition to the figures trained by the MSCB over 100 more professionals across all areas of children’s social care and the Early Help team have been trained. GCP training is regularly offered to the children’s social care staff to ensure the whole workforce is trained appropriately.

Priority Objective Six: Address the challenges to children and young people at risk of specific vulnerabilities including exploitation (including online exploitation), sexually harmful behaviour and mental health.

- 3.24 Gangs - During the year, the MSCB has approved the Kent and Medway Gangs Strategy which was developed through the Risks, Threats and Vulnerabilities sub group. The Kent and Medway Gangs Strategy is the multi-agency commitment to tackle gangs operating across Kent and Medway and to support those affected by gangs and gang-related crime. It underscores our dedication to forging a truly joined-up response to gangs and the prioritisation of this issue across the partnership.
- 3.25 The strategy outlines how Kent and Medway will be working together to foster a better understanding of what works well and using this learning to improve services to help and protect those vulnerable to gang exploitation. The strategy covers a range of approaches, from diversion and preventative activities to enforcement and offender management, which enables better recognition and aids dealing with gangs and the associated challenges they present at the earliest opportunity and in the most effective way.
- 3.26 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.

3.27 During the year, partner agencies were required to complete a CSE self assessment which was reported to and reviewed by MASE. Overall, agencies reported that they have signed up to the key principles in the CSE strategy, have nominated champions, have links to MASE and staff within agencies know the referral routes for CSE concerns. Whilst the CSE champions model is more established than it was in 2016, agencies need to review and ensure that their CSE champions are part of the multi agency meetings. In 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.

3.28 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.

3.29 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.

3.30 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.

3.31 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.

- 3.32 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.
- 3.33 Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another.
- 3.34 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.
- 3.35 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.
- 3.36 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.
- 3.37 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.
- 3.38 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.

- 3.39 Sexually Active and Sexually Harmful Behaviour – During the year the MSCB developed procedures and practice guidance for working with children who are sexually active and/ or displaying sexually harmful behaviour. The procedures and guidance are designed to assist professionals to identify where children and young people’s sexual activity and relationships are through mutual consent, or present as harmful or abusive; and the children and young people may need protection or additional services.

Other Achievements in Medway

Early Help

- 3.40 The interest in early intervention as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively, preventing their escalation rather than responding only when issues have become acute and require specialist intervention.
- 3.41 There are many definitions of early help, early intervention, promoting resilience, prevention and so forth. The following definitions encapsulate the concept and essentially place the definition at the point of intervention when problems begin to emerge. This is useful in that it also makes the distinction between early intervention and prevention, the latter being the objective to prevent problems emerging in the first place.

“Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems” Centre for Excellence and Outcomes (2010)

- 3.42 Early help assessments (EHAs) have steadily increased in Medway over recent years, from approximately 700 pa in 2014/15 to 1041 per annum in 2017/18. This increase is positive as early intervention, if effective, can prevent the escalation of need and potentially reduce the number of children and young people entering the care of the local authority. Organisations working with families across Medway have been supported in their Early Help understanding and delivery by many means:

- The development of policy and tools to support delivery of Early Help and its transformation across Medway organisations
 - Training in the Early Help ethos of Medway including the Medway EH Outcomes Plan 2015-20; delivered at practitioner, manager and general awareness levels, together with training in the new Synergy Eisi
 - An Early Help Helpdesk providing daily support on the completion of EHAs, the process, distribution of a quarterly Early Help newsletter and uploading documents to the social care system (Framework I) until a new system was agreed
 - Four Early Help Coordinators to support one to one the Early Help Lead workers within organisations across Medway who are working with families
 - Area meetings bringing together local services to network and understand the data for their area but also bringing in the wider specialist support that is available to them all; Early Lead worker quarterly networking events with specialist speakers
 - Four Early Help Partnership Officers to undertake Early Help Assessments for partners where capacity is an issue or to support new Early Help Leads in their induction
- 3.43 In 2018/19 a new Early Help case recording system was purchased and developed to further support the transformation of services across Medway. Early Help Lead workers in all organisations working with families across Medway are being invited to be trained in the new Synergy Eisi to enable them to record and report on their Early Help work and to contribute to the work of partners who may be leading on this.
- 3.44 One of the many criticisms levelled at organisations in serious case reviews is the lack of shared information between partners; The new system will help to ensure that this happens in Medway. Early indications are that a similar level of assessments are being undertaken even while this training is underway and the expectation is that more partners will now come on board increasing the number of EHAs each year.

Children and Family Hubs

- 3.45 Children and Family Hubs in Medway offer families with children places to meet new people and help to ensure that all children get the best start in life and parents get the support and advice they need. We are committed to improving the outcomes for families, children, young people and the wider community, supporting all those we work with to reach their potential. Our vision is to promote the wellbeing and resilience of families with children from conception to 17, in a timely way by offering high quality and effective services.

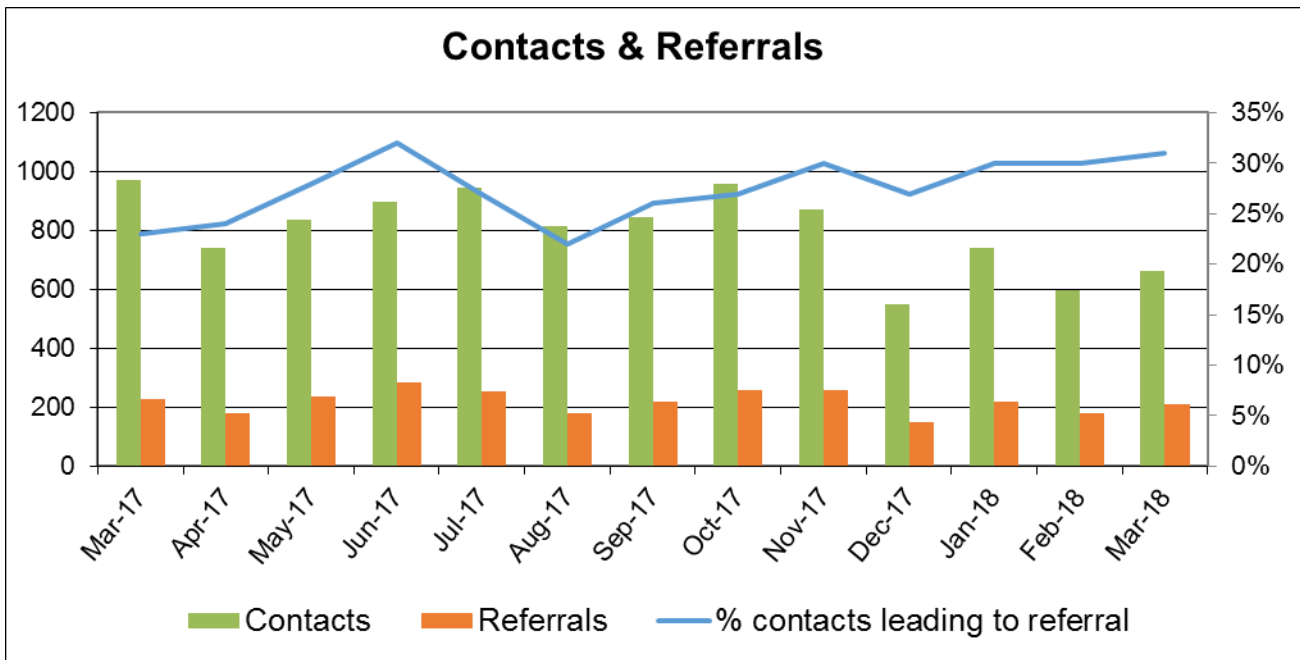
- 3.46 We will work together to ensure individuals and families receive the right support, at the right time in the right place to build resilience and achieve their maximum potential.
- 3.47 We want to improve the outcomes of children who are disadvantaged and so narrow the gap between their life chances and those who do not experience such levels of disadvantage. To achieve this we will focus on improving the following outcomes:
- For children to have strong and effective parents
 - Healthy young children who are ready to thrive at school
 - Improved participation in education (and training/ employment)
 - Prevention of harm and keeping children safe and improved outcomes for children on the edge of care
 - Prevention of crime and serious youth violence
- 3.48 In addition to the above focused outcomes we will seek to;
- Reduce demand on high need/high cost services – above all by reducing numbers of children whom are looked after by the Local Authority
 - Target our spending upon priority outcomes, reduce our direct delivery and spend on universal services with a view to improve our targeted service offer.
 - Work with colleagues and partners to deliver integrated services for shared outcomes: in particular work in partnership and alongside health, education, employment and adult services.
- 3.49 The Children and Family Hubs are now open and working. The initial feedback from staff, partners and most importantly from the families is very positive. The multi-agency team (integrated within the hubs) is beginning to have an impact on the way we work.
- 3.50 The programme of work delivered for Early Years continue to remain a targeted area of delivery for the hubs, ensuring the right families get the right support, at the right time. See the below link for programmes, contacts and relevant information:
<http://medwayfisd.com/kb5/medway/fis/results.page?qt=hubs&term=&sorttype=relevance>
- 3.51 The Children and family hubs have some exciting new roles within the structure to strengthen our response and support to families at level 3. We have:
1. Appointed 4 Early Help Social Workers
 2. We are out to advert for 2 Domestic Abuse workers
 3. We are out to advert for 1 Vulnerabilities lead

Children's Social Care

- 3.52 Children's Social Care has moved to an area based model delivered through social work pods i.e. small teams. Four areas have been established with a balanced level of demand. Aligning the social work

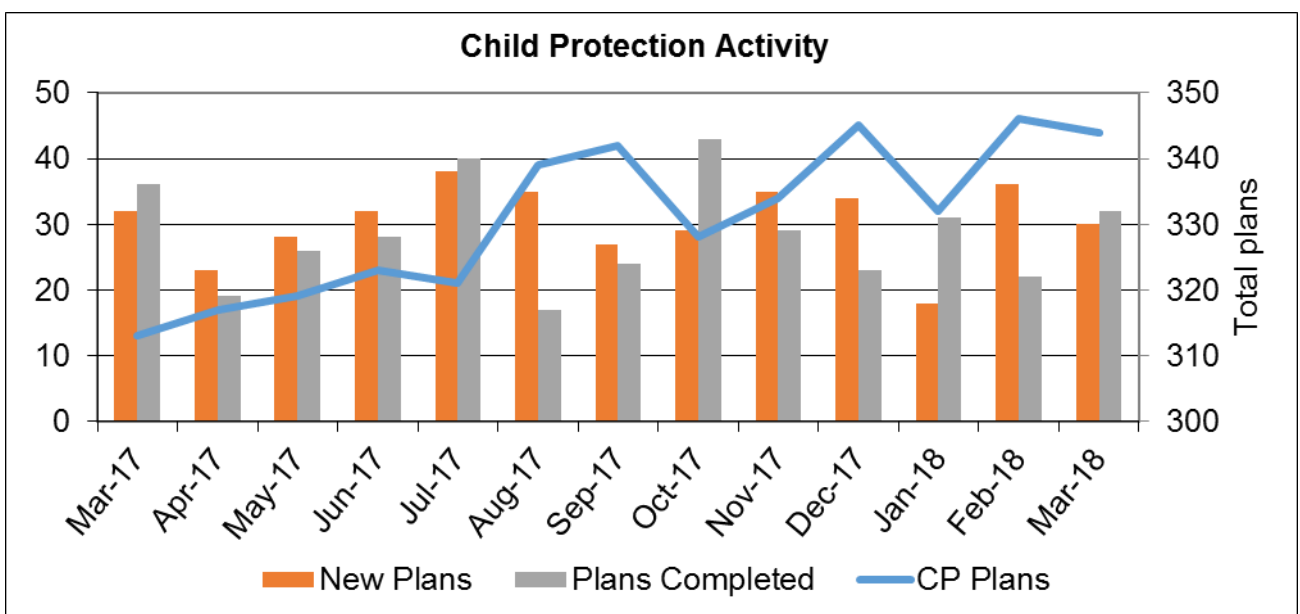
pods to areas has enabled better joint working with partners responsible for the safeguarding of Medway's children. The changes in service structure are intended to provide consistency of social work throughout the intervention with the family. The changes have increased the numbers of first line managers (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. We have launched a new competitive range of salaries for social workers, which also included retention packages for social workers e.g. sabbaticals and financial rewards.

