





Thurrock LSCB SCR under SCIE Methodology

Child A – ‘Julia’

Review Findings and Questions to the Board and its Partner Agencies

	Red Progress not on track – remedial action required
	Amber Progress will need monitoring to ensure it remains on track
	Green Progress on track no additional action
	Action completed

Finding 1: There is a pattern whereby national and local policy agendas have driven practice in relation to underage sexual activity to have a stronger focus on sexual health and teenage pregnancy rather than sexual exploitation

The principal finding of “If only someone had listened” – the Final Report of the Inquiry of the Office of the Children’s Commissioner into Child Sexual Exploitation in Gangs and Groups (CSEGG) was that despite increased awareness and a heightened state of alert regarding child sexual exploitation children are still slipping through the net and falling prey to sexual exploitation. Research published by Barnardos and the evidence provided to the Home Affairs Select Committee suggest that gaps remain in the knowledge, practice and services required to tackle this problem. Part of an effective response will be to ensure that there is a professional balance between appropriate advice regarding sexual health and a heightened awareness that this might be an opportunity to consider the potential for sexual exploitation.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
1a. Does the Board recognise that this is an issue within Thurrock?	Thurrock CCG	Yes - As a CCG this has been shared with us by provider services through their raised serious incidents (SIs). It has also been identified from previous case reviews so the CCG will seek assurance from provider services to ensure there is increased awareness and all professionals working with young people have the skills/competency to identify and respond to CSE.	Ensure that the CCG quality and governance team are able to recognise all which may have elements of CSE.	G	Lack of engagement from providers	Regular meeting with Lead - to discuss Si's which includes sexual abuse cases. A copy of the action plan has been forward to the Quality and Governance Team	CCG Associate Designated Nurse (ADN) Lin Teasdale Quality and Patients Safety	CCG is assured that CSE and Sexual Health of young people is embedded in contracts and performance and practice.
			Raise awareness with quality and governance team, NHS England Area Team safeguarding Leads through Case reviews/ Workshops/ Audits.	G		CSE Workshop for the whole health economy planned - 31/10/14. NHS England safeguarding lead has been invited		
			CCG will work closely with commissioner and the contract team to ensure that CSE is included as Key Performance Index, contracts and Exceptional report.	G		D/N raise with Chief/Exec nurse and contract team Evidence can be requested through CQRC/PSQ Meeting minutes	Designated Nurse (D/N)	
			CSE to be discussed at Clinical quality meetings	G		As above		

Police	Agree that this is an issue. CPS guidance supports the non criminalising of young people who are in a consensual relationship and of the same peer group. The Child abuse investigation teams and sexual offence investigation teams are the decision makers on whether to investigate.	The Child Sexual Exploitation Triage Team alongside partners have delivered "champions" training to ensure professionals recognise signs of vulnerability. This has included Champions within the Child Abuse investigation teams and Sexual Offences Investigation teams who are responsible for decision making around these offences.	Action complete		This programme of delivery has been completed.	Head of Child Abuse Investigation	To ensure reports of underage sexual activity are assessed to consider if relationship between those involved is appropriate or whether there are signs of exploitative behaviour
Children's Social Care	Agreed that this has been an issue nationally. This case and others nationally have challenged professionals awareness & perception. This needs to continue and be addressed with all professionals who have a key role giving sexual health / contraception advice.	Ensure that multi-agency training is addressing the impact of Child Sexual Abuse (CSA), Peer on Peer abuse & CSE, in a format that is accessible to sexual health workers. Develop countywide CSE strategy.	G		Completed - Countywide CSE Group established and action plan in place. Local CSE group is established and strategy in place. Training is on track re: sexual health workers.	NL/AC	To ensure that there is a consistent, appropriate and timely response to CSA; Peer on Peer abuse and CSE across the whole partnership.
CAFCASS	Yes						
NELFT	Yes	Please see below					

Probation	Probation was not directly involved in this case, the issue of CSE is relevant to the agency.	Operational investigation manager (OIM), who was a review team member, will complete a generic dissemination document about this SCR which will be disseminated to offender managers, highlighting the issues raised around CSE in this case.	A	November 2014 - update. There has been some delay in the dissemination on document being discussed with staff. This has now being addressed and it is anticipated that the review will have disseminated by the end of December 2014	30/09/2014 31/12/14	Alex Bamber OIM	Increase in awareness among staff regarding CSE. Improve confidence among staff in recognising a service user who may be sexually exploiting a young person. Cases identified and discussed in staff supervision. Evidence from internal inspections
BTUH	BTUH are aware this is an issue within Thurrock. Named Nurse SGC attends TSCB CSE meetings	<ul style="list-style-type: none"> • Identified Front line staff are completing CSE on-line training rolled out by TSCB. • The Child's Voice is profiled during L3 Mandatory Safeguarding Children Training. • Staff attending training is made aware of the need to consider language being used e.g. 'who are you sleeping with?' and not use the term partner • Specific training for acute front line paediatric staff relating to awareness of clinical conditions and their relation to sexual activity e.g. UTI caused by sexual activity 	A A A A	RAG status amber due to: - Ongoing and developing training and education relating specifically to sexual health and the young person. - Ongoing education relating to ensuring appropriate documentation relating to the voice of the child	Oct-14	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	95% target of all front line staff to attend L3 Mandatory Safeguarding Children training. Yearly documentation audit to specifically identify the voice of the child

	Education	This case indicates that there is a need to ensure that all staff working across education have the support and training to ensure that the supportive approach to young people with regard to their sexual health and contraception includes clear opportunities to reflect on and question the young person concerning their behaviours and their capacity.	Ongoing training and support for school staff to ensure appropriate pupil access to sexual health information and promotion, within a framework that identifies and addresses abuse and exploitation	G		Training and Awareness raising for Headteachers and Safeguarding leads on track	NL/LSCB	To ensure that there is a clear awareness of the risks of CSE and a consistent, appropriate and timely response to CSE by all Schools, Colleges, settings and Education agencies.
1b. Does this Board have any further information about what is getting in the way of enabling professionals to strike a balance between advice around sexual health and an awareness of sexual exploitation?	Thurrock CCG	Lack of clarity around the National guidance on sexual health and the Sexual Offences Act 2003. The confusion between child sexual abuse and child sexual exploitation. Government agenda on reducing teenage pregnancy and providers meeting their target	CCG to seek assurance from providers that appropriate training is been delivered to their frontline staff.	G	CCGs do not hold the GP contracts Newly appointed named GP	CSE on the agenda for LOG and Named Professional Meeting	CCG NHS E	Commissioners are able to challenge all providers if they are not meeting their targets.
			Ensuring that clarity around the difference between the mentioned guidance and document are embedded in training and practice.	G		Multiagency training content is being reviewed, email sent to LSCB and Named Nurse advising them to include CSE in multi-agency training. Copy of the new Intercollegiate attached	Associate Designated Nurse	All frontline practitioners have a clear understanding of the difference between CSE and underage sex
			CCG to work closely with providers to deliver joint training/ workshop.	G		Joint CSE/FGM workshop for all frontline staff planned for 31.10.14. GUM and SRH reproductive service training planned for the 14/10/14	CCG Safeguarding Team	

		CCG to ensure that Health economy have identified CSE Champions and that they are clear about their roles and responsibilities within their organisations	G		CCG and their main providers have nominated CSE Champions Thurrock LSCB has a list of all agencies nominated CSE Champion	Designated Nurse	
		CCG to ensure that NHS E Area Team are engaged and involved in the CSE agenda.	G		Meeting scheduled for 21/08/14 to update NHS England area team about SCR/CSE template		
Police	Police are not involved in giving advice regarding sexual health. The CSE Triage Team are the recipients of risk assessments and referrals from all agencies around CSE and have all received (and some delivered) the champions training to recognise signs of vulnerability. They will triage cases and any that appear non exploitative and between young people in appropriate relationships will be passed to Child Abuse Investigation Teams and/or Sexual Offence Investigation Teams	Development of MASH within LA increasing opportunity for ID of risk and appropriate signposting to agencies	G	MASH currently deal with cases of children involved in domestic abuse. They do not at this time deal with all reports of Child Abuse.		Strategic partners within the MASH arrangement	A MASH which receives and assesses all referrals relating to child protection
		Development of RA tool CSETT Team within Public Protection	G		Risk Assessment tool and referral pathway into CSETT has been fully implemented	Head of Child Abuse Investigation	A process whereby all known information from partner agencies is known and used to assess the case and identify risk for appropriate level of investigation

Children's Social Care	The Board should obtain further information from multi-agency audits; staff questionnaires across the partnership; single agency CSE audits & feedback from staff training.	CSC staff to complete CSE awareness training. Single agency audits to be undertaken. Staff questionnaires to be developed and feedback obtained from staff training. National Peer on Peer, Misunderstood training to be offered to key managers.	G		On-line CSC training provided to CSC staff. Learning from Julia and CSE briefings at CSC Service Morning on 30.1.15. Audit of CSE cases Dec 14, Feb 15 - April' 15. Staff questionnaire on track and feedback obtained from staff training. Managers have attended or are booked to attend Home Office sponsored Misunderstood training.	LSCB Audit Group / CSC-SMT/AC / NL	Increased awareness leading to appropriate focus and challenge where required.
CAFCASS	Respond to CSE						
NELFT	NELFT will need to ensure all staff working with young people have increased awareness, knowledge and skills to identify and respond to CSE. Staff need to be able to provide sexual health advice and also consider the distinction between normal adolescent behaviours and potential indicators of CSE	All frontline staff working with children and YP to complete basic awareness online CSE training	G	LSCB to send logins to staff	Sept 14 - LSCB online training available staff have received logins and completed training	AD's for sexual health services and 0-19 services	All health staff have the required knowledge and skills to identify and respond to CSE
		All safeguarding supervisors to be trained as CSE Champions and to facilitate discussion of CSE cases in safeguarding supervision	A	Await training dates by LSCB	Nov 14 - CSE Champions identified. Training dates identified by LSCB for Feb/March 15	AD for Children's Services	
		Risk assessment tool to identify vulnerability indicators for CSE to be developed and implemented for use by SN/SRH services	A		Nov 14 - Multi agency CSE risk assessment tool to be added to SytmOne units across children's services. Presently on SN unit	AD's for sexual health and Head of Service Children Services and Named Nurse	

		Develop CSE policy to provide staff guidance	G		30.09.14 - To get update from DV lead on progress with policy 03.11.14 draft policy available 26.01.15 - CSE Policy now completed and on NELFT intranet for all staff to access	NELFT Lead for DV and harmful practices	
Probation	No response						
BTUH	BTUH is limited as they only see children for very short periods of time within an acute A/E setting. There is little opportunity to build a professional relationship in a maximum of 4 hours, which discourages disclosure by the young person.	<ul style="list-style-type: none"> Staff would review A/E attendances in relation to frequent attender. PHVL service would be advised of this concern. Referral to MASH Play specialist would try and build rapport as not seen as the 'professional in uniform' 	A A A A	RAG status amber due to: - ongoing concerns with implementation of MASH	Sep-14	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	Desired outcome will be achieved by:- •Training and education through:- oLevel 3 Safeguarding Children's Training oCSE eLearning (Thurrock) oSupervision •CSE Champions within Paediatric CSU
Education	Schools carry out programmes of sexual and relationship education and are required to have regard to the Sex and Relationship Guidance (DfEE 200).	Schools need to ensure that their PHSE is not focused solely on sexual health but encompasses issues of consent & exploitation	G		Walk On Line Roadshows and COP programmes across schools in Thurrock as part of LSCB and multi-agency provision. Multi-agency training and briefing for school staff re: CSE; CSA; peer on peer abuse and neglect	NC/AC/LSCB	Ensure that schools are addressing CSE within PHSE curriculum. Continue to promote work by schools re: online safety
1c. What are the options available for tackling this issue?	Thurrock CCG	In addition to the above, the CCG is planning a joint workshop on CSE with providers across the health economy for all frontline professionals working with children and young people.	G		CSE Workshop delivered on 31/10/14 for the South West Health Economy	CCG Safeguarding Team	

		Raise GP awareness of, risk assessment /Intelligence gathering tool and the CSE. Traffic light indicator	G		Action Plan forwarded to all GP Safeguarding Leads in Thurrock. GPs invited to CSE workshop on 31.10.14. GP Safeguarding Leads update will be based on SCR findings and learning	Safeguarding Team	
		Clear pathways for contacting statutory agencies / CSE leads	G		Referral pathway shared at the workshop		
Police	The ongoing development of the MASH	Development of MASH within LA increasing opportunity for ID of risk and appropriate signposting to agencies	G	As before	Inclusion of all child protection cases to be dealt with in the MASH	Strategic leads for the MASH	All CP cases to be dealt with by the MASH for consistency of assessment and response
	The development of the Child Sexual Exploitation triage team	Development of RA tool CSETT Team within Public Protection	Action complete			Deputy Head of Crime and Public Protection	Team set up 2013 and subject to review end of 2014, early 2015 leading to a review and change of the terms of reference and processes.
Children's Social Care	Ensure that the CSE strategy is revised. Make CSE training compulsory part of induction and NQSW /ASYE modules. Ensure all agencies are providing effective CSA training	Ensure staff are completing CSE training. Revise CSE strategy. Continue to provide appropriate Child Sexual Abuse (CSA) training.	G		Whole service briefing held on 30.1.15. Staff have and are completing CSE training. Training is in place for NQSWs as part of ASYE academy. CSE training is compulsory. CSE champions training in place for March 15 re: all frontline managers. Revised CSE strategy is in place. Ongoing CSA training is provide.	AC	Increased awareness leading to early identification of and effective risk management of CSE; CSA and Peer on Peer abuse. The appropriate level of plan is in place and cases are escalated to legal proceedings where sufficient change is not made or maintained.
CAFCASS	To ensure all staff are aware and refreshed of issues relating to CSE training	Ensure Practitioner staff complete e learning in relation to CSE					Respond Tool with indicators risk assess

	Training on line	Assess awareness of CSE in safeguarding assessments in Performance learning review					
		Circulate SCR Julia for development/discussion at team meeting					
NELFT	NELFT will need to ensure all staff working with young people have increased awareness, knowledge and skills to identify and respond to CSE. Staff need to be able to provide sexual health advice and also consider the distinction between normal adolescent behaviours and potential indicators of CSE	All frontline staff working with children and YP to complete basic awareness online CSE training	G	LSCB to send logins to staff	Sept 14 - LSCB online training available staff have received logins and completed training	AD's for sexual health services and 0-19 services	All health staff have the required knowledge and skills to identify and respond to CSE
		All safeguarding supervisors to be trained as CSE Champions and to facilitate discussion of CSE cases in safeguarding supervision	A		Nov 14 - CSE Champions identified. Training dates identified by LSCB for Feb/March 15	AD for Children's Services	
		Risk assessment tool to identify vulnerability indicators for CSE to be developed and implemented for use by SN/SRH services	A		Nov 14 - Multi agency CSE risk assessment tool to be added to SytmOne units across children's services. Presently on SN unit	AD's for sexual health and Head of Service Children Services and Named Nurse	
		Develop CSE policy to provide staff guidance	G		30.09.14 - To get update from DV lead on progress with policy 03.11.14 draft policy available 26.01.15 - CSE Policy now completed and on NELFT intranet for all staff to access	NELFT Lead for DV and harmful practices	

	In addition to the above, NELFT is delivering with Designated Nurse a joint workshop on CSE with providers across the health economy for all frontline professionals working with children and young people.		G		CSE Workshop delivered on 31/10/14 for the South West Health Economy. CSE referral pathway shared at the workshop	Safeguarding teams	All health staff have the required knowledge and skills to identify and respond to CSE
	CSE is included in all safeguarding training in line with intercollegiate document 2014 for health care staff				Training packs updated to include CSE	NELFT Safeguarding Children's Team	All health staff have the required knowledge and skills to identify and respond to CSE
Probation	No response						
BTUH	When young people attend for morning after prescription, there is very specific detail on the proforma to ensure CSE / trafficking is considered	This guideline is currently being approved through Trust processes and will then be rolled out within A/E along with an appropriate education programme. Named Professionals and appropriate others have contributed to this guidance	A	RAG status amber due to: Guidance still awaiting approval	Oct-14	HoN CyP/Band 7 Paediatric Clinical Educator/Band 7 Senior Sisters	Full implementation of policy within clinical environment with yearly audit

Education	Targeted advice to schools as part of ongoing safeguarding training with regards to exploitation	Ensuring all staff across the partnership including schools undertake on-line CSE awareness training as a minimum	G		Julia briefing to Strategic Partnership Board. Briefing for Head Teachers. Roll-out of briefings to school governors (summer term). Online CSE awareness training. Ongoing CSA awareness training	NL/AC/LSCB	Equip school staff/bodies to quickly identify patterns and risks re: CSE, CSA and peer on peer abuse. Enable staff to refer appropriately, challenge and escalate.
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Finding 2: If professionals record the language used by young people and their parents regarding early sexually exploitative experiences without clear analysis and challenge it has the potential to leave children and young people without an adequate response or protection