- 3.53 The First Response Service will be launched in April 2018 and is comprised of our co-located 'Single Point of Access' (SPA), new Multi-Agency Safeguarding Hub (MASH) and our social work assessment teams. The SPA for Children and Families is our front door to Early Help and statutory social work services. To ensure the right children and young people get the right service, qualified social workers, early help co-ordinators and education safeguarding staff assess against the threshold criteria, to make timely and proportionate decisions, led by social work managers.
- 3.54 The development of the MASH reflects the close partnership between key agencies in Medway and co-locates police, professionals from other Children's Services Teams, Health and Education Safeguarding. There is additional involvement of virtual partners from Probation and Housing to improve information sharing at the front door.
- 3.55 The recent Local Government Association (LGA) Safeguarding Diagnostic confirmed arrangements at the front door and decision making is robust, and partners reported very positively about their experience of contact with our First Response Service.
- 3.56 There were 9405 contacts in the 12 months to 31 March 2018, which converted into 2630 referrals, a rate of 412 per 10,000. The percentage of re-referrals in 2017/18 was 17% which is a small reduction from the 18% in 2016/17. Low re-referral rates are an indicator of effective need identification and decision making.



3.57 There were 2418 Children in Need (CIN) starts in the year, which is a rate of 380 per 10,000. This is up from 214 per 10,000 in 2016/17. The number of open CIN has increased from 1776 at the end of 2016/17 to 1937 at the end of 2017/18.

3.58 In the last 12 months, there has been an increase in the number of children subject to Child Protection (CP) plans from 313 to 343. This increase is seen as being a positive impact of the quality and timeliness of decision making to safeguard children, and also reflects the increases reported nationally. On 31 March 2018, the 343 children subject to a CP plan equates to a rate of 54 per 10,000. This is above the 43 per 10,000 for England in March 2017, but slightly below the 56 per 10,000 for our Statistical Neighbours.

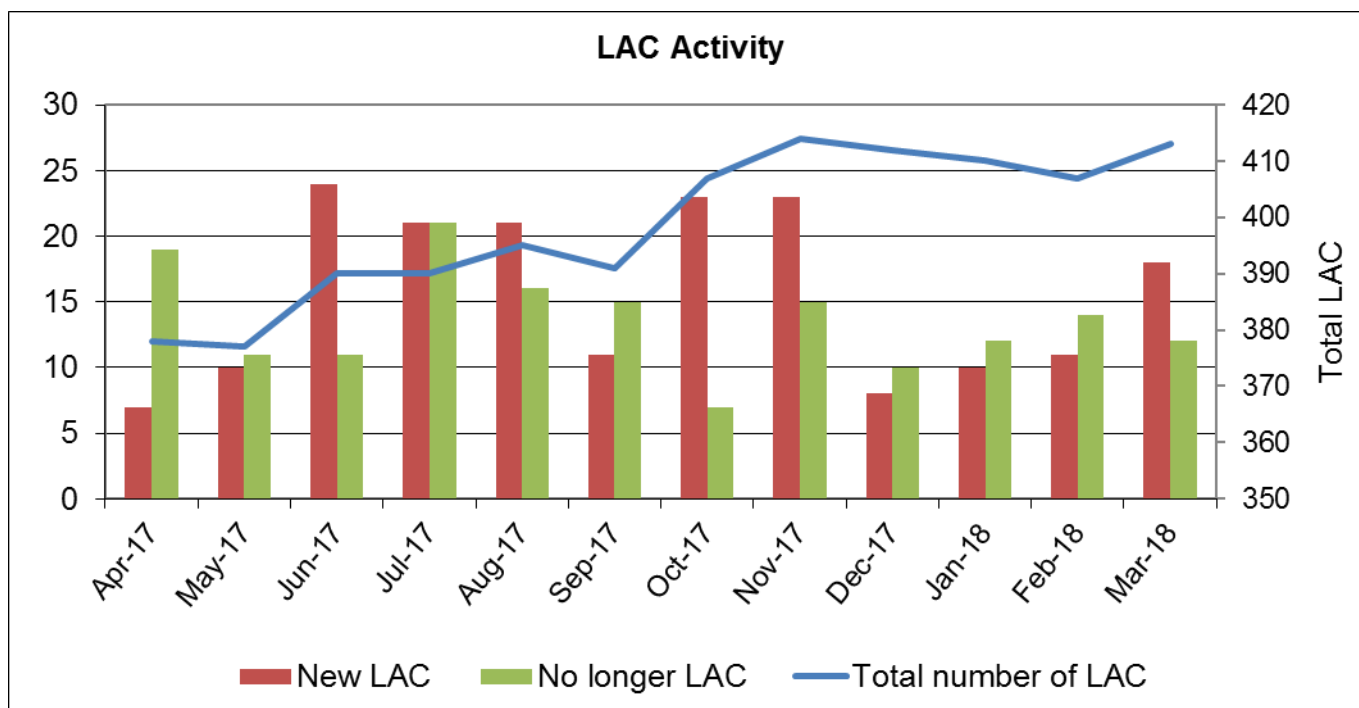


3.59 Interventions are generally timely; most plans last between 6-12 months. Those children subject to a CP plan for 2+ years was 5.8% of the total number of children subject to child protection plans, which is higher than the National average of 2.1%. In 2017, we established a Support and Solution Panel; a multi-agency panel of senior managers from partner agencies who work to remove the barriers impacting the progression of child protection plans. This panel meets six weekly and reviews children who have been subject to a child protection plan for over 18 months.

3.60 We know from our analysis of referrals that domestic abuse is the most common presenting need at point of referral. As a result, we have created two new Domestic Abuse Co-ordinator roles which will be located across the 4 Child and Family Hubs and the First Response Service. These roles will be responsible for providing support to families in crisis.

Looked After Children

3.61 At the end of 2017/18 there were 413 children looked after, and the rate (per 10,000) was 65. This rate is in line with the England rate per 10,000 of 62 (2016-17) and well below the rate for our statistical neighbours of 73. Over the last two years, the number of children in care has reduced overall in spite of an increase in the last year.



3.62 Of the children and young people looked after at the end of March 2018:

- 92% are placed within the area – Medway/Kent (54% Medway, 38% Kent)

- 60% are placed within the local authority's own provision
 - 341 live with foster carers, of whom 67% live with local authority foster carers
 - 22 live in children's homes
 - 2 live in residential special schools
 - 4 live with parents
 - 23 placed for adoption
 - 16 are in supported accommodation
 - 5 are in other
- 3.63 Medway Council operates two children's homes. Both are judged as being Good by Ofsted. One was cited to contribute to significantly improved outcomes for children; the other home, which provides overnight respite for disabled children, was judged to be Good in all areas in November 2017.
- 3.64 There were a total of 151 LAC endings in the last 12 months, of which 35 were adoptions (23% of those leaving care). This continues our success on securing adoption for older children and sibling groups. 19 children (13% of children leaving care) became the subject of special guardianship orders. 50 children returned home to live with parents. 31% of those who were adopted in the last 12 months were aged 5+. This compares to England and Statistical Neighbours three year average of 5% of children adopted aged 5+ adopted.
- 3.65 There is now a clear process in place to track permanency options for all children in care and ensure plans are implemented in a timely way. We have significantly improved our response to children requiring permanence through adoption.
- 3.66 A new tracking process has been established to support the early identification of children who may require an adoptive placement and to support joint work between the adoption teams and frontline social work teams when an adoption placement is appropriate. Stability of adoptive placements is very good, with a disruption rate of 2%.
- 3.67 The Mind of My Own App (MOMO) was introduced to Medway in July 2017; this is an app that affords young people the opportunity to share their views, wishes and feelings at any time. Medway has been confirmed as one of MOMO's top users nationally. Over 240 statements have been received from young people through MOMO, 28% of which have been to share good news. Young people in care have used MOMO to express that they feel 'happy', 'supported' and 'settled' at home. Young people speak very highly of MOMO and plans are in place to fund Medway Express, an app for younger children and those with communication difficulties over the next financial year.

Safeguarding Children Missing from Care and Home

- 3.68 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.
- 3.69 Since December 2016 all children who went missing in Medway, who are resident in Medway (and are not from Other Local Authority (OLA)) or are Looked After to Medway have been offered a return interview
- 3.70 In January 2018, Medway Youth Service began undertaking return interviews for children that are not currently open to Medway Children Services – the first missing episode for a child is an opportunity to engage them, to gain a view of what is happening for them and to sign post to early help services in their local area to deter them from going missing again. Since this change was implemented, feedback from Medway Youth Service has been positive; children are engaging well with the process and the information being gained is providing Medway with a better understanding of the push and pull factors for young people going missing.
- 3.71 There continues to be a number of young people who are looked after to other local authorities placed within Medway. These young people repeatedly go missing and the information received from Kent Police in Compact Reports 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. To better understand the needs and the safety plan for children placed in Medway by other Local Authorities information is now being requested from the placing local authority for frequent missing children and those highlighted by the placing authority as at risk of CSE or criminal exploitation.

Data The chart below illustrates the continuing upward trend in numbers.

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

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total Incidents
2011	No data	No data	No data	No data	37	70	89	85	78	77	79	49	564
2012	72	51	69	41	77	75	62	42	55	76	81	55	756
2013	48	63	70	90	70	101	90	72	67	82	69	46	868
2014	46	44	83	67	109	99	138	127	111	106	119	83	1132
2015	97	106	109	96	120	117	116	101	102	103	89	83	1239
2016	85	134	96	92	156	143	156	110	115	148	113	92	1440
2017	104	94	139	146	152	145	100	96	96	143	140	103	1458
2018	130	114	169										413
Key													
0-50 - Low													
51-100 - Med													
101-150 - High													

Children Missing Education

- 3.72 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.
- 3.73 Suitable education is defined as full time education suitable to age, ability, and aptitude and to any special education needs the child may have.
- 3.74 Medway Council has a full time dedicated Children Missing Education Officer (CME) who oversees and collates all information and follows up information ensuring that all CME cases reported coming into Medway or leaving Medway are followed through until a case can be fully resolved, school places offered and the case then closed.
- 3.75 As from September 2016 the Department for Education (DfE) requested that all schools and academies including private and independent schools notify the Local Authority where a pupil is taken on or pupil removed from the school role not including transition times. This procedure has now been fully implemented employing an additional staff member to collect and interrogate data 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

- 3.76 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.
- 3.77 The CME officers are finding cases are becoming more complex. Families are often moved to Medway and are placed in temporary accommodation by other Local Authorities, or are placed in Medway unaware of schools admission process for getting children on role of schools. Families are often vulnerable with no friends or family support nearby and have no information on the area they are living in or even where the schools are situated. The CME officer and AAP's support and assist families with form filling or general advice regarding schools, the process and any other concerns which could be supported.
- 3.78 AASSA became a full traded service from April 2016 and all but 5 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 off rolled, 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. Regular meetings also take place between the AAP's and schools and academies and consultation forms are completed gathering information regarding pupils removed from school role.
- 3.79 During the period 2017-2018 there were 267 incoming cases of reported Children Missing Education to the CME officer, who continues to work jointly with the Admission Team and other agencies to assist with the process of getting children on a school role and education to enable them to reach their full potential.

Private Fostering

- 3.80 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.
- 3.81 Medway Council currently has a dedicated 30 hour qualified social worker, based in the Connected Persons Team placed in Provider Services, who undertakes all Private Fostering work. The social worker assesses the suitability and safety of these placements and supports children and young people subject to these arrangements.

3.82 Activity and developments of the service for children and carers during 2017/18 include:

- The Private Fostering Service now sits with the Connected Persons Team and is managed by the Provider Services Manager
- Statistics on notifications, sources of referrals, and demographics are collated and analysed annually to identify any developing patterns or trends and to enable targeting of communications
- The Communication Strategy has been updated to identify targets for awareness raising using information gathered on referrals from previous year.
- Promotional work with all professionals working with children undertaken throughout the year as set out in the Communication Strategy
- Outcomes for young people at point of closure are assessed and collated to look at improvements in service
- Annual Reviews are undertaken for young people to ensure child's plan is implemented effectively. Only five arrangements have been in place for 12 months or more and 80% have had their reviews within timescales of 12 months. The final review was completed just outside the 12 month timescale.
- Carer views about the supervision and support they receive are canvassed annually as part of the review. Group meetings for private foster carers and mentors to support young people have been offered but it is reported that carers are reluctant to accept statutory support, beyond the support offered by the social worker. This is further discussed in the next section.
- All carer and child information is recorded on frameworki, the Children's Social Care recording system
- Frameworki processes are established for referrals and processes but need updating to ensure they meet the needs of the service
- The Statement Of Purpose has been updated

3.83 The number of notifications of new private fostering arrangements was 32 for 2017-18 compared with 31 in 2016-17. At end of year 31/03/2018, 14 private fostering arrangements were in place, compared to 10 at the end of the previous year. Figures from the last four years notifications appear to be plateauing at around 31-33 per year. This could be because we are capturing almost all the privately fostered children in Medway. However this is unlikely and we cannot be complacent in this regard as the safeguarding issue in private fostering is in the cases remaining unknown, unassessed and unmonitored. It must always be assumed that there are unknown cases to identify, hence the communication strategy and the need to be vigilant.

Allegations against staff

3.84 The Local Authority Designated Officer (LADO) has a role 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.

Their 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.

- 3.85 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.
- 3.86 The LADO facilitates a Multi-Agency meeting to gather information from all the agencies involved which requires liaison with employers, Children's Social Care, Police and also relevant regulatory bodies such as the HCPC and Ofsted. LADO must also advise on appropriate support for the professional who is under investigation.
- 3.87 In Medway the allegations received by the LADO are divided into 3 categories, 'Enquiry', 'Consultation' and 'Referral' as not all of the concerns received by the LADO require the same level of investigation or advice.
- a) **Enquiry** - The concern raised does not meet the threshold for the LADO's ongoing oversight. Advice and sign posting is given. This contact is recorded as an enquiry only.
 - b) **Consultation** - The concerns raised do not meet the threshold for a full LADO Investigation. For example the allegation or concern may be a practice issue that can be dealt with by the employer. The LADO may provide advice and recommend an internal investigation. The LADO would ask for the outcome and a report of any internal investigation to be provided. If further concerns are raised during the internal process that changes the direction of the investigation it may be that the Consultation is escalated to a Referral and full LADO Investigation or just that further advice is required.
 - c) **Referral** – The concerns raised clearly meet the threshold for a full investigation by the LADO this will result in a Joint Evaluation Meeting (JEM).
- 3.88 The LADO maintains and reports accurate and up to date information and data regarding LADO activity, including consultations and duty enquires and ensures that Joint Evaluation Meeting notes and Frameworki electronic records clearly evidence decision-making and outcomes.
- 3.89 Between 01 April 2017 and 31 March 2018, the LADO Service managed 494 contacts; this is an increase of 14% from the pervious year (total of 430 contacts), and the highest number of contacts the

service has managed over the past three years. Of the 494 contacts, 96 were managed as referrals, and the remainder (398) were managed as Consultations or Duty Enquiries. This would suggest that a consistent application of threshold (as noted above) has been applied, therefore resulting in only 19% of contacts progressing to referrals. Positively, even with an increased workload and fewer staff, a consistent service has been offered. To further understand the picture, a break down of LADO contacts can be seen below (see section 6 & 7 below).

3.90 The table below (Chart 2.2) refers to the number of contacts concerning staff from different agencies. There are some 'blank' boxes, as there isn't comparable data in those areas. Last year, MSCB requested a more in depth breakdown of information, which has been collated for this first time in this years report and therefore next year will allow the LADO service to compare the same data break down and offer more comparison in the future.

3.91 The numbers do not always correlate with referrals being made by the agency, which is perhaps not surprising for agencies such as the police but highlighted a need for exploration. As such the Head of Service for Safeguarding & Quality Assurance liaised with Police senior management who in turn have agreed to discuss with their Professional Standards department. Similarly there are lower numbers than would be expected for some other agencies and will be targeted within the training and awareness strategy for the forthcoming year.

3.92 During 2017/18, contacts concerned staff from the following agencies:

Agency	2017/2018	2015/2016
Medway Children's Services	2	13
Medway Adult Services	1	0
Other Local Authority	3	13
Police	2	0
Probation	0	0
Medway NHS Foundation Trust	14	10
Medway Community Health Care	1	
Medway Clinical Commissioning Group (CCG)	0	
Medway Council	13	0
Faith Groups	4	0
Foster Carers - Independent	26	27
Foster Carers – Local Authority	6	
Early Years (Childminders, nursery, Children's Centre, Pre-School)	25	38
School - Primary	66	60
School - Secondary	28	53
School - Private	16	0

School - Special	15	0
School - PRU	3	0
School – Alternative (e.g. NOVUS)	5	0
College	1	0
Secure Estates (Medway Secure Training Centre)	70	61
Secure Estates (Youth Offending Institution)	88	106
Transport Provider	8	0
Residential – Private	23	0
Residential – Local Authority	3	0
Voluntary/Charity	13	0
Recruitment Agency	11	0
Sports & Leisure	11	0
Unknown	29	0
Other	8	49

Ensuring children in secure units are safe

- 3.93 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.
- 3.94 From 2016-17, the MSCB agreed to widen the terms of reference of this annual review of restraint to also cover safeguarding. Working with the Governing Governors at both Cookham Wood and Medway, we devised a process to 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 and to also include the views of children placed within the establishments. This process was overseen by the MSCB Secure Estate Task and Finish Group. A copy of the MSCB Annual Review of Restraint and Safeguarding in the Secure Estate for children and young people provides an assessment of the safeguarding arrangements and is available to download on the MSCB website www.mscb.org.uk . 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.

Section Four – Learning and Improvement

- 4.1 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

- 4.2 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.
- 4.3 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.

Multi agency dataset

- 4.4 Partner agencies submit on a quarterly basis their agency data to the Performance Management and Quality Assurance (PMQA) sub group.
- 4.5 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.

Serious Case Reviews/ Learning Lessons Reviews

- 4.6 Local Safeguarding Children Boards undertake Serious Case Reviews (SCRs) when children die or are seriously injured, and abuse and/or neglect are suspected or known to be a factor, and/or there are concerns about how local agencies worked together. The purpose of

such reviews is to learn lessons and improve practice. Such reviews result in action plans that should drive this improvement.

- 4.7 The MSCB had two Serious Case Reviews (SCRs) that were in progress at the end of March 2018. 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 second SCR was initiated following a Serious Incident (SI) investigation carried out by a health trust. The SI was carried out follow 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 Reviewer for this SCR.
- 4.8 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.
- 4.9 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.

- 4.10 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.
- 4.11 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.
- 4.12 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.

- 4.13 In June 2017, Thurrock Local Safeguarding Children Board (LSCB) published a SCR in relation to the death of a 17 year old male at HMYOI Cookham Wood in July 2015 called SCR Harry. The SCR was conducted by Thurrock LSCB because Harry was a Thurrock resident before serving a Detention and Training Order (DTO) at HMYOI Cookham Wood. A number of agencies were required to undertake an Individual management Review (IMR) for the SCR, the agencies with Medway involvement were HMYOI Cookham Wood, Oxleas who provided the health care in Cookham Wood and the South East Coast Ambulance Service. The MSCB were part of the SCR Panel and are supporting Thurrock LSCB to ensure that the recommendations from the review are implemented by HMYOI Cookham Wood and the Ministry of Justice.
- 4.14 A Learning Lessons Review is completed where a case does not meet the criteria for a SCR but where the MSCB feels there is multi agency learning. At the end of March 2017, the MSCB also had two Learning Lessons Review in progress.

Multi Agency Audits

- 4.15 The Case File Audit Group (CFAG) is one of a number of sub groups of the MSCB and is the key mechanism for undertaking audits to identify good practice and multi agency learning.
- 4.16 Over 3 meetings the MSCB Case File Audit Group (CFAG) map 6 families within a theme. In the past themes have included children known to mental health services; and children on child protection plans with a component of domestic abuse. 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.

Themed audit: Children on child in need plans

- 4.17 In 3 of the 6 cases looked at on the themed audit on children on child in need plans, the panel concluded that the children had been adequately safeguarded. In the other 3 of the 6 cases, the panel found that the children had not been adequately safeguarded but the children were not considered to be at risk of significant harm in any of the cases. 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.

Themed audit: Pre birth assessments/ plans

4.18 In 2 of the 6 cases, the panel concluded that the children had been adequately safeguarded. In four of the six cases, the panel concluded that the children had not been adequately safeguarded but the children were not considered to be at risk of significant harm in any of the cases. The following key themes were identified:

- Elements of the pre birth planning process is being used
- There is evidence of positive multi-agency working after the birth of children
- A lack of safety planning in families where there is ongoing domestic abuse, or lack of use of formal safety planning format
- Understanding the impact of witnessing domestic abuse on young children
- There is a need for professionals to have a deeper understanding of coercive and controlling behaviour both in terms of signs and symptoms, but also in terms of the criminal offence.
- Existing specialist programmes for perpetrators are extremely limited outside of probation services
- There needs to be clearer contingency plans in place for non engagement
- In order for partners to make appropriate challenges for the delay in seeking legal advice they need to understand the thresholds for legal advice
- Appropriate use of the challenge and escalation process
- Supporting workers to work with those difficult to engage and avoid focusing on the needs of the adults

MSCB Training

4.19 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. These have included half and full day training courses as well as shorter specialist workshops, usually 2 hours and online training.

4.20 Between April 2017 and March 2018, the MSCB provided multi-agency training across Medway. In total 33 sessions were held attended by 725 people in comparison to 2016-17 when a total of 41 sessions were held and attended by 825 delegates. The MSCB did not have a training

officer in post for much of 2017-18 which accounts for the drop in the number of training sessions run and meant that only the core training was provided. Recruitment for a Training Officer commenced in January 2018. In addition, the MSCB also ran a Train the Trainer session on Child Sexual Exploitation.