Issues for the Board to consider

Sexual exploitation is a serious issue and one that has a profoundly negative effect on young people's lives and their wellbeing. It is essential that all professionals feel able to recognise young people who are being sexually exploited and that they are able to respond effectively. This response must be child centred and all professionals must take a critical approach to the use of language in this complex area of practice, so that risks are recognised and young people are not held responsible for the harm perpetrated by others.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
2a. Does the Board recognise that this is an issue that it should be concerned about?	Thurrock CCG	Yes - This has been highlighted within the National Guidance, various SCR and case reviews. It is essential that front line professionals working with young people are able to analyse and challenge language used by young people themselves as well as their parents	CCD to support health economy safeguarding leads to raise awareness of the type of language used by young people and their parents to identify early sexual exploitative situations.	G	Lack of engagement from all frontline professionals, agencies and service providers Lack of capacity within safeguarding team	Planned workshop will raise awareness on the use of language in sexually exploitative situation. Special Workshop planned for GUM/SRH health workers within Thurrock on 14.10.14	Safeguarding Team	Front line professionals are able to record/analyse language used by young people to enable them to identify children who are at risk of CSE. Also have the confidence to challenge the language used by the parents, young people and other professionals

Police	This is an issue and one that affects not just professionals across the specialist units but the whole force	To provide training on CSE and associated risk factors alongside safeguarding principles in general. This to be included in a safeguarding package rolled out to all staff. The development of a three day public protection package for roll out to all officers and staff	G	Training time and competition with other priority training	The safeguarding children package is already available and completion rates are monitored. The three day public protection package has received Chief Officer sign off and is being rolled out across the force.	Head of Learning and Development	The completion by all officers and staff of both packages.
Children's Social Care	This is an issue that the board should be concerned about given potential to undermine effective responses to CSA, Peer on Peer abuse & CSE.	Expectations that board agencies will challenge any inappropriate language / use escalation process where necessary. Training for CSC staff and peer monitoring. Spot-checks on case notes.	G		CSC audits and spot checks in Dec 14 & April 15. Checks to be embedded in audit processes and supervision from May '15 onwards	NL/ RM /AC	To ensure that CSC & the professional network uses language which appropriately reflects abuse and exploitation.
CAFCASS	We need to respond to Sexual abuse in an open way so that CSE can be explored.						
NELFT	Yes	Please see below					
Probation	No response						
BTUH	BTUH is aware and appropriate action is being taken to ensure compliance with recommendation	Named Nurse must ensure a representative attends TSCB CSE meetings to positively demonstrate the organisation's commitment to safeguarding young people. Key front line staff have been put forward to complete on-line CSE training.	G		Achieved Review yearly July	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	- Awareness of staff regarding the use of language used by young people and their parents regarding early sexually exploitive experiences - Attendance records to meetings - Training attendance records

	Education	This is an issue that the Board should be concerned about. Evidence of inappropriate use of language to describe young people's sexual behaviour must be challenged and escalated.	Expectations that Board agencies will challenge any inappropriate language using formal escalation process where necessary	G		Advice to schools through information as part of Headteachers Bulletin; online CSE training; 'Julia' briefings & LSCB conference on neglect	NL/AC/LSCB	To ensure that schools and all agencies supporting them uses language which appropriate reflects the abuse and not minimising it by language which shifts the blame and responsibility
2b. How can the Board ensure that this issue is addressed within its Child Sexual Exploitation strategy?	Thurrock CCG		CCG to share serious incidence raised as a reflective learning forum with safeguarding leads	G		CCG regularly share learning from raised SI through LOG, CQRC, and Named Nurse Professional Meetings. Action learning set is also used for some meeting with safeguarding leads and managers.	Designated Nurse	Front line professionals are able to record/analyse language used by young people to enable them to identify children who are at risk of CSE. Also have the confidence to challenge the language used by the parents, young people and other professionals
			CCG to seek assurance around record keeping audit (GUM/SRH).	G		Workshop for SRH/GUM team delivered. DN to discuss GUM/SRH recording keeping audit with Named Nurses at the next Named Professional meeting. Meeting held between D/N & GUM SRH Service Manager	Designated Nurse	
			Work with Named Professionals to ensure that professionals reflect on their understanding of language at supervision	G		Ongoing. DN has regular Case supervision/reflection with Named Nurses	Associate Designated Nurse	

		CCG to audit telephone consultations with GP practice around CSE/CSA	A		CCG currently keep logs of telephone calls from GP requesting advice on CSE cases.	
		Capture types of cases/issues discussed at GP training forums	A		Safeguarding team will capture CSE cases raised/discussed at GP safeguarding lead forums	DN
		NHS England/Named GP to include in GP appraisal/peer review	A		SCR template forwarded to all GP safeguarding leads in Thurrock and NHSE safeguarding leads to review appraisal, Peer Review	DN Safeguarding Team
		Feedback from the GP Safeguarding Leads Forum.	A		Feedback from GP safeguarding lead forum will be monitored by safeguarding team	
		CCG have nominated senior staff as strategic lead for CSE who will ensure the CSE agenda remains as an agenda item at meetings	G		DN is the strategic lead for CSE and attends the meetings so will ensure CSE remains on the agenda shared across South West. CSE Health Economy Assurance Template disseminated to Providers	
		Evidence of assurance from providers - Assurance template to be shared with provides to complete	G		Assurance Template sent out	
		Awareness raising with CCG Commissioners and Contracts Team	A		Ensuring that CSE is reflected in Providers Service Specification. That CSE Police and Risk Assessment is embedded in the 2015 contracts.	DN

Police	Essex Police D/Supt Investigations of Crime and Public Protection chairs the SET CSE Strategic Group. Thurrock are represented on this group and have been involved in developing the joint strategy and priorities for tackling CSE across the county. Training, awareness and communications form part of this strategy which will include appropriate use of language	CSE Triage Team formed to offer early identification of risk and early referral linked to CSE. They receive referrals across the county from all agencies. Monitoring of use of language is part of the process. Missing person coordinator is now embedded in this team and monitors all reports of missing children and results of safe and well, checks for appropriate language. Any trends are escalated to line managers for appropriate use of language	Action complete		Team formed in 2013 and reviewed at the end of 2014. Following review new terms of reference have been adopted and new processes put in place to ensure appropriate gatekeeping and risk assessment.	D/Supt Investigations. Crime and Public Protection	CSETT formed
		National CSE awareness days was held on 18th March 2015 which Essex Police promoted to all staff and on their external website and social media and this raised awareness of both the public and staff. Consistent messages about CSE highlights appropriate language.	Action complete		18th March 2015 campaign appeared on Social Media sites and internal and external websites	Head of Media	Number of hits and exposure to articles
Children's Social Care	CSC is committed to embedding the CSE Strategy; challenging language and practice as necessary.	Revise strategy to ensure there is reference to language used by professionals. Ensure all agencies are aware of escalation process for raising concerns	G		Completed	Strategy sub-group. JW/ NL /AC	Clear processes to monitor and address the use of inappropriate language
CAFCASS	No response						

NELFT	NELFT will need to ensure that staff working with YP are able to recognise if a young person has suffered sexual abuse and know how to respond. Staff must be able to recognise and assess if a young person is at risk of CSE and have the skills to discuss and analyse consent, explore language used and make young people aware of their vulnerability to CSE	All staff working with children and young people to receive training update to assure they can recognise sexual abuse and assess capacity to consent	G		01/11/2014 - Recognition of sexual abuse included in Level 2 SC training. Sexual health training delivered to SN's August 14	AD's sexual health and Head of Service Children Services, named nurses	All health professionals are able to recognise sexual abuse and assess for CSE. Ensure the approach used is child centred and young people are informed of the risks and are effectively safeguarded.
		All staff working with children and YP to acquire the skills and competencies to effectively communicate and analyse language used by adolescents	G		CSE Workshop arranged to SRH/GUM staff 14.10.14. Dissemination of learning 07.11.14 CSE/FGM Workshop 31.10.14		
Probation	No response						
BTUH	BTUH will work within the remit of the local safeguarding boards CSE strategies and ensure that this is represented within appropriate Trust guidance and policy Professionals will be mindful that although young people of 16-under 18 years of age may be more likely to have a	Key front line staff are undergoing specific CSE training via TSCB There are key Champions, the Named Nurse for Safeguarding Children and Named Dr with the DoN as Super Champion	A	RAG status amber due to: This is still in early stages of implementation within the service and strategies/policies presently being ratified	Jan-15	HoN/Named Nurse and Named Doctor for Safeguarding Children/Executive Safeguarding Lead	<ul style="list-style-type: none"> • Awareness of staff regarding sexual activity by young people and appropriate adherence to strategies and policies • Attendance records at meetings • Training attendance records • Approval of strategies/policy and guidance through appropriate Trust processes

	more likely to have a sexual experiences, this should not deter the professional to seek assurance that it is a mutual relationship as opposed to coercion or misplaced trust	CSE is key component of level 3 safeguarding children training. This training will specifically ensure that professionals will be mindful that although young people of 16-under 18 years of age may be more likely to have a sexual experiences, this should not deter the professional to seek assurance that it is a mutual relationship as opposed to coercion or misplaced trust.	A				
		Staff will be also be aware to ask the young person if they allude to being engaged in any sexual activity, do they know the age of the person, full name, if they have been given special gifts, made to feel extra special	A				
Education	Children's Services are committed to embedding the CSE Strategy; challenging language and practice as necessary	Review strategy to ensure there is reference to language used by all staff in schools and ensure safeguarding leads are in a position of sufficient influence to ensure appropriate challenge takes place.	G		Completed	AC/NL/LSCB	Clear processes to monitor and address the use of inappropriate language