2017-2018	
Training Session	Attendance
Basic Child Protection	57
Child Sexual Exploitation (CSE)	16
Domestic Abuse, Stalking and Harassment (DASH)	11
Domestic Abuse	60
Domestic Abuse – Court Orders	62
Gangs Awareness Raising Session	61
Graded Care Profile	124
Taster: Impact of Parental Domestic Abuse	22
Intermediate Child Protection	122
Local Authority Designated Officer (LADO) Awareness	109
Safer Babies	11
Safer Recruitment	41
Think U Know - CEOP	15
Total	725

4.21 MSCB also support the following conference sessions throughout the year providing policy updates, networking and sharing of good practice.

Conference Training Session	Attendance
Tough Love Performance	402
Medway Domestic Abuse Forum (MDAF)	104
Total	506

4.22 Since April 2017 – March 2018 various E-learning training packages of which 529 delegates have engaged. This is an increase on the 436 delegates who completed e-learning in 2016-17.

E-Learning Training Session	Attendance
See appendix A	529
Total	529

4.23 At the end of each training course delegates are asked to complete a training evaluation, these evaluations are compiled and considered by the Learning and Development sub group and summarised in the six monthly reports to the Executive and Board. Delegates are asked to rate the course content, the support materials, the value to themselves and their service, the trainer's skills, abilities and knowledge and training videos if any. They are also asked to detail what they found helpful/ valuable, how they will apply their new skills and knowledge and if any aspects were not relevant or they have outstanding learning needs. Delegates are contacted at least 3 months after their attendance at a MSCB training course to share how they have implemented the training into their practice. Each course evaluation

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

Child Deaths

- 4.24 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.
- 4.25 From July 2017 the Director of Public Health has chaired the CDOP. Previously the interim Director of Public Health chaired the CDOP until April 2017. The acting chair reports directly to the Medway Safeguarding Children Board main board meetings.
- 4.26 There were 35 child deaths reported to the MSCB in 2017/18. Of these, 12 were deaths of children resident in other Local Safeguarding Children Board (LSCB) areas. There were 10 children normally resident in Medway who died in Medway, and 13 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 23 reported deaths in 2017/17 to review. Of these deaths, 14 were expected and 9 were unexpected (see Table 1).

Table 1: Overview of child deaths reported to MSCB in 2016-17

	Number of deaths
Total deaths reported to Medway MSCB in 2017-18	35
Non Medway resident children who died in Medway	12
Medway resident children who died in Medway	10
Medway resident children who died out of area	13
Medway resident deaths requiring review	23
Children resident in Medway – Expected death	14
Children resident in Medway – Unexpected death	9

- 4.27 During 2017/18 Medway CDOP reviewed 16 cases – 12 expected and 4 unexpected deaths.
- 4.28 At the end of March 2018 there were 20 outstanding cases due for review, at the end of March 2017 there were 13. Cases may not be reviewed in the year of death where not all the relevant information is available to CDOP. 12 of the outstanding cases were deaths within the last 6 months of the year, whilst CDOP do aim to review cases as soon as possible other processes such as post mortems and inquest delay

the cases being heard at CDOP. Two of the cases of wider multi agency learning reviews which CDOP will 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.

- 4.29 Cumulative data from 2008/09-2016/17 are presented within the CDOP annual report and show that, in line with the national picture, the majority of child deaths in Medway occur in the first year of life, most notably within the first four weeks. The major factor contributing to these deaths is prematurity. We know that there are multiple risk factors for premature birth, such as teenage pregnancy, smoking, obesity, poverty and access to antenatal care. These factors are often interlinked and some, for example, smoking and obesity, are identified as modifiable in child deaths. Medway's Health and Wellbeing Board continues to work with partners to address these issues through Medway's Joint Health and Wellbeing Strategy. It is important that all partners continue to make every effort to address the risk factors that may contribute to child deaths in order that we can prevent such deaths in the future.

Inspections

Special Educational Needs and Disabilities (SEND) Inspection

- 4.30 In December 2017, Ofsted and the Care Quality Commission carried out a Special Educational Needs and Disabilities (SEND) local area inspection. The inspectors concluded that there were some areas of significant weakness and determined that a written statement of action should be developed. A written statement of action forms the basis of an improvement plan and documents the actions being taken in response to the areas of weakness outlined in the published inspection outcome letter. The Improvement Plan focuses on:
- Strategic leadership providing effective oversight of the SEND agenda
 - Improvement to the co-production model across all services
 - An audit and review of the Education, Health and Care Plan process which aims to improve the quality of the Education, Health and Care Plan issued
 - Identification and analysis of data to inform accurate evaluation
 - Development of a shared Local Area SEND Strategy.

Section Five – MSCB Budget

5.1 A summary of the accounts for MSCB for 2017-18:

MSCB Budget 2017-18

MSCB Income from Partner Agency Contributions 2017/18

<u>Partner Contributions 2017-18</u>			
Medway Council	66.3%		(128,000)
NHS Medway CCG	3.1%		(5,969)
Medway NHS Foundation Trust	3.1%		(5,969)
Kent & Medway NHS & Social Care Partnership	3.1%		(5,969)
Sussex Partnership Foundation Trust	1.3%		(2,487)
NELFT	1.8%		(3,482)
Medway Community Healthcare	3.1%		(5,969)
South London and Maudsley NHS Foundation Trust	3.1%		(5,969)
Kent Police and Crime Commissioner	8.0%		(15,434)
National Probation Service	1.2%		(2,310)
KSS Community rehabilitaion company	1.2%		(2,310)
HMYOI Cookham Wood	1.8%		(3,570)
Medway Secure Training Centre	1.3%		(2,561)
Kent Fire & Rescue	1.3%		(2,500)
CAFCASS	0.3%		(550)
Other Income – Training			(2,300)
Other Income – Kent PCC contribution to STC SCR			(5,000)
Total Income			(200,349)

MSCB Expenditure 2017/18

		(£s)
Staff (including Independent Chair fee and consultancy)		150,322
SCR costs (Chair and Author)		35,000
E-learning Package		5,250
Kent & Medway Safeguarding Children Procedures (Tri.x)		2,267
Printing, Stationery, general office costs (including computer equipment)		2,000
Meeting costs (including refreshments for all training events and SCR Panel meetings)		5,000
Travel costs		500
Total expenditure		200,339

Estimated MSCB Reserve carried forward to 2018/19

£34,976

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Appendix One – Membership of MSCB

Membership of the Medway Safeguarding Children Board (MSCB) at 31 March 2018.

Name	Role	Agency
John Drew	Independent Chair	Independent
Paul Durham	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 Domenev	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	
Tony Scudder	Lay Member	Medway Safeguarding Children Board
Jonathan French	Director	Medway Secure Training Centre
Jane Howard	Chief Executive Officer	Medway Voluntary Action
Andrew Willetts	Youth Offending Team – Head of Service	Medway Council
Ian Thomson	Assistant Director – Community Safety	Kent Fire and Rescue Service
Simone Miles	Chief Executive	MY Trust
Paula Currie	Student Support Manager	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	
Vacant	Head Teacher	Primary School
Karen Bennett	Head Teacher	Will Adams Pupil Referral Unit (PRU)
James Williams	Director of Public Health	Medway Council – Public Health
Emma Addison	Interim Named Nurse for Safeguarding Children	South London and Maudsley NHS Trust
Matt Stone	Deputy Service Director (Board member until 31 August 2017)	Sussex Partnership NHS Foundation Trust
Brid Johnson	Integrated Care Director (Board member from 1 September 2017)	NELFT

Name	Role	Agency
Steve Hunt	Head of Service	CAFCASS
Domenica Basini	Assistant Director for Safeguarding and Quality	NHS England

Appendix Two – Agency Attendance at MSCB Board Meetings

Agency	5 May 2017	14 July 2017	29 Sept 2017	17 Nov 2017	26 Jan 2018	16 March 2018
Independent Chair						
Lay Member (1)						
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						
NELFT						
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						
Kent Fire and Rescue Service						
Medway Voluntary Action (MVA)						
Named GP for Medway						

Agency						
Children & Family Court Advisory and Support Service (CAFCASS)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
NHS England	Green	Yellow	Green	Green	Yellow	Yellow

Attended Meeting

Meeting non attendance

Not a Board member at this time



Appendix Three – Single Agency Annual Reports on Safeguarding Children

HMYOI Cookham Wood

Overview of year

- To ensure that there is a clearer understanding of safeguarding procedures
- All safeguarding staff have attended the MSCB intermediate child protection training
- All new staff receive safeguarding awareness training
- All new receptions receive safeguarding awareness training
- Raised awareness of how to and why allegations of abuse are reported
- Published a new Bullying management policy
- Introduced support plans for both perpetrators and targets of bullying
- Introduced training/awareness for partner agencies.
- Introduced a Quality Assurance process of Assessment, Care in Custody and Teamwork (ACCT) documents

How have we made a difference for children?

To ensure that there is greater clarity and transparency when dealing with a child's allegation against a professional and promoting equality in all areas covered by the 9 protective characteristics

- Welfare visits to all venerable Young People
- Awareness sessions delivered by outside agencies to staff and Young People regarding equality issues
- Support plans in place for transgender Young People
- Referral process in place via Dedicated Social Workers re the NRM for trafficked children and children believed to be victims or at risk of Child Sexual Exploitation

What have we learned?

- Better understanding of the Local Authority Designated Officer (LADO) process and outcomes
- Better links between the Safeguarding department and staff including partner agencies
- Better understanding and management of equality processes
- More defined processes regarding conflict resolution

What do we need to do better?

- Staff awareness training regarding Child Sexual Exploitation
- Better support plans for the targets/victims of violence

- Raise awareness for bi-sexual Young People

Kent and Medway NHS Partnership Trust (KMPT)

Overview of year

We produced more workshops on Domestic abuse, Female Genital Mutilation, Radicalisation and CSE using experts in the field to enhance the knowledge of our frontline practitioners. We also wanted staff to build links with those experts as additional support networks when they had queries and concerns within their caseloads. These areas were chosen for additional attention because they presented the most concerns to our frontline practitioners but more importantly we wanted them to be able to identify the subtle and 'soft intelligence' that indicated issues for a family and appreciate that concerns may not always be obvious but they needed to question what they saw and be more proactive and professionally curious.

How have we made a difference for children?

There has been an increase in the levels of reporting for domestic abuse therefore we have been able to intervene and hopefully work with other partners to improve the lives of children and families caught up in these situations.

Practitioners are having consultations with the safeguarding team on a wide range of issues therefore questioning what they see and hear more often.

What have we learned?

Practitioners struggle with 'soft intelligence' and how to identify it and act accordingly therefore the workshops and the additional changes made to mandatory training have helped their thinking enormously.

There is great value in bringing in outside experts to assist in delivering training and the partnerships we have initiated are robust and the partners continue to deliver for us. Particularly around CSE, Radicalisation and Domestic Abuse.

What do we need to do better?

We still need to keep a focus on the impact of these areas of concern on families and their children.

We need to ensure risk assessments and care plans reflect the seriousness of the issues we find and regularly update both to ensure the care delivery is robust to meet the needs of these vulnerable families.

Kent Fire and Rescue Service

Overview of year

Safeguarding is fundamental to the delivery of the objectives and KFRS has invested significant amount of effort over the last 12 months to refine the safeguarding arrangements. This includes:

- Updated safeguarding policy and procedures, which include dealing with allegations and links to whistleblowing.
- Revised recording system for safeguarding
- E-learning packages rolled out to all staff (Adult & Child)
- Quality Assurance process built into the Dedicated Safeguarding Officer procedure
- Additional training for key staff, including out of hours safeguarding duty officers
- Quarterly updates provided to Corporate Management Board to provide strategic oversight.

Ongoing initiatives include:

- Advice and home visits to help people to live [safe and well](#)⁷. These are targeted at those most at risk of being injured in a fire but also cover a range of other home safety aspects. Whilst these are often seen as older people or those with health concerns, families with young children and expectant mothers are eligible for a free visit.
- Visits to children in schools. KFRS community safety staff will visit children in each key stage and provide tailored safety information.
- Youth engagement. There are a range of activities working in partnership with organisations such as Princes Trust focussed on activities for disengaged young people.
- [Road safety](#)⁸ is a major area of activity for KFRS and is there is specific activity aimed at new / young drivers and passenger safety at the Road Safety Experience in Rochester. This includes work with schools groups as well as other bespoke sessions with young offenders for example.
- [Fire-setter](#)⁹ interventions. Some children can develop a fascination with fire, either just fire play or deliberately starting fires (which is arson). KFRS has a dedicated team that work with young people to help address this dangerous behaviour.
- KFRS can also provide protective measures where there is a threat of arson, such as installing fireproof letterboxes.



This is just an example of the range of services provided by KFRS. More information is available at <http://www.kent.fire-uk.org> or by calling 01622 692121.

⁷ <http://www.kent.fire-uk.org/your-safety/home-safety/>

⁸ <http://www.kent.fire-uk.org/your-safety/road-safety/>

⁹ <http://www.kent.fire-uk.org/your-safety/home-safety/children-and-young-people/>

How have we made a difference for children?

The KFRS safeguarding process has recently been audited by KCC Internal audit with an overall outcome of substantial. “Over the last two years, significant improvements have been made to Safeguarding processes within the organisation and, as a result, our overall opinion of Safeguarding is now ‘Substantial’. It is very evident that Safeguarding is viewed as a priority and several areas of good practice, including with regard to governance and quality assurance, were identified. Furthermore, for the majority of cases sampled that had been managed within the dedicated Safeguarding system, timely, appropriate action had been taken.”

What have we learned?

KFRS has sought peer review on the revised safeguarding policies and procedures from Kent Police and through safeguarding board sub-groups. Key KFRS staff are now attending joint training with Kent Police on their Protecting Vulnerable People (3 day) course, to raise safeguarding awareness and also understanding of Police issues. Regular training for continuous professional development is undertaken (e.g. sessions on gangs and modern slavery).

The KFRS safeguarding process has recently been audited by KCC Internal audit with an overall outcome of substantial. However, the audit did identify some concerns in relation to the out of hours process and rated this area as ‘limited’ assurance. The issues identified are included in the action plan and have already been addressed, and so the prospects for improvement have been rated as good.

What do we need to do better?

The main issue for KFRS is embedding safeguarding in all aspects of activity. All staff, but especially those in public facing roles, need to be able to recognise safeguarding concerns and be confident in raising them through internal procedures. The KFRS elearning package is being updated and will include Fire Service case studies to support embedding the learning. The KFRS internal internet site is in the process of being updated with key information and signposting routes on key safeguarding areas.

KFRS safeguarding processes are improving and we are satisfied there are no major gaps, however we need to ensure we open and close down our internal cases in a timely manner and also support operational crews to understand their role in safeguarding. We need to continue to improve the understanding and awareness for our out of hours officers on our internal process and safeguarding issues.

Kent Police

Overview of year

The new policing model recognises that protecting the Public is a core responsibility of the Police, and the realignment of staff with the responsibility to identify threat, risk and harm and take measures to mitigate those risks, is starting to emerge.

The responsibility for the investigation of crimes of vulnerability falls under the Vulnerability Investigation Teams. Each of the three Divisions within Kent Police have a Vulnerability Investigation Team. Prior to the new Policing Model the Public Protection Unit (PPU) had 250 specialist staff to manage this business a 56% increase means the service now have 442 Police Officers dealing with vulnerability. There are also 90 further Police Community Support Officers (PCSOs) an increase across the county placed into Vulnerability roles of Youth Engagement, Domestic Abuse, Vulnerable Adult, and Missing.

There has been an investment into the Central Referral Unit (CRU 24/7, 365 operating model), this unit conducts all strategy discussion across Kent and Medway to ensure consistency of service delivery. Medway have since April introduced their MASH to work alongside the CRU, this service works traditional office hours.

A new role of Children and Young Person Manager has been created and will be the strategic lead for Kent police on all child related issues. This staff member will ensure that all multi-agency engagement of children is catered for, and that the development of the Youth Ambassador role internally and externally builds on the already excellent work of the Medway Youth Panel.

The multi-agency Child Sexual Exploitation Team is based centrally and works in conjunction the Divisional Missing Children Exploitation Teams (MCET). The MCETs have enhanced training in relation to safeguarding the vulnerable, partnership engagement, rapport building and investigation.

How have we made a difference for children?

Due to the change in the policing model, there has been a significant increase on the awareness of neglect and vulnerability to children. There has been an increase in volume of work into the CRU/MASH, thereby highlighting those children in need of help where we previously may not have recognised that they needed assistance services are being offered where appropriate to reduce harm.

We are dedicating resources to the investigation of domestic abuse to ensure that effective investigations and staff are specialised in safeguarding.

The Central referral Unit has had an increase in resources with dedicated supervisors to review and risk assess all domestic abuse incidents and ensuring that information regarding children involved in domestic abuse

incidents are shared promptly. Officers and staff can call the dedicated DA pod to ensure that a dynamic risk assessment can be completed and appropriate safeguarding implemented.

The new CYP manager role has created the opportunity to work with all departments across the organisation and with key stakeholders to ensure that we have a child centred approach and the voice of the child is heard and listened too. The manager will work within the Youth Justice Team who focus on the children or young person's individual circumstances and needs to address their offending behaviour. This is achieved with close partnership working and identifying early intervention and diversionary opportunities.

The MCETs continue to provide an enhanced service to missing persons and children subject of exploitation. The North Division MCET investigated a video circulated on social media of a girl performing a sexual act on a male.

Through swift enquiries the girl was identified as a 16 year who had been forced into the situation by two separate males, within the Medway area. Whilst this was being investigated police received a report of the same offence happening to a 15 year old girl in the same location on the following day. The three males were quickly identified and arrested, two for rape and the third for making and distributing the video. The young offenders, used intimidation and coercion in subjecting the victims to these serious sexual offences. The girls were safeguarded and the perpetrators prosecuted.

What have we learned?

Kent Police continues to engage with multi agency partners. We have representation across the Board, as well as in MSCB subgroups. Due to the commonality of work across Kent and Medway the CSE strategic board has now been amalgamated to ensure sharing of good practice and effective multi-agency working.

From the implementation of the DA pod at CRU we now have the prompt evaluation of all incidents reported to Kent Police are reviewed and transferred to Medway Social Care for review and dissemination. There has been an increase in number of cases shared allowing prompt decision making and safety planning for the children of Medway

With the CYP Manager role the engagement with Children and Young People is vital to ensuring the voice of the child is heard within the policing organisation. The implementation of the Youth Engagement Officers has created an opportunity to engage with Children and Young People within a variety of different environments for example schools, youth hubs and other community events.

The multi-agency Child Sexual Exploitation Team recently won the Child Sexual Abuse National Working Group award for protecting children from exploitation, which is a direct reflection of the good work of both CSET and MCET and effective partnership working.

What do we need to do better?

We need better processes in identifying children involved in domestic abuse and the domestic abuse notification. Research is currently being conducted to understand how these impact on children.

Information sharing to include notification to schools. Operation Encompass is in early stages of development with plans for a potential roll out in September 2018. This will ensure that Medway children are provided with either soft or overt support.

We have learned that too many young people are being arrested and we have identified where improvements can be made.

Work is progressing with the custody leads to improve the Non-Custodial Interview facilities. This project will also look to provide officers and staff the tools and information necessary to ensure the full circumstances of the Child or Young person are available for the investigation enabling the risks and vulnerabilities to be identified rather than an offence led investigation being conducted.

To start to build on the voice of the child we have included a bespoke Schools Police Open Day on 29th June with what is hoped will be 3000 pupils and staff attending, to better inform us as an organisation and with partner agencies as to what can we do better to hear Young People. Continue to develop CSET/MCET to tackle gangs and OCGs, whilst delivering against the Kent and Medway Gangs strategy.

Kent, Surrey and Sussex Community Rehabilitation Company (CRC)

Overview of year

To raise awareness and promote professional development, KSS CRC Safeguarding Lead wrote a number of educational articles on specific strands of safeguarding which were incorporated within the KSS CRC staff magazine to support the identification of safeguarding concerns for both children and vulnerable adults.

KSS CRC identified themes from serious case reviews. Learning is shared across the Senior Management Teams and cascaded across operational delivery.

Safeguarding is now a theme within all internal audits and external inspections. Actions arising from the audits/inspections and any learning points from SARs, SCRs, DHRs actions are incorporated into the Integrated Action Plan which is monitored on a regular basis by the Senior Management Team to ensure they are integrated into practice and incorporated in relevant training events. Published learning from SARs, DHRs and SCRs is disseminated to local managers to share with their teams.

The Women's Strategy was launched in response to evidence showing that women are more likely to be sentenced to prison than men for non-violent crimes and are also frequently victims of domestic abuse. Training for responsible officers will be based on a trauma-informed approach, recognising that many women under community supervision are also victims of serious crimes. It will help responsible officers empower women to tackle the reasons for their offending and engage with housing, education and other support services.

KSS CRC has set up a Research Unit to test, trial and evaluate innovative approaches to help us cut re-offending and improve safety for communities across Kent, Surrey and Sussex.

For the current year KSS CRC is working on a family centred approach recognising the need to look at the family as a whole including the children, siblings of all ages and grandparents. As part of this work we will be reviewing our policy for children to access our offices.

How have we made a difference for children?

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

As with all strands to safeguarding, staff have been made aware of neglect and the indicators to look for in both children and adults and should follow our safeguarding procedures where any concerns are identified. This includes discussions with their line manager as to what the next steps they should take including completing a holistic risk assessment and risk management plan to be shared with all agencies involved.

What have we learned?

KSS Safeguarding Lead revised both the Children and Adults Safeguarding Policies which were highlighted within team meetings and within one to one staff supervision sessions to ensure understanding of roles and responsibilities with regard to safeguarding children and vulnerable adults.

LSCB specialist Safeguarding training has been promoted with 44% of responsible officers attending a safeguarding event over the last year. This is in addition to KSS CRC mandatory safeguarding training requirements. In the same period 41% of responsible officers in Medway would have attended LSCB training but three had their training cancelled.

What do we need to do better?

Embed the use of professional curiosity within probation practice to support both adult and children's safeguarding.

Utilise internal communications to raise awareness of the different strands to safeguarding of both children and adults to support identification and swift interventions to manage concerns.

Ensure the voice of the child is heard through the multi-agency approach and through further reduction of the risk of harm to children. This will be achieved through multi-agency working and delivery of appropriate interventions.

Medway Clinical Commissioning Group (CCG)

Overview of year

Medway CCG regularly seeks assurances from healthcare providers around agreed priorities and safeguarding key performance indicators. This is undertaken through planned safeguarding meetings and quality visits. In this way the CCG obtains assurances that health providers are providing safe and effective services to children, ensuring that services commissioned by Medway CCG were compliant with statutory guidance and safeguarding legislations in the undertaking of their duties through effective and evidence based systems for monitoring and assurance that contributes to the quality assurance framework.