2c. Are there other opportunities or levers at the Boards disposal for changing professional practice and language in this area?	Thurrock CCG	CCG to share serious incidence raised as a reflective learning forum with safeguarding leads	G	New Appointed Named GP. GP forums to be re-started in 2015	CCG regularly share learning from raised SI through LOG, CQRC, and Named Nurse Professional Meetings. Action learning set is also used for some meeting with safeguarding leads and managers.	Designated Nurse	Front line professionals are able to record/analyse language used by young people to enable them to identify children who are at risk of CSE. Also have the confidence to challenge the language used by the parents, young people and other professionals
		CCG to seek assurance around record keeping audit (GUM/SRH).	G		Workshop for SRH/GUM team delivered. DN to discuss GUM/SRH recording keeping audit with Named Nurses at the next Named Professional Meeting	Associate Designated Nurse	
		Work with Named Professionals to ensure that professionals reflect on their understanding of language at supervision	G		Meeting held between D/N & GUM SRH Service Manager	Safeguarding Team	
		CCG to audit telephone consultations with GP practice around CSE/CSA	A		Ongoing. DN has regular Case supervision/reflection with Named Nurses	Associate Designated Nurse	
		CCG currently keep logs of telephone calls from GP requesting advice on CSE cases.					
		Capture types of cases/issues discussed at GP training forums	A		Safeguarding team will capture CSE cases raised/discussed at GP safeguarding lead forums	DN	

		NHS England/Named GP to include in GP appraisal/peer review	A		SCR template forwarded to all GP safeguarding leads in Thurrock and NHSE safeguarding leads to review appraisal, Peer Review	DN Safeguarding Team	
		Feedback from the GP Safeguarding Leads Forum.	A		Feedback from GP safeguarding lead forum will be monitored by safeguarding team		
		CCG have nominated senior staff as strategic lead for CSE who will ensure the CSE agenda remains as an agenda item at meetings	G		DN is the strategic lead for CSE and attends the meetings so will ensure CSE remains on the agenda shared across South West		
		Evidence of assurance from providers - Assurance template to be shared with providers to complete	G		Assurance Template sent out		
		Awareness raising with CCG Commissioners and Contracts Team	A		Ensuring that CSE is reflected in Providers Service Specification. That CSE Police and Risk Assessment is embedded in the 2015 contracts.		

Police	There needs to be a consistent approach to use of language and an agreed standard set by the Board. The SET Strategic CSE Board now has representation from Barnardos and the Children's Society and so can advise on what is appropriate and feed into the communications strategy	The Board to sign up to the SET CSE Group communications strategy once developed	A			Board members	
Children's Social Care	The board and partner agencies should require universities and professional training bodies to address the use of language within qualifying courses.	Address with providers of SW training / include in all ASYE modules.	G		Completed re: ASYE and on track re: providers of social work training.	NL/AC/ WA	Increased professional awareness and competency..
CAFCASS		FCAs to attend any relevant training by the LSCB					
NELFT	Yes	All staff working with young people to receive an annual update to cover subjects including recognising sexual abuse, assess capacity to consent and communication with adolescents. Clinical leads for SRH / 5-19 services to also include case discussions in clinical supervision / time to learn sessions to discuss cases and lessons learnt	A		01/11/2015 - going forward this will be put on staff PDP to be discussed at GSQ	AD's sexual health and Head of Service Children's Services, named nurses	
Probation	No response						

BTUH	Staff within Children's A&E and staff who work with under 18's are aware that young people need to be asked direct questions about their sexual activity and to avoid using words like boyfriend or partner	<ul style="list-style-type: none"> Identified Front line staff are completing CSE on-line training rolled out by TSCB. 	A	RAG status amber due to: <ul style="list-style-type: none"> Ongoing and developing training and education relating specifically to sexual health and the young person Ongoing education relating to ensuring appropriate documentation relating to the voice of the child 	Oct-14	HoN/CYP/Named Nurse and Named Doctor for Safeguarding Children	95% target of all front line staff to attend L3 mandatory Safeguarding Children training Yearly documentation audit to specifically identify the voice of the child
<ul style="list-style-type: none"> The Child's Voice is profiled during L3 Mandatory Safeguarding Children Training. 	A						
<ul style="list-style-type: none"> Staff attending training is made aware of the need to consider language being used e.g. 'who are you sleeping with?' and not use the term partner 	A						
<ul style="list-style-type: none"> Specific training for acute front line paediatric staff relating to awareness of clinical conditions and their relation to sexual activity e.g. UTI caused by sexual activity 	A						
<ul style="list-style-type: none"> Continue the positive information sharing with Health Visitor Liaison Service and Named Nurse for Thurrock NELFT along with Specialist Safeguarding Children Lead 	A						
Education	Advice to schools following the SCR to include specific reference to the need for analysis and challenge with regard to the reporting of sexual behaviour in schools.	Lesson learnt from 'Julia@ SCR briefings to be rolled out across schools. Ongoing development of AIM programme with Children's Social Care as lead agency	G		Multi-agency training offer in place via LSCB.	AC/NL	Ensure that sexually harmful behaviour is identified and addressed in relation to both the victim and perpetrator

2d. How will the Board know if it is being effective in addressing this issue of language?	Thurrock CCG		This can be evidenced from supervision with Named Nurses, telephone consultations, discussions at the Named Professions/LOG meetings and feedback from training/workshops and GP safeguarding leads forum. The CCG do work directly with frontline staff and families but the provider services (BTUH and NELFT) will audit the effective of language use within their services (will be covered in providers action plans)	G	The CCG safeguarding team so not work directly with frontline practitioners	The issue of language use has been incorporated into level 3 training for GPs and also have covered it on workshop delivered to the whole health economy	Safeguarding Team	
	Police	By way of joint audits of cases and case notes via the Audit Group.		A	Limitations of the capacity of the Audit Group		Chair of Audit Group	Section added to audit tool if not already embedded
	Children's Social Care	Audits and thematic case audits of CSC files.	Evidence through file audit that appropriate language is being used and inappropriate language is being challenged by managers through supervision.	G		Questions in relation to CSE have been introduced to the audit tool. Thematic audit in place and ongoing.	NL/AC	Increased professional awareness and competency as evidenced by records showing an appropriate use of language.
	CAFCASS		Communicate and analyse language in reports and case planning. This to be reviewed in internal case auditing					

NELFT		Quarterly Audits to be completed where incidents have been raised for disclosure of sexual assault or CSE to review records for evidence of analysis of language used and actions taken	A		01/02/2015 - Leads to review datlx raised for sexual assault across children's services and SRH/GUM. Discuss next Thurrock Q&S Group 28.10.14		
		CSE to be added to clinical supervision /time to learn to discuss cases and lessons learnt	G		Cases to be discussed at clinical supervision and safeguarding supervision going forward to considering auditing as part of safeguarding supervision audits	Clinical leads sexual health and 0-19 services	
Probation	No response						
BTUH	Documentation within a child's hospital health record would record the voice of the child exactly as it was spoken. Staff would be direct in asking about the current person they are engaging in sexual activity with.	Any concerns identified through the voice of the child would be highlighted to children's social care and the police where appropriate	A		Oct-14	HoN CYP/Band 7 Paediatric Clinical Educator/Band 7 Senior Sisters/Named Doctor for Children's Safeguarding	Yearly documentation audit to specifically identify the voice of the child
Education	Statutory safeguarding reporting by schools	Focus group activity with school designated child protection staff , feedback from School statutory safeguarding reports	G		Ongoing	NL/AC/LSCB	Increased professional awareness and competency as evidenced by records showing an appropriate use of language

Finding 3: Is there a pattern whereby the Child in Need procedures are not routinely being used leaving children and young people without formal plans and review?