We have ensured that arrangements for safeguarding children and young people were fully integrated and embedded within the Kent and Medway NHS Sustainable Transformation Plan (2015). This is also reflected in work undertaken to integrate safeguarding strategic objectives as part of Medway CCG's five year organisational objectives and working with neighbouring CCG's to jointly manage CCG objectives.

Through collaborative working and providing support we have maximised GP involvement in multiagency safeguarding work in Medway to ensure that continued compliance with National and Local policies are strengthened via the implementation of a dedicated Designated Nurse for Primary Care functions.

How have we made a difference for children?

Medway CCG led the multiagency completion of Female Genital Mutilation (FGM) review of commissioned and contracted services. The review identified emerging good practices across health agencies in implementing Mandatory Reporting and supporting families who have had FGM. Work is continuing to ensure that services to improve and maintain responses to FGM will continue to embed in services. In addition, the Designated Nurse for Safeguarding Children and Families delivered specialist level 3 and 4 safeguarding training to primary care staff in relation to domestic abuse, FGM and child sexual exploitation.

Medway CCG alongside Medway Public Health and partner agencies have continued to support the child death review process to take action and ensure that identified themes and trends identified within child deaths in Medway are

addressed. For instance, one of the key actions was aimed at taking action to reduce road traffic accidents and to raise awareness about parental smoking.

Medway CCG has continued to also work in close partnership with Medway Council and all relevant partners. Our partnership working is further demonstrated by our participation in the Multi-Agency Safeguarding Hub (MASH), contribution to the Domestic Abuse Steering Group and joint commissioning of an integrated Domestic abuse service to improve responses to family affected by the issue in Medway.

Medway CCG supported the continuation of joint commissioning for a Nurse Specialist in Child Sexual Exploitation role. Functions for this continue by the Nurse Specialist working closely with partners in relation to Operation Willow, the Child Sexual Exploitation project, Multi Agency Sexual Exploitation and Missing Children subgroups. This service has received a national award for the notable services provided to children who are affected by child sexual exploitation.

Work is progressing with the Transforming Care Programme to prevent the admission of young people with mental health episodes into acute services. The newly commissioned services for children and young people Emotional Health and Wellbeing Services provided by North East London NHS Foundation Trust continues in the Mobilisation period. Emerging analysis suggests that there is an increase in the number of children and young people accessing psychological services. However, it is not known whether this increase can be attributed to greater awareness about the service or increased identification of children who need the service.

In 2017, Medway CCG worked alongside partner agencies and other CCGs across Kent to deliver on the NHS England' key safeguarding priorities for children. These include child sexual exploitation, gang violence, female genital mutilation including honour based-violence, neglect, self-neglect, domestic abuse, trafficking and Modern Slavery and the Mental Capacity Act. This includes supporting the additional funding for the Gangs project to reduce the risk for children in Medway who are at risk of gang violence.

The successful implementation of the Child Protection Information Sharing (CP-IS) system to improve the quality of safeguarding children was supported by Medway CCG. CP-IS is identified as defining factor in the majority of serious case reviews that takes place following the death or injury of a child.

What have we learned?

Since the last Annual report, the safeguarding team within Medway CCG has been further strengthened to work innovatively across commissioned services and within Primary Care. As said previously the work to embed safeguarding practice within Primary Care is now consolidated by the employment of a dedicated Designated Safeguarding Nurse for Children and Families to work alongside the Named GP. Thus, enabling Medway CCG alongside NHS England to discharge its statutory functions and ensure that arrangements to

safeguard and promote the welfare of children and young people in Medway are effective.

What do we need to do better?

Work is developing to ensure that safeguarding is prioritised in the development of the Kent and Medway Sustainable Transformation Plan and to continue to work innovatively to reflect the changes and future challenges. Medway CCG also acknowledges that as one of the key partners they will continue to work alongside social care and the police to ensure that local arrangements continue to effectively meet the safeguarding challenges across the whole system in Medway for Children and Young People.

Medway Community Healthcare (MCH)

Overview of year

MCH has initiated a Think Family approach to safeguarding over the last 18 months. The Safeguarding Team comprises of a Head of Safeguarding, encompassing the organisational need for a Lead for Prevent and Lead for MCA, a Named Nurse for Safeguarding Children and Named Nurse for Looked After Children who also has the role of Lead for Child Sexual Exploitation, and 4 Safeguarding Adviser posts, one of which is the health representative for the Multi Agency Safeguarding Hub and another which specialises in Domestic Abuse. We have continued with this model to ensure that MCH staff are able to recognise and assess the safeguarding needs of all individuals within the family environment.

How have we made a difference for children?

Medway Council and Medway CCG undertook the planned re-commissioning of Medway child health services in 2018 working towards a contract award date of April and June 2018. MCH were successful in being awarded the contract have been working with commissioners to mobilise the new integrated services which went live on 1st April 2018 for Public Health Nursing and June 1st 2018 for the Specialist Children's service The new model aims to ensure children and their families get timely access to appropriate services to meet their needs for care, treatment or support.

The build of the new Medway Children's Development Centre, Snapdragons in Strood was completed and opened in Q3 2017/18. MCH are the lead tenant and discussions continue about how best to maximise the benefits of this facility.

What have we learned?

The majority of the last year has been spent preparing the model for the new services as described above, this has allowed us to greater understand the role of all children's community services such as School Nursing, Community Paediatrics and Looked after Children's Nursing which are new to MCH and to

develop appropriate pathways within these services to increase quality and accessibility and decrease duplication.

What do we need to do better?

To continue to review the impact of the new service model for children and families, adapting as required to assessed need in discussion with commissioners.

Medway Council Children's Services

Overview of year

Our delivery of Children's Services is informed by our vision of achieving positive change for families we work with so that children are safe, services are effective, and families feel supported and enabled to care for their children. This vision has informed our redesign of Children's Services with the development of small area-based social work teams, known as pods, each with one Practice Manager and four social workers. These work with children and families, following assessment, throughout their engagement with statutory social work. This service design was created with the intention of minimising the social work changes experienced by children and families.

Each pod has a strong focus on quality of practice, underpinned by a systemic practice model of service delivery. This way of working promotes strong networks with partners and communities, and supports purposeful and focused interventions with families. Practice Managers have an explicit responsibility for overseeing and driving up quality and consistency of social work practice and thus outcomes for children.

The boundaries of this area-based model are consistent with those in Early Help. The structure has been designed to ensure good join up across Early Help and Safeguarding in the four Medway areas. In each of the areas, Child and Family hubs are established to provide targeted support for those cases that do not meet the criteria for statutory social work. The creation of the Child and Family hubs has been based on our vision of 'Right Place, Right Time, Right Service'. Primary School Leaders have now aligned school clusters called Learning Zones with these areas to create opportunities for a consistent and locally sensitive response to need.

In our Child and Family Hubs, there is access to centralised teams of school attendance/ inclusion practitioners; information advice and guidance; youth services, specialist family support, and the Youth Offending Team. These services offer a range of both universal, preventative and in some cases, specialist support across Medway. Other partners will also work from the hubs, including a range of community child health services and health promotion services commissioned by Public Health and the Clinical Commissioning Group (CCG) as well as community mental health services commissioned from North East London NHS Foundation Trust (NELFT).

How have we made a difference for children?

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. We are investing in staff to develop their knowledge and skills, so that they can deliver more effective interventions and good outcomes for children and young people. We have invested in 2 Principal Social Worker posts (PSW) to support the leadership team to drive up the quality of practice, providing leadership to the children's team in the Medway Academy.

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.

Systemic training enables 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?

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 have been further developed by the launch of the MASH in April 2018, bringing together partners to share information that will enable informed decision making about referrals to Children's Services.

The development of the MASH reflects the close partnership between key agencies in Medway and co-locates police, professionals from other Children's Services Teams, Health and Education Safeguarding. There is additional involvement of virtual partners from Probation and Housing to improve information sharing at the front door.

What do we need to do better?

Vulnerabilities, including Child Sexual Exploitation (CSE) and 'Gang' related activity continue to be a priority. Medway has a well-established multi-agency group that meets regularly to discuss young people and their families where professional concern has been raised regarding risk of gang association and/or gang affiliation. 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.

Using the QAF we will continue to 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 Public Health

Overview of year

The directorate manages a range of projects that promote health and wellbeing and work to improve health outcomes for children and young people. The projects span a wide range of settings, both primary and secondary age and beyond. The projects have a Personal, Social, Health and Economic (PSHE) education focus and this includes Relationship and Sex Education (RSE).

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

Other projects cover mental health and emotional wellbeing (MH&EW) and this year we have increased our MH&EW offer by providing Youth Mental Health First Aid training to all Medway schools. This training is now being rolled out to the wider CYP workforce and has been delivered to staff from a range of agencies including Youth Service, Early Help, Sport Development Team and Kent Police. The directorate also offers parent workshops to schools; topics include Puberty and RSE as well as CSE and Internet Safety. New suite of lesson plans 'Gangs – Managing Risk and Staying Safe' are now available to all Medway schools. They were produced in partnership with the PSHE Association and were launched nationally in May after a very successful trial here in Medway with two of our secondary schools and an alternative curriculum provider.

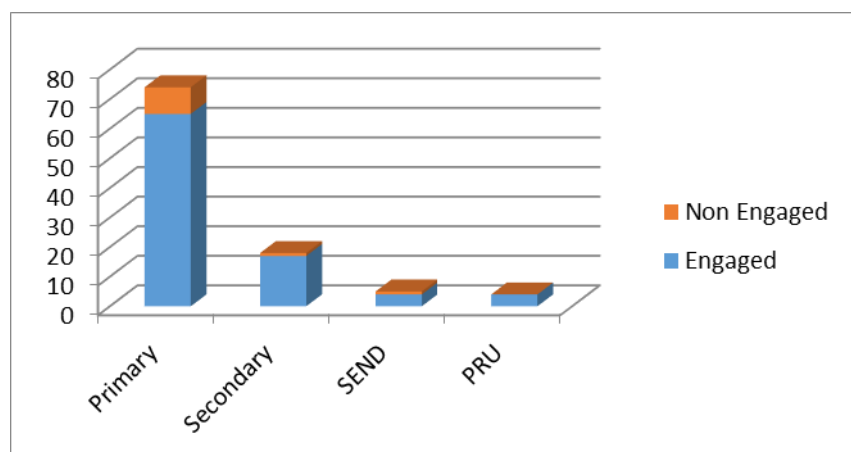
How have we made a difference for children?

We are currently working with 89 schools across a variety of programmes, which means we are providing frameworks, resources, and training to 84% of all Medway schools.

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.

In year 2016-17 total contacts with school aged children and young people were 6258. Contacts with school aged children and young people for the year 2017-18 were 13,516. This means that through the direct delivery aspect of our programmes; the child health team have doubled their contacts and provided health promotion or health interventions to 26.56% of Medway's school aged children and young people.

This year we have trained 80 professionals to become qualified youth mental health first aiders. We have also trained 27 teachers on best practice PSHE and safe and effective delivery of RSE.



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 and gang awareness.

What have we learned?

We have found that self harm among children and young people is increasing in Medway. With this in mind the directorate has established a working group to reduce and raise awareness of self harm among young people in Medway. The group is a multi-agency, public health led, time limited working group, ensuring a multi-agency approach to reducing and raising awareness of self-harm.

What do we need to do better?

Last year our focus was on improving our primary school offer; this was achieved with the development of a complete primary school RSE programme. This year we need to focus on and improve our secondary offer and update our RSE programme.