Effective processes to support children, young people and their families are essential. The Child in Need processes are intended to build on good quality assessments, by developing a plan of action, which is owned and developed by the multi-agency group, and is reviewed regularly to see what progress is being made to promote children and young people's outcomes. If these processes are not used, interventions are unlikely to be clearly focussed on children's needs and are unlikely to provide effective help and support.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
3a. Are the Board aware that Child in Need processes are vulnerable to pressures on Social Work teams, and of a potential misunderstanding of when Child in Need meetings should be convened?	Thurrock CCG	Yes - This can be evidenced from the local case audits. Also some cases that have been raised for case reviews have highlighted that there has been gaps in the Child In Need processes in Thurrock.	CCG to work with partner agencies through the LSCB Audit and Performance Subgroups to minimise any risks.	G	When relevant information is not shared by Lead agency for Children's Services	Associate Designated Nurse attends the LSCB Audit & Performance subgroup ensures selected cases including CSE are nominated for audit subgroup.	Associate Designated Nurse DN	All child In Need plans are formalised, review meetings are taking place and partner agencies are contributing to improve outcomes for the children. This could be evidence through CSC audit report.
			CCG to seek assurance from providers that frontline practitioners are aware of CIN procedures and will escalate if CIN meetings are not taking place	A		DN to confirm from Providers that CIN processes and Escalation Processes are embedded in practice and effective	DN	
			CCG to ensure that this is placed on the LOG/Named Professional meeting agenda	G		Included in the agenda for LOG and Named Professional meeting (December)	DN	
			CCG to seek assurance from Named Professionals that Threshold document & MASH are implemented and embedded in practice	G		Link to update Threshold Document sent to providers and Named Nurses and all relevant information on the MASH project has been disseminated to Named/Thurrock Safeguarding leads, including GP's	DN Associate Designated Nurse Named Doctor	

		CCG to support Named professionals to ensure that frontline staff have the confidence/competence to challenge professionals from other agencies around CIN processes	G		Unresolved concerns around cases are escalated appropriately	CCG and Providers Named Professional	
Police	Not evidenced or witnessed by Police. Police attend ICPC and have no direct role in CIN plans and/or reviews. No actions offered on this finding - accepted by Chair.	N/A	Action complete	N/A	N/A	N/A	N/A
Children's Social Care	Constant vigilance is required across agencies to ensure that Children in Need processes operate to improve outcomes for children and families.	New CIN processes. Guidance has been issued to staff. The document was re-circulated again to all teams	G		In place & ongoing	RM/SMT	CIN cases regularly reviewed and robust step up/down process in place
		CIN surgeries set up across Family Support Teams chaired by Service Manager, to review all cases, ensuring robust/SMART plans are in place	G		In place & ongoing	RM/SMT	CIN cases regularly reviewed and robust step up/down process in place
		Adolescent Support Team (AST) to set up CIN challenge surgeries	G		In Place	JW	CIN cases regularly reviewed and robust step up/down process in place
CAFCASS	CAfcass are not able to comment on Child in Need Procedures/processes as we are seldom involved						

NELFT	Yes	Please see below					
Probation	Whilst probation were not involved as an agency in this review, offender managers are managing offenders whose children are subject to CIN plans. The issue of recognising children in need has arisen in a recent Serious Further Offence (SFO) review. SFO reviews are completed when an offender who is subject to an order or licence commits a serious offence, generally a serious violent or sexual offence.	The dissemination of learning from the SFO focused heavily on offender manager's work with child in need cases. The proposed dissemination document will address the issues of staff engagement with CIN procedures.	A	November 2014 - update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014	30/09/2014 31/12/14	Alex Bamber OIM	Increased awareness and engagement of staff in Child In Need processes. Evidence from internal safeguarding audits and internal inspection process.
BTUH	BTUH is aware of Child in need processes and would participate where required or requested The Acute setting is not involved in Child-in-Need meetings, nor does it receive minutes of these meetings	If concerns are identified in relation to a specific child, subject to child-in-need plan appropriate policy and guidance would be followed	G	The Acute setting is not involved in Child-in-Need meetings, nor does it receive minutes of these meetings	Complete	HoN/Named Nurse and Named Doctor for Safeguarding Children	To continue to work within the Child-In-Need processes. Ensure incidents are completed when safeguarding concerns arise/correct policy is not followed
Education	Safeguarding leads to be reminded of the role of schools in CIN procedures and escalation routes available to them following a decision by social care	Renewed advice/guidance to school safeguarding staff on follow up routes available to schools following a MASH or other safeguarding concern and their duties in relation to CIN	G		Further clarification advice to be delivered as part of Headteachers' briefing on SCR and follow up to be delivered as part of safeguarding training in summer term 2015.	NL/AC	Schools fully aware and empowered to seek further clarification and where appropriate challenge decisions made by partners

3b. Is there more the Board could do to establish the extent of this issue, e.g. case audit?	Thurrock CCG		A member of the CCG is presented at the Audit/Performance Group	G		The Audit/Performance LSCB Subgroups are attended by the Associate Designated Nurse	Associate Designated Nurse	
			CCG will continue to encourage GP safeguarding leads from the GP forum to share their concerns or issues	A		GP notes are reviewed for the Audit Group. Named GP and Safeguarding Team to discuss at safeguarding forum. Also at one to one practice visits	Named GP	
	Police	CIN continue to be part of the Audit Groups programme. Additionally the Board can maximise scoping and gathering results of single agency audits of CIN bases to inform the Board		A	Capacity of the Audit Group		Chair of Audit Group	Report to the Board from the Audit Group
	Children's Social Care & Education	Multi-agency focus on threshold	Regular peer audits	G		Completed	CS	Cases appropriately escalated/deescalated when risks and needs change.
			CP surgeries established challenging plans over 12 months .	G		Completed	AC/NL/RM	
			Audit of 30 S47 decisions undertaken	G		Completed	NP/RM/JW	
CAFCASS	CAfcass are not able to comment on Child in Need Procedures/processes as we are seldom involved							
NELFT	NELFT need to ensure staff are compliant with CIN procedures	LSCB audit group to randomly audit CIN cases	A		Part of LSCB Audit cycle senior attendance from NELFT at Audit Group	Operational leads and Named Nurse	NELFT staff will be compliant with CIN procedures, and will support robust CIN plans to be in place	

	Probation	No Response						
	BTUH	BTUH is not an active participant in the Child in Need Process	N/A	G	BTUH is not an active participant in the Child in Need Process	N/A	N/A	N/A
3c. What can the Board do to address this?	Thurrock CCG	Yes - This can be evidenced from the local case audits. Also some cases that have been raised for case reviews have highlighted that there has been gaps in the Child In Need processes in Thurrock.	CCG to work with partner agencies through the LSCB Audit and Performance Subgroups to minimise any risks.	G	When relevant information is not shared by Lead agency for Children's Services	Associate Designated Nurse attends the LSCB Audit & Performance subgroup ensures selected cases including CSE are nominated for audit subgroup.	Associate Designated Nurse DN	All child In Need plans are formalised, review meetings are taking place and partner agencies are contributing to improve outcomes for the children. This could be evidence through CSC audit report.
			CCG to seek assurance from providers that frontline practitioners are aware of CIN procedures and will escalate if CIN meetings are not taking place	A		DN to confirm from Providers that CIN processes and Escalation Processes are embedded in practice and effective	DN	
			CCG to ensure that this is placed on the LOG/Named Professional meeting agenda	G		Included in the agenda for LOG and Named Professional meeting (December)	DN	
			CCG to seek assurance from Named Professionals that Threshold document & MASH are implemented and embedded in practice	G		Link to update Threshold Document sent to providers and Named Nurses and all relevant information on the MASH project has been disseminated to Named/Thurrock Safeguarding leads, including GP's	DN Associate Designated Nurse Named Doctor	

		CCG to support Named professionals to ensure that frontline staff have the confidence/competence to challenge professionals from other agencies around CIN processes	G		Unresolved concerns around cases are escalated appropriately	CCG and Providers Named Professional	
		A member of the CCG is presented at the Audit/Performance Group	G		The Audit/Performance LSCB Subgroups are attended by the Associate Designated Nurse	Associate Designated Nurse	
Police	See previous response to 3b						
Children's Social Care	Establish multi-agency LSCB Performance Panel to challenge single agency performance and outcome data	Establish multi-agency LSCB Performance Panel to challenge single agency performance and outcome data	G		Completed - LSCB Performance Panel is operational	NL/AC	Evidence of effective risk management of CIN cases- step up and step down
CAFCASS	CAfcass are not able to comment on Child in Need Procedures/processes as						
NELFT	Ensure staff are fully engaged with CIN procedures	Clinical leads to audit staff attendance at CIN meetings	G		01/11/2014 - Discussed at allocation meetings and within supervision with staff	Operational leads	NELFT staff will be compliant with CIN procedures, and will support robust CIN plans to be in place
		Clinical leads to support staff, through clinical and case management supervision to challenge other agencies if CIN plans are not reviewed to avoid drift and ensure children are safeguarded.	G		Nov 14 - Discussed at allocation meetings and within supervision with staff and going forward to be audited by safeguarding team	Operational leads and clinical leads	

		Staff to be reminded via cascading email that any health professional can call a multi-agency meeting	G		Sept 14	Named Nurse	
Probation	No Response						
BTUH	BTUH is not an active participant in the Child in Need Process	N/A	G	BTUH is not an active participant in the Child in Need Process	N/A	N/A	N/A
Education	Ensure feedback is in place from schools to the LSCB on the involvement of school in CIN meetings.	Ensure feedback is in place from schools to the LSCB on the involvement of school in CIN meetings.	G		Feedback and actions from school survey on CIN to be reported to LSCB following data gathering in summer term 2015	MT/NL	Evidence of effective inclusion on schools in CIN meetings; challenge and escalation.
3d. How will the Board know they have been successful in ensuring that Child in Need processes is embedded in multi-agency practice?	Thurrock CCG	Through multi-agency audits. Increased referrals/escalations	G	The CCG Safeguarding Team does not work directly with Children, Families and Frontline Staff.	Safeguarding Team will continue to action concerns raised/escalated through Named Professionals	Safeguarding Team	
		Feedbacks from providers at CCG LOG, CQRG, Named Professional meetings	G		Safeguarding Team will continue to action concerns raised/escalated through Named Professionals		
		Through feedback from GP forum, training, telephone consultation	G		Safeguarding Team will continue to action concerns raised/escalated through Named Professionals		
Police	By monitoring the case audits at the Full Board	Audit of CIN cases	A	Capacity of the Audit Group		Chair of Audit Group	
Children's Social Care & Education	Through multi-agency audits and single agency audits.	Re-issue threshold document to agencies and schools. Complete multi-agency audits and single agency case file audits.	G		Threshold documents have been re-issued and audits are on track.	CS/ AC	Thresholds are clearly understood across agencies

CAFCASS	Cafcass are not able to comment on Child in Need Procedures/processes as we are seldom involved						
NELFT		Audit Systmone records for presence of CIN plans and minutes and Staff attendance at CIN meetings is 100%	G		01/11/2014 - Heads of service have completed random audits on records. 10 cases were randomly selected from children in need case load and reviewed to ensure attendance at CIN meetings where invited.		Staff attendance at CIN meetings are firmly established in practice to reduce risk and improve outcomes for children and young people
Probation	No Response						
BTUH	BTUH has the functionality of System one to enable and ensure that clinicians are aware of any safeguarding processes that are in place	Staff have access and are trained in System One The Child-in-Need symbol is identified on the community database that acute service has a read only access to	G	BTUH is not an active participant in the Child in Need Process	Complete	HoN CYP/Band 7 Paediatric Clinical Educator/Band 7 Senior Sisters/Named Doctor for Children's Safeguarding	Children A&E staff access system one routinely for each attendance

Finding 4: The lack of engagement with services by parents takes professional energy and attention away from the needs of children /young people and leaves them with an ineffective response

The non-engagement of parents in services aimed at promoting the well-being of their children/young people is a significant issue. It has an impact on young people's wellbeing and their outcomes, and causes more pressures on over stretched professionals. It is also costly for services. A lack of recognition of this as a safeguarding issue means that children and young people are not always effectively protected.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
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4a. Are the Board aware of this as an issue facing professionals?	Thurrock CCG	Yes from previous case reviews and supervision with Named Professionals in the provider services.	CCG to seek assurance from provider this is addressed in training delivered to their front line practices.	G	Guidance and protocols not adhered to with regard to poor/sporadic engagement by parents. (No action taken when parents fail to engage).	Providers have assured CCG that this is incorporated into training	Safeguarding Team	Professionals have the confidence and skills to work with uncooperative families to improve outcomes for their children
			Within case audits, enquiries from GP to CCG Safeguarding Team	G	Lack of engagement from partner agencies.	CCG Representative attends Multi-Agency Case Audits. Actions are taken to address any telephone consultation with GP's relating to difficult to engage families	Safeguarding Team	
	Police	Yes, working with parental resistance / passive resistance is a national issue across agencies. The police investigate crime and have enforcement powers of arrest and other such activity to overcome this resistance so are not as reliant on parents engagement as others as police are not so involved with longer term work with families.	Appropriate and measured use of powers to enforce activity as opposed to gaining voluntary agreement. Monitored by supervision reviews and performance meetings. Also monitored by Professional Standards department with Head of Child Abuse Investigations who receives all complaints made by the public.	Action complete as these powers are already in place, monitoring is a continual process.				Head of Child Abuse Investigation
	Children's Social Care	Working with parental resistance / passive resistance is a national issue.	Requires focus by staff & managers on purposeful intervention / regular review and robust supervision. Introduction of case discussion tool to focus on resistance and disguised compliance.	G		Case Discussion Tool has been introduced (Feb'15). Disguised Compliance PowerPoint discussed in all teams during Feb & March '15. Ongoing support and monitoring to be provided in supervision.	SMT/AC/ CS	Non-Compliance and Disguised Compliance is recognised and appropriate actions taken to safeguard children and young people.
CAFCASS	Yes							

NELFT	YES- NELFT need to ensure that staff have the skills to effectively work with resistant, complex non engaging parents, ensuring they remain child centred and recognise when to escalate concerns to prevent further harm.	Identified staff to complete training on working with hostile and non-engagement families and professional dangerousness as part of their PDP's	A	Depending on availability of training	Nov 14. Some level 3 training available for staff to access LSCB training dates 18.11.14 and 24.3.15	Head of Universal Services	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
		Identified staff to be trained as cascade trainers for working with non-engagement parents	R		01/11/2014 - Discussed at team meetings and 121 with staff	Head of Universal Services	
		Review of Trust DNA Policy to ensure pathway for safeguarding children is included	G		Sept 14 Policy completed. Pathways for safeguarding children and vulnerable adults to be added to policy	Named Nurses	
		Staff to be reminded by cascaded email /team meetings to discuss cases of parental non engagement in management and safeguarding supervision	G		June 14 Completed	Named Nurses	
Probation	Probation supervises adult offenders who are parents/carers. Our children and families practice instruction requires offender managers to include a sentence plan objective relating to child in need or child protection plans, where one is in place.	Probation works with a client group for whom engagement and compliance can often be challenging, but where contact must be maintained and so this is a common phenomenon. The challenges for staff remain the same as for other agencies, however.	A	November 2014 - update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014.	30/09/2014 31/12/2014	Alex Bamber	Increased awareness of engaging offenders who have parent/carer responsibilities with services, including universal provision and incorporating that in the sentence plan

		The need to promote co-operation of parents/carers with relevant plans for children, will be included in the dissemination document. Safeguarding audits and thematic (child protection) inspections are conducted internally to ensure compliance with the relevant practice instruction.	A				
BTUH	Paediatric Out-patient departments within BTUH and at Orsett inform the Paediatric Health Visitor liaison service of children who are not brought to their follow-up appointments in order for this to be identified to the health visitor / school nurse. The child's GP's is notified the parent failed to bring the child for medical follow-up Staff follow a Parents Did Not Bring Child to an Appointment Policy	Staff within these departments also inform the Safeguarding Children team when it is known there are identified health needs. The safeguarding children team forward this information to the Community Named Nurses	G	It is not yet established how or what processes will be arranged once School nursing service transfers to private enterprise.	Complete July 2013	HoN CYP/Band 7 Paediatric Outpatient lead/Band 7 Senior Sisters/Named Doctor and Nurse for Children's Safeguarding	Yearly documentation audit to specifically identify from hospital health records that it is clearly documented when a parent does not bring a child to an out patient appointment
Education	Schools are a key point of contact for agencies, parents and families. Pastoral support teams in schools are used to engage parents on a range of issues.	Requires close working between social care teams and school based staff to ensure the existing contacts in school are used to best effect.	G		Process of developing close working relationships to be supported through post SCR briefing to head teachers in March 2015 and further work directly with safeguarding leads	MT/NL	Close links between school based staff and social care teams to ensure opportunities for parental engagement are achieved

4b. Does the LSCB know if staff locally have been equipped to work with resistant parents both in single agency and partnership working?	Thurrock CCG	Yes	CCG is represented at the Thurrock LSCB Training Subgroup and is aware that the multiagency training delivered addresses the issues of resistant (uncooperative parents)	A		To ensure that this is covered in training package delivered by LSCB. Assurance from Named Professional on frontline staff confidence/skills to deal with resistant patients	Associate Designated Nurse	
			In addition some of the single agency training by providers also cover the issue of resistant (uncooperative parents)	G		Both Providers assures the CCG that Training Packages includes Uncooperative Parents. In 2015, the CCG Safeguarding team will peer review providers training delivery and content	Safeguarding Team	
			CCG also addresses this issue through a critical analysis of SI's (Root Cause Analysis) raised by provider services	G		All SI received are critically analysed and lesson learnt are disseminated	Safeguarding Team	
	Police	Yes, police officers are trained and equipped to apply the law when investigating incidents of concern around children which gives them the power to enforce activity if necessary. Police do not tend to work with families in the longer term setting but often are involved due to an acute event occurring. The longer term work is often passed to other agencies as appropriate and police will be involved in the joint planning until the end of their involvement.	N/A	N/A		N/A	N/A	