With the introduction of statutory relationships and sex education (RSE) from September 2019, we have a valuable opportunity to revisit the support materials we provide to local schools.

We will work in partnership with the PSHE Association to ensure our new programme is based on current best practice and include lessons on consent, healthy relationships and unplanned pregnancies. To support schools with the

change in legislation and the delivery of RSE, we will be providing training on the new materials.

Our ambition is that all Medway schools will have at least one member of staff adequately trained in children and young people's emotional wellbeing and mental health. We will support this by continuing to train school staff through Youth Mental Health First Aid. We also need to raise awareness of self harm in children and young people and support school staff, parents and the wider CYP workforce. We will do this through identifying levels of need, co-producing an action plan and ensuring that there are clear pathways in place and that these are clearly communicated to schools, GPs and any other CYP services.

Medway NHS Foundation Trust

Overview of year

The past year has seen changes and challenges for safeguarding within Medway Foundation Trust. We have had for several years 2 safeguarding teams within the Trust, an adult team and a children's team. The past year has seen these teams going through transformation to better support our work in safeguarding throughout the Trust. Changes have included not only how we work as a team but also how we capture data and evidence our work. This work has been streamlined through the creation of databases to give a more accurate picture of what we do, and recording of advice given to ensure children are protected.

We have worked with the Local authorities and NHS Digital to initiate the National system on information sharing.

As a Trust we strive to build on the work with our partners and are actively involved in the activities of the Board through our attendances at sub group meetings. We have also completed and presented our section 11 audit to the Safeguarding Board. This has raised some issues for us as a Trust but has also highlighted some positives and progress we have made in the year.

Below is an outline of our main achievements this year:

Safeguarding in the Trust:

There have been changes to how the safeguarding agenda is delivered within the Trust. The children and adult teams have been amalgamated to form one safeguarding team. This will ensure the safeguarding and "Think Family" message is reinforced throughout the Trust. It will also allow for transition of children and young people known to the safeguarding children team to be handed over to the adult team in a safe and timely manner. The team is developing and will experience more changes in the coming year as we settle into a new way of working.

IT Systems:

In the past year we have been able to implement the Child Protection Information Sharing System (CP – IS) in both the children's assessment ward

and the emergency department. This has allowed frontline staff to be alerted to those children who are either on a CP Plan or LAC, and will contribute to assessments being carried out. It also ensures alerts on the attendance of these children and young people are sent to the respective Local authorities. As a result of this the Liaison Nurse does not have to notify the Local authority of the attendance of children on a plan or Looked After. However should concerns be raised around the attendance, then the social worker for the child will be contacted as soon as possible

Maternity:

Maternity presents as one of our more high risk areas and in the past year the Named Midwife has been looking at different ways of working to streamline and ensure the communication in Maternity is improved. A review of how we could better use maternity systems has been undertaken and this has been in place for the past year. How midwives are supported is currently being developed and will continue to evolve in the coming year.

How have we made a difference for children?

One of our changes has been within the children's emergency department where we have reviewed the assessment of the children and young people seen in the department. This has made a huge difference by focusing frontline staff in their assessments as well as offering triggers for them to consider, when seeing children and young people. The Safeguarding care plans have also been updated to help staff document their concerns. This has benefitted our work as it ensures children have a more detailed social assessment and appropriate referral for support or protection.

Training around gang activity has been offered and attended by a significant number of staff across the Trust including our security team and staff in both the adult and Children's Emergency Departments. This training was well received particularly in the adult emergency department as they have reported there are several knife incidents seen each week. This has therefore raised that awareness when assessing these young people presenting as well as creating more professional curiosity.

Within maternity, the concern and vulnerability forms that have historically been used by midwives when concerns are identified at booking have always been in a paper format, however in the past year an electronic version has been uploaded onto the maternity system which has enhanced the communication between midwives and means that both community and hospital midwives know exactly what is happening with the family. These are updated by the community midwives at 16, 28, 36 weeks and at discharge. This ensures the unborn and new born are offered optimum protection as the information provides all midwives with an update in a timely manner of what is going on for the family.

What have we learned?

We have always been aware that information sharing is a vital part of protecting children and young people. As the safeguarding agenda develops

and expands ways of addressing how we share information has been imperative to our work. Supporting the CP – IS development in the Trust was therefore one way of ensuring frontline staff have that extra “piece of the jigsaw” when carrying out their social assessment.

Children presenting with mental health issues including self-harming and suicidal thoughts and ideation has been a challenge to both the Children’s Emergency Department and Paediatric wards. It has been acknowledged that this isn’t a problem related to Medway alone but an issue nationally. In order to overcome some of the barriers encountered over the years the matron and senior sister on the paediatric wards have been engaging in regular meetings with the manager from CAMHS. This has facilitated a shared understanding of roles and services in both Trusts which means there is a more collaborative approach to managing these young people who present with some very challenging behaviours.

What do we need to do better?

While we recognise the importance of identifying and reporting Domestic Abuse we need to have a more cohesive approach to how we as a Trust not only support front line staff but also manage cases of Domestic Abuse. While we have seen a vast improvement in this through training in the past year there is still room for improvement.

Safer recruitment is another area that needs to be improved. We are very good at ensuring checks are made on all new starters, however we need to improve in having managers trained in safer recruitment to ensure we have at least one member of the recruitment panel trained in safer recruitment.

Medway Secure Training Centre

Overview of year

Throughout this year the changes at Medway STC that were started in 2016 have continued. The departments are now more firmly developed with Heads of Security, Reducing Reoffending, Residential and Safeguarding in post. The centre is running well with this structure, and positive feedback was received in the ofsted inspection from March 2018.

Steadily over recent months our capacity for young people has increased, with the site continuing to expand until we reach the maximum capacity of 67 young people, with this staffing has increased, with several training courses being offered to both operational and non-operational staff to develop their skills and knowledge in working with a difficult group of young people.

The new wellbeing centre has been created, allowing a designated space for all healthcare appointments and intervention sessions to take place. This has been particularly positive, as previously there was a lack of space for sessions to take place, whereas now, young people have confidential areas to work with specialist staff to address areas of concern. In addition to this, new

interventions have been offered to young people to ensure that a bespoke package can be offered to all, in order that individual need can be appropriately met.

The centre has made better use of STC rule 31, meaning that appropriate plans are able to be put into place for young people that have displayed inappropriate behaviours such as assaults. These plans are used to support young people with their behaviour, and give them targets to achieve in order that they can work back towards the normal centre regime. This has proven successful, as young people begin to take ownership of their actions and are aware what they need to do in order to resolve any concerns.

How have we made a difference for children?

There has been an overhaul of the reward and sanction scheme at the centre, with behaviour expectations introduced rather than the previous incentive level scheme. This has been particularly popular with young people across the site. The new scheme allows each young person to gain access to items such as a TV and an enhanced supper pack on a daily basis. Each day is a new start for each young person and they are aware that they earn points for each section of the day which then allows them access to the incentive items. Previously, young people were assigned an incentive level for the week, and if they were involved in an incident they may have lost their incentive level, and had to start from the lowest level again, meaning it would have taken several weeks to gain access to items such as a TV. This was disengaging for young people as they felt it was too long to wait to gain privileges, and they often found themselves unable to gain higher level privileges.

Throughout the year the centre has continued to encourage a regime that is similar to a school day. Young people are woken at 7.30 am, have breakfast etc, they then go onto our outside space (green area) at around 8.30 to have some association time with their peers before moving to school until 12 noon. At this time they attend the dining hall as a large group and then spend more time associating, going back to school from 1pm-4pm. The young people then go back to the Dining Hall at 4.30pm, and then evening activities begin. Young people go to their room then for 7.30pm. This routine is one that mirrors community life in order that we can encourage young people to leave custody and enrol themselves on college courses, or find suitable employment, as they will already have a good routine in place.

The centre encourages a freeflow centre, allowing all young people to mix at all times, again encouraging a regime similar to that they would experience in the community. This has been a positive experience for young people, as there have been less fights and concerns across the site.

What have we learned?

In November 2018 Medway STC moved from the old SASH (Suicide and Self-Harm) and vulnerability plans to ACCT (Assessment, Care in Custody and Teamwork), this is a process that is used across the secure estate, and puts Medway in line with other establishments. This process ensures a seamless

management of self-harm within the establishment, where a concern is raised, an assessment is completed and then a Case Manager is appointed who oversees the case for the duration of the time the ACCT is open.

The centre have learnt a number of lessons throughout the implementation of ACCT in the 6 months between November 2017 and March 2018. The process itself has encouraged staff to begin to understand the importance of documenting relevant information about young people, as this enables us to have a greater understanding of triggers and risks for them, allowing us to meet their needs more effectively.

Medway STC have enrolled a number of staff members onto the Foundation Degree in Youth Justice. This is particularly important for us in terms of professionalising the workforce under the reform agenda. In April 2018 the third cohort of the Foundation degree commenced with Medway staff, with the centre now having over 50 staff at various stages of the degree, with a further cohort planned for October 2018. This has been a big step forward for the centre and is the first time that a degree of this nature has been offered on such a large scale for staff.

The collation of data in terms of violence and restraints has much improved across the financial year, with the centre using the Incident Reporting System to log any issues raised. This has put us in a stronger position to understand the nature of the concerns that are posed at Medway, and to put together an action plan that addresses the most prominent risks.

What do we need to do better?

Medway STC has set itself a 2 year plan to improve the services on offer to young people. Currently we are 1 year into the plan, and although significant changes have been made, there are still further improvements planned which have been formulated into an action plan.

Ofsted visited the centre in March 2018, and gave some particularly positive feedback about the journey that the centre has made over the last 12 months, and moved scores up by one mark in 5 of the 7 areas, giving us a 'requires improvement' score overall now. They have suggested that the centre now needs time to fully embed the changes that have been made and ensure that the changes can be consistently maintained over coming months and years. Ofsted made the following recommendations in terms of safeguarding young people, and the Senior Leadership Team are now working towards achieving these:

1. Ensure that the referral and management of allegations of abuse or harm are actioned in accordance with ratified safeguarding policies and statutory guidance.
2. All safeguarding matters should be shared promptly with relevant community-based partner agencies, including issues raised via the security reporting system.
3. Record children's views and responses to progress made in relation to safeguarding inquiries and investigations.

4. All relevant staff should understand the nature of child sexual exploitation and how to keep vulnerable children safe.
5. Improve the quality of 'assessment, care in custody and teamwork' (ACCT) plans for children at risk of self-harm and keep them updated as circumstances change. Children's views should be recorded, and all staff should understand how best to support children at risk of self-harm.

These recommendations have been added to the action plan, and will continue to be worked on through the coming year. Overall, 2017/early 2018 has been a busy time for Medway STC, with lots of new challenges. The centre are now looking forward to the remainder of 2018, and the new exciting possibilities.

Medway Voluntary Action

Overview of year

To continue to raise awareness in the VCS we:

- Delivered a safeguarding children session on 4th May. 100% learners rated the course as Good to Excellent. These fee paying courses are continually offered as part of our portfolio of courses but take up is low as courses are also offered in Medway at no fee. Feedback included:

"The course was a refresher but information shared and met my expectations"

"Thank you very much, very in depth knowledge a great refresher".