Children's Social Care	CSC staff have been and continue to be provided with training and support to work with resistant families.	Review all open CIN cases for SMART plans. Where cases are open for longer than 6 months - review purpose of continued intervention.	G		First wave completed Sept'14. Second wave to be completed by July 15 and third wave by Jan' 16.	RM/JW/NL	To ensure that cases are effectively managed and appropriately stepped up or down based on a clear assessment of risk.
		Workshop undertaken with staff regarding SMART plans. See above CIN Surgeries	G		Sept 14	CS	To ensure that cases are effectively managed and appropriately stepped up or down based on a clear assessment of risk.
CAFCASS	Escalate concerns DNA policy Risk assessment on missed appointment Non engagement discussed	Clear Processes are in place in Cafcass. This could be strengthened by consideration of risk assessment being filed with the court if there is non co-operation/DNA					
NELFT	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded	NELFT is represented at the Thurrock LSCB Training Subgroup and is aware that the multiagency training delivered addresses the issues of resistant (uncooperative parents).	G		Training evaluations and safeguarding supervision provide assurance that this is effectively covered in training and staff feel confident to respond to resistant and non engaging families	Safeguarding Team	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
		NELFT provides an internal training programme which includes level 3 training on working with resistant families	G		Safeguarding Training packages include working with resistant families	Training dept and safeguarding team	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded.
Probation	No Response						

	BTUH	The issue of non-engagement in relation to outpatient appointments is addressed in L3 safeguarding children training. It is referred to as parents/carers who fail to bring their child to appointments, to emphasise the responsibility of the parent to meet the health care needs of their child.		G		Complete	HoN CYP Band 7's Paediatric Outpatient lead/Senior Sisters Named Doctor, Named Nurse for Safeguarding Children	
	Education	Schools are a key point of contact for agencies, parents and families. Pastoral support teams in schools are used to engage parents on a range of issues.	Requires close working between social care teams and school based staff to ensure the existing contacts in school are used to best effect.	G		Process of developing close working relationships to be supported through post SCR briefing to head teachers in March 2015 and further work directly with safeguarding leads	MT/NL	Close links between school based staff and social care teams to ensure opportunities for parental engagement are achieved
4c. How might the LSCB help practitioners overcome this obstacle to effective practice?	Thurrock CCG		CCG works with the health economy and the SI governance team to share the Root Cause Analysis and action plans from safeguarding serious incidences relating to poor engagement.	G		Safeguarding leads meet with SI Lead quarterly. CCG Safeguarding Team analysis and review all SW SI's/SCR action plans and also challenges practice as necessary. CCG encourages and support Named Professional to prevent drifting of cases	Safeguarding Team	

Police	To provide all professionals with the confidence to challenge other agencies practice if they recognise this issue as affecting effective practice	Install Confidence in staff to escalate concerns.	A		Consider providing all agencies with knowledge of each others roles and responsibilities to understand whether all available tactical options are employed appropriately and to recognise ability to challenge. This is to be balanced with other training priorities.	Chair of the Training Group	
Children's Social Care	Multi-agency training for staff working with resistant families.	Provide multi-agency training for staff and managers on effective working with resistant families	G		2015/16 Training Plan	LSCB	Staff are able to quickly identify and address resistance.
CAFCASS	No Response						
NELFT	Ensure staff have the appropriate training and access to supervision and made aware of where to seek advise e.g. MASH	Staff encouraged to discuss cases in safeguarding supervision and to follow escalation guidance where appropriate. Complete Referrals to MASH where appropriate.	G		Staff have attended MASH briefings. Staff to discuss cases of non engagement in supervision and share concerns with partner agencies to ensure children are safeguarded. Staff follow missed appointments policy 2014		All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded

	Probation	Probation supervises adult offenders who are parents/carers. Our children and families practice instruction requires offender managers to include a sentence plan objective relating to child in need or child protection plans, where one is in place						
	BTUH	TSCB has implemented MASH Project to promote the need for Early Intervention in a multi-agency format. BTUH are engaging in this new project as a Virtual Partner	Non-attendance to out-patient appointments are automatically notified to the GP of the child, who would hold other information from other settings with regard to non-engagement	A	System One roll out will enable Paediatric Outpatients to have access to Community Health Records on read only access perspective	Oct-15	HoN CYP/Assistant Service Manager WaCS	Appropriate information sharing resulting in effective and early intervention where required
	Education	Advice to schools on working with hard to reach / resistant parents to be included as an area of school safeguarding training.	Provide multi-agency training for staff and managers on effective working with resistant families	G		Training plan in place	NL/AC/MT	Staff are able to quickly identify and address resistance.
4d. How will the Board know when this has been effective?	Thurrock CCG		Feedback and report from the SI governance team. A reduction in the number of SI relating to poor engagement.	G		Action plans sent to the quality and governance team reviewing all SI's	SI and Safeguarding Lead meeting held in November indicators that the number of SI's have reduced significantly. Workshop events held by Nelft on the 11/11/14 on SI/SCR learning from events for frontline staff	

Police	Not specifically relevant to police as no real long term family engagement other than enforcement and investigation. Problem solving approach to CP issues may involve an element of engagement but this is often done using the skills of other agencies or third sector.	N/A	N/A	N/A	N/A	N/A	N/A
Children's Social Care (CSC) & Education	Audits; reports to board and LSCB Challenge Panel.	CSC to undertake and present findings from audits to LSCB. CSC to provide performance data to LSCB re: Challenge Panel. Regular performance reports to be presented to LSCB. Statutory safeguarding reports from schools to clearly address neglect across all age groups	G		Audit process embedded. Challenge session held with LSCB. Regular performance reports submitted to LSCB	NL / CS / AC	Staff are able to quickly identify and address resistance.
CAFCASS	No Response						
NELFT	Staff feel confident to escalate concerns. Increases in cases brought to supervision for non-engagement Increase in MASH referrals due to resistant non engaging parents/carers	Include in audit cycle	G		Supervision Audit Report of number of CAF's and MARF's raised by NELFT	Named Nurses	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
Probation	No Response						

BTUH	BTUH highlight cases of parents failing to bring their child to appointments to case holders within community as BTUH would not be aware of on-going work/obstacles. Referral to children's services is dependent on parent consenting, or meeting Threshold of Need Criteria	Non-attendance to out-patient appointments are automatically notified to the GP of the child, who would hold other information from other settings with regard to non-engagement	G			HoN CYP Band 7's Paediatric Outpatient lead/Senior Sisters Named Doctor, Named Nurse for Safeguarding Children	
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Finding 5: Is there is a lack of a developed understanding and awareness of adolescent neglect across the multi-agency network leaving young people at risk of harm

Adolescent neglect is a significant issue which has a profound effect on young people's lives. Recognising and responding to adolescent neglect is a critical part of addressing sexual exploitation, and an ineffective response leaves young people at risk of significant harm.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
5a. Are the Board aware that adolescent neglect is a significant issue facing professionals?	Thurrock CCG	YES This has been identified as concern from a recent Case review (neglect) and also from case Supervision with Named professionals.	CCG will continue to work with partner agencies to continue to address the issue of adolescent neglect.	G	CCG safeguarding Team does not directly work with Children and Families. Lack of engagement from partner agencies. Clarity around needs of the adolescent population.	CCG Safeguarding Team attends all relevant Multi-agency meetings. Continue to attend Health Economy Safeguarding Internal Meetings. Neglect is discussed at LOG meetings. Put on agenda for Named Professionals Meetings. Will challenge partner agencies where there are concerns on Neglect.	Safeguarding Team	Professional to be assess the needs of adolescent and have the skills to address identified needs

		CCG to seek assurance from providers that professional attitude around the of adolescent population / neglect is addressed within their training packages.	G		Designated Nurse to raise this at supervision, LOG and Named Professional meeting with provider. South West health economy training workshop planned to address issues 14th October and 31st October 2014		
		CCG to seek assurance that all professionals working with families understand the roles and responsibilities around adolescent neglect.	G		Designated Nurse to raise this at supervision, LOG and Named Professional meeting with provider. South West health economy training workshop planned to address issues 14th October and 31st October 2014		
		CCG will continue to encourage GPs to use the assessment triangle and refer adolescent s when neglect is identified	G		This is included in GP level 3 training package. This is also discussed at GP Safeguarding lead forum and Face to Face Practice Visits		
		CCG to include case scenario on adolescent neglect within GP training to help them understand the impact on the young person life.	G		A scenario on adolescent neglect is included in the GP training package (June and October 2014)		
Police	Yes but only from Julia SCR. Author has no other knowledge as to whether this is an issue.	N/A	N/A	N/A	N/A	N/A	N/A
Children's Social Care & Education	Thurrock has a high prevalence of neglect cases across all age groups.	Focus on neglect within LSCB Conference. Adolescent 'neglect toolkit' to be rolled out within Adolescent Team	G		LSCB conference 'Spotlight on Neglect' completed. Adolescent 'neglect toolkit' on track re: March '15 target date.	JW/ AC	Earlier identification of adolescent neglect and affirmative action taken to risk manage and address.