"Very interesting and relevant"

- Offer an accessible best practice safeguarding policy on our website for VCS organisation to download and tailor to the requirements of their own organisation.
- Offer CSE training courses delivered by our own CSE champion
- Provide Voluntary/Community sector representation though MVA's CEO attendance at both the MSCB and MASE Group
- Promote safeguarding issues through our newsletter and other social media platforms (in excess of 35 newsletter articles on issues related to safeguarding)
- Promote safeguarding though the Voluntary Sector Leader's Group – there is a standing agenda item on safeguarding at Steering Group meetings
- Collect data in our annual survey on safeguarding and target organisations that may require training/advice
- Initiated discussions regarding the delivery of a course to train community leaders and members to be more aware of Safeguarding, CSE and Domestic Abuse.

How have we made a difference for children?

We have:

- Maintained the high profile of safeguarding in the voluntary sector

What have we learned?

- That the VCS are now more confident with their implementation of safeguarding processes
- That there is now a job to do in engaging communities with this agenda

What do we need to do better?

- Develop more effective working relationships with the Learning and Development team from the MSCB to investigate training opportunities to be facilitated/co-delivered/introduced in communities
- Target respondents from annual survey unable to express good or excellent levels of confidence and awareness on safeguarding to promote/deliver training

Mid Kent College

Overview of year

During this academic year, MidKent College arranged for an external inspection by a consultant to provide an overview of safeguarding based on available information and activity over a 3 day review period.

The headline strengths were as follows:

- Learners' induction included an introduction to safeguarding and the Prevent agenda, with cross college planning to reinforce awareness of these during term one tutorials.
- Learners reported feeling safe and stated that they knew who to go to if they had any concerns.
- Learning environments were well-maintained; lanyards were routinely worn to gain access.
- Expectations of learners' conduct, including health and safety, were reinforced well throughout.
- A strengthened staff induction introduced at the start of the academic year facilitated earlier completion of mandatory training, including on safeguarding and the Prevent agenda.
- A number of senior managers have undertaken L4 Safeguarding training and the number of staff who are qualified to L3 has also increased.

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.

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.

The College continues to use the 'Essentials' online training which to ensure that students are aware of Prevent, e-safety and British Values.

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.

MidKent College considered during the summer term 17/18 to change the colours of the ID lanyards to clearly identify different cohorts of students i.e. 14-16 years; 16-18 years and 19+. This takes effect from September 2018 and staff colours have also been changed to ensure that more robust systems are in place to safeguard learners.

How have we made a difference for children?

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?

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. The college has also now introduced a centralised Safeguarding number for students, staff and parents to be able to report concerns.

What do we need to do better?

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.

MidKent College will also strive to ensure that outside agencies such as Youth Offending and the Probation Service provide as much information as possible to allow for appropriate risk assessments to be undertaken.

National Probation Service

Overview of year

In January 2017, the NPS published Safeguarding and Promoting the Welfare of Children Policy Statement which replaced the interim NPS Child

Safeguarding Guidance (issued June 2015). The Policy Statement acknowledges the NPS's (National Probation Service) statutory responsibility to ensure it discharges its functions to safeguard and promote the welfare of children and families. It builds upon and further develops the good practice identified in the interim Guidance and has been developed in consultation with the NPS Child Safeguarding Reference Group (CSRG). The Policy Statement reflects the overarching principle that safeguarding and promoting the welfare of children is everyone's responsibility.

Children are best protected when staff are clear about what is required of them and how they need to work together. The Policy Statement provides a framework to ensure that our staff are aware of their roles and responsibilities through all stages of the offender journey, from Court, pre-and post-sentence, to management in the community following release from custody or as part of a community order.

To support our role in safeguarding children and families, the NPS has developed a number of Practice Improvement Tools (PITs) during the last 12 months including a Risk Management Plan (RMP) PIT and a Safeguarding Referral PIT. This work was developed to improve the quality of our practice and to demonstrate this commitment, it is supported by the Quality Development Officer (QDO) Team.

How have we made a difference for children?

NPS Kent (and Medway) has a small Safeguarding Team based at the Central Referral Unit (CRU) in Ashford. This Team is managed by the Senior Operational Support Manager (SOSM) and consists of a 1.0fte Case Administrator and a 0.5fte Probation Officer/Safeguarding Officer. Together, they are responsible for discharging our responsibility in undertaking essential pre-sentence checks for those who are/have been sentenced by the Courts to ensure safe sentencing outcomes. The NPS Kent Safeguarding Team undertake both safeguarding and domestic abuse checks as well as processing Domestic Abuse Notifications (DANs), attending DVDS (Domestic Violence Disclosure Scheme Panels), engaging in Section 47 Strategy discussions and information sharing with colleagues in Early Help, Health, Adult Social Care and the Police. The Safeguarding Officer is also responsible for championing safeguarding practice across the NPS in Kent. She is also the designated CSE Champion, Online Safety lead as well as engaging in LSCB Audits.

What have we learned?

The NPS is responsible for seconding Probation Officers to Youth Offending Teams (YOTs). The NPS Kent lead for Youth Offending has worked with colleagues in both Kent and Medway Youth Offending and KSS CRC (Kent Surrey Sussex Community Rehabilitation Company) 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) and the Kent Surrey Sussex Community Rehabilitation Company (KSS

CRC) to improve the experience of those young people moving from youth offending provision to adult provision.

NPS Kent were involved in the inspection with HMIP between 29th January - 2nd February 2018 which showcased the Medway YOT and Medway Youth Justice Partnership and reflected our successes as a partnership in delivering high quality, high performing youth justice services in Medway.

NPS Kent was also involved in the recent JTAI in Medway during 18th – 22nd June 2018. The HMiP stated that they were “very impressed” with the strong strategic commitment to the LSCB, Executive and its subgroups

What do we need to do better?

Her Majesty’s Inspectorate of Probation (HMiP) launched a new Inspection Framework in late 2017 for 2018/19 which will continue to recognise good work but also drive improvement where needed by inspecting probation providers more regularly by moving to an annual inspection cycle and making firm, open inspection judgements about the quality of their work.

The new HMiP Inspection Framework will focus on organisational delivery and core activities. The principles of the inspection framework are about:

- Driving improvement
- Timeliness
- Robustness
- Relevance

The NPS SEE is also building upon safeguarding practice by ensuring the following:

- *Ensure that we have mechanisms in place to ensure that learning from relevant inspections/investigations are disseminated, embedded and ultimately lead to positive change and influences practice.*
- *Improve the quality of safeguarding referrals using the Safeguarding PIT. Deploy tool and benchmark practice and set improvement targets for each LDU.*
- *Review safeguarding board involvement across the division. Identify best practice examples and share across the Safeguarding leads group.*
- *Create a divisional directory of safeguarding contacts including emergency numbers and NPS staff contacts linked into local MASH arrangements.*

And for Young Offenders:

- *Implement the revised YOS Partnership Framework published in April 2018.*
- *Improve levels of recording of care leaver and explore opportunities to cross reference NPS care leaver data with our local authorities.*

- *Implement the Joint National Protocol for the transition of young people to adult services*

NELFT

Overview of year

On the 1 September 2017, NELFT acquired the children's and young people's mental health and all ages eating disorder services in Kent and Medway. In the last 9 months, NELFT have commenced a large scale and complex mobilisation to ensure that the Medway Young Persons Wellbeing Service is implemented. NELFT launched and completed a 90 day consultation with staff across Kent and Medway.

On the 1 April 2018, NELFT implemented the Medway Specific Team.

How have we made a difference for children?

On transfer of service on the 1 September, NELFT ensured there was a Medway single point of access (SPA).

There is Medway specific service to ensure the needs of the Medway population are considered and met.

NELFT have implemented NICE concordant clinical pathways. NELFT have embedded Tier 2 and Tier 3 as one service, thus ensuring Medway children and young people and their carers have a more streamlined experience and care.

All Medway staff have access to the NELFT Safeguarding Advice Service Monday-Friday 09.00-17.00 (except Bank Holidays). This allows staff access to timely safeguarding advice and support.

NELFT have also ensured that there is continued support from a Named Nurse safeguarding Children and, in addition, have recruited a Safeguarding Children's Advisor to support Kent and Medway staff.

What have we learned?

This has been a time of a major organisational and cultural change. This is a process that needs time to implement and embed and is an on-going process. NELFT recognises that this has been a time of uncertainty for staff and can impact on staff morale; staff wellbeing and staff retention. NELFT have continued to support staff, acknowledging, monitoring and mitigating (where possible) the risks.

NELFT has increased its knowledge of Medway geography and the specific needs of the Medway population.

What do we need to do better?

NELFT will be reviewing its data to ensure there is an accuracy of waiting list information.

NELFT will be progressing partnership working, for example, by increased visibility and ensuring that we have appropriate representation at partnership meetings.

NELFT will be progressing the School pathway.

NELFT are introducing digital technology in Medway.

South London and Maudsley NHS Foundation Trust (SLAM)

Overview of year

Continue to develop recruitment and retention strategies to provide positive incentives for staff to join and remain in the workforce

Progress Locally

Recruitment and retention of staff has remained extremely challenging. We have in place locally robust recruitment and retention strategies including:

- 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 with local universities and an Increase in number of student nurses on placement.

However there are still gaps, particularly with qualified nurses. We have therefore looked at initiatives to manage the short fall. There has been a service redesign to merge the 2 existing wards into one to share resources. We have reduced our bed capacity to ensure the safety of the young people. This will be reviewed regularly as staffing levels increase.

Trust Response

SLAM has an implementation plan for the Nursing Development Programme as part of the South London Partnership (SLP) which includes :

- Develop a clear career ladder for clinical staff at Band 2, 3, 4, 5, 6 that improves the awareness of opportunities and understanding of specific roles in the existing workforce and the wider labour market.
- Create cross organisation working, learning and development for clinical staff.

- Support the development and retention of Registered Nurses through access to foundation degrees, undergraduate and Master's programmes.
- Develop, implement and validate standardised competency frameworks across the SLP organisations.
- Develop a rotation programme that contributes to improved recruitment, staff, service user and carer measures.
- Develop, implement and test new roles against pre-defined, roles specific objectives (e.g. SLP competency framework).
- Evidence recruitment and retention rate increases and reduction in agency costs across SLP.
- Explore staff, service user and carer experience of the SLP programme through qualitative and quantitative measures.
- Publish the results of the Programme on a national basis

How have we made a difference for children?

- Embedding Policy development s (e safety, transgender , chaperone) has helped to provide guidance to staff to protect young people from abuse
- Embedding Use of GCP helped to identify areas of risk and provided clear evidence for meeting threshold for CSC intervention.

What have we learned?

CQC Inspection

Last CQC Inspection of KMAU services took place in September 2015 and we are expecting a further visit in Summer 2018. . KMAU had an unannounced visit prior to the main SLAM inspection.

QNIC Review (Quality Network for Inpatient CAMHS)

Both Ash and Oak wards have had QNIC peers reviews in March 2018. The verbal feedback from the review was positive but we are awaiting the formal written report. . The following comments were made by the reviewing team in 2017 and were supported in 2018.

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.

The service in comparison to other partners is small and well-resourced with regard to staff that have experience and expertise in safeguarding.

The service is well represented within the trust safeguarding structures and externally in the Kent and Medway safeguarding board and subgroups.

The unit has a bi monthly safeguarding meeting to ensure scrutiny of all our safeguarding activities.

Safeguarding training figures are good and the teams are able to demonstrate safeguarding knowledge on the ground which is evidenced by our high conversion rate of referrals made and accepted by CSC.

What do we need to do better?

To consolidate the improvements in recruitment of staff and focus on the development of a robust retention strategy by continuing to develop recruitment and retention strategies and to provide positive incentives for staff to join and remain in the workforce.

Appendix Four – 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