CAFCASS	Yes						
NELFT	Yes	Please see below					
Probation	The afore mentioned internal review related to concerns around the welfare of adolescent children.	The need to be mindful of adolescent neglect will be included in the dissemination document.	A	November 2014 update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014	30/09/2014 31/12/2014	Alex Bamber	Increased awareness of the issues around neglect and increase in referrals to services. Improve confidence among staff in recognising a service user who may be sexually exploiting a young person. Cases identified and discussed in staff supervision. Evidence from internal inspections.
BTUH	BTUH is aware that adolescent neglect is a significant dilemma for professionals. BTUH are a virtual partner to MASH. Safeguarding Children team would liaise with PHVL service and any identified social worker or other professional i.e. LAC team Professionals will be mindful that although young people of 16-under 18 years of age may be more likely to have a sexual experiences, this should not deter the professional to seek assurance that it is a mutual relationship as opposed to coercion or	• Identified Front line staff are completing CSE on-line training rolled out by TSCB.	A	RAG status amber due to: •Ongoing and developing training and education relating specifically to sexual health and the young person. •Ongoing education relating to ensuring appropriate documentation relating to the voice of the child	Oct-14	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	95% target of all front line staff to attend L3 mandatory Safeguarding Children training. Yearly documentation audit to specifically identify the voice of the child
• The Child's Voice is profiled during L3 Mandatory Safeguarding Children Training.		A					
• Staff attending training is made aware of the need to consider language being used e.g. 'who are you sleeping with?' and not use the term partner		A					
		• Specific training for acute front line paediatric staff relating to awareness of clinical conditions and their relation to sexual activity e.g. UTI caused by sexual activity	A				

5b. How can this be tackled by the Board?	Thurrock CCG		As above 4 & 5					
	Police	The number of criminal neglect investigations are perceived to be low. Better understanding of the threshold for criminal neglect and incidents to be looked into as chronology of events rather than individual events.	Continous Professional Development day and bulletin articules around neglect. Greater consideration of criminalising neglect for cases of ondividual significant events or ongoing chronic neglect where no improvement has been seen over a significant period of time	R			Head of Child Abuse Investigation	Delivery of CPD event jontly with CPS and CSC and subsequent audit of neglect referrals.
	Children's Social Care & Education	By addressing adolescent neglect within the LSCB multi-agency and single agency training plans.	Provide appropriate training and ensure robust auditing / monitoring to evidence that learning is being translated into improved practice.	G		Auditing process in place training plan in place	JW/CS/ LSCB	Impact of training can be evidenced in practice improvements. Feedback from service users.
	CAFCASS	No Response						
	NELFT	NELFT need to ensure staff are able to recognise adolescent risk taking behaviours and their association with adolescent neglect and CSE. A training needs analysis to be completed for staff working with young people	Identify training plan to enable staff to recognise and respond to adolescent risky behaviours	A		Nov 14 Scoping exercise had been completed. Training plan is being developed. All frontline staff at 79% compliance with CSE training. All staff attend safeguarding training as per matrix	Head of Universal Services	All health staff working with young people have the skills and knowledge to respond to adolescent neglect and recognise and respond to behaviours associated with CSE
	Probation	as above						

	BTUH	Engagement with MASH	To continue to provide timely information to PVHL service and LAC team and relevant Children's Services		Ensuring staff have the knowledge to complete documentation appropriately as at this juncture this is a new process	Sep-14	HoN CYP/Band 7 Senior Sisters/Named Doctor and Nurse for Children's Safeguarding	Staff develop an increased understanding and awareness of adolescent neglect within the acute paediatric setting
5c. How can professionals be supported to develop a more effective response to adolescent neglect?	Thurrock CCG		CCG will encourage providers to release Staff to attend the LSCB Conference on neglect 2014.	G		Date for the forth coming LSCB conference forwarded to Named Nurses and all GP Practices and their leads have been invited		
			Capturing the Voice of the child and how they can influence service delivery through the LAC strategic group.	G		Designated Nurse for LAC is on the voice of the child subgroup & attends participation & engagement group. Attends children in care council. Also attend activity day.		
			Support Named professionals to escalate cases to avoid drift.	G		Named nurses refer cases needing escalation to CCG Safeguarding Team for support		
			CCG to advice providers to have clear pathways for working /referring non engaging families/ young people.	G		DN to seek assurance from Named Nurse within the providers that they have clear pathways for referring non engaging families into MASH		

Police	Consideration to referral to police if neglect cases are showing no improvement despite support and intervention by CSC managers. This needs to be coupled with an appetite for more criminal neglect investigations from police.	Understanding that neglect can be criminal and need to refer at early stage, see previous action on 5b.	see action 5b				
Children's Social Care	By addressing adolescent neglect tool kits	Rolled out to all Adolescent Team staff & managers	G		In place & re-launched	JW	Staff can consistently identify neglect and respond appropriately.
		Evidence of toolkit used in supervision	G		Mar-15	SMT / JW	Managers can consistently support workers in identify neglect and responding appropriately.
CAFCASS		Internal training and training through LSCB					
		Reviewed under Safeguarding assessment in Professional learning review process					
NELFT	NELFT need to ensure staff have the skills to challenge and question parents / agencies when adolescent neglect is identified.	Identified staff working with children and YP to acquire the skills and competencies, through clinical supervision and time to learn sessions, to effectively question and challenge parents when not accessing healthcare, recognising this as adolescent neglect	G		01/11/2014 All staff attend safeguarding training as per matrix. Time to learn event has been disseminated out for November 7th 2014.	Head of Universal Services	Health staff are able to recognise adolescent neglect and respond in a timely manner to reduce the risk of harm and ensure the young person's health and wellbeing is maintained

		Identified staff to attend training on growing a questioning culture	A	Dependant on the availability of training sessions	Training is being delivered by LSCB 18.11.14 and 24.03.15 staff have been identified to attend		
Probation	as above	as above	as above	as above	as above	as above	as above
BTUH	Support through safeguarding supervision		G			HoN CYP/Band 7 Senior Sisters/Named Doctor and Nurse for Children's Safeguarding	
Education	By training support.	Ongoing training and support for school based staff, through signposting by LA staff to appropriate training and direct support in individual cases.	G		On-going	MT/NL/AC	School staff can identify neglect and respond appropriately
5d. How will the Board know its response has been effective?	Thurrock CCG	This can be evidenced from feedback from CQRG , LOG, Named Professionals meetings. Increased escalation	A		March 2015 Safeguarding Team will analysis minutes for feedback from Named Professional, LOG and training	Safeguarding Team	
	Police	By recording those registered under category at ICPC and the monitoring of those children who are subject to a plan for longer than an agreed period which suggests the ongoing work is not effective and there may be need then to consider a criminal investigation especially if legal planning is also being considered.	R	The complexity of the subjective decision of when you switch from supporting the family and trying to improve their parenting to then reaching the threshold for a criminal offence	Meeting and potential process to be set up by the end of June 2015	Head of Child Abuse Investigation	

Children's Social Care	Neglect is quickly recognised and addressed.	Frequent review of CP Plans.	G		Frequent CLA surgeries are being held as additional scrutiny.	AC/ RM / NL	Fewer children subject of a plan for two years or more
		Frequent review of CIN cases.	G		Frequent CIN surgeries are being held as additional scrutiny.		
Children's Social Care & Education	Neglect is quickly recognised and addressed by School staff	Increase in referrals to EOH and Troubled Families	G		Compare 2013/14 rate with final rates for 2014/15 target for completion June 15.	MT/NL/AC	Families are effectively 'turned around' inline with Troubled Families criteria.
CAFCASS	No Response						
NELFT	Increased referrals for adolescent neglect	Staff to attend training	A		MARF Audits completed biannually		Health staff are able to recognise adolescent neglect and respond in a timely manner to reduce the risk of harm and ensure the young person's health and wellbeing is maintained
Probation	As above						
BTUH	Through effective positive working relationships in an interagency format within MASH. TSCB audit process		G			HoN CYP/Band 7 Senior Sisters/Named Doctor and Nurse for Children's Safeguarding	

Finding 6: Is there a pattern whereby Multi-agency working has become overly focussed on information sharing, at the expense of a shared analysis, face to face meetings and shared plans to meet the needs of children and young people?

Issues for the Board to consider

Information sharing is a critical component of multi-agency safeguarding practice, but if multi-agency processes are to be effective there is a need to move beyond the provision of information to sharing and exploring a professional analysis of a child or young person's circumstances. Assessments and plans need to be developed and reviewed by the multi-agency network. If this does not happen children and young people are left at risk of harm, and plans become one dimensional. Drift is not challenged, and the lack of progress not noted.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
6a. Does the Board accept this Finding?	Thurrock CCG	Yes Through the recent neglect case and previous case review.	The CCG has signed up to MASH information sharing agreement	G	Professionals lack the confidence /skills to challenge other partner agencies.	Signed ISA in June 2014. Exec Nurse and DN are members of the EOH/MASH Board.	Executive Nurse and DN	Named Professionals to have skills to critically analyse Safeguarding information received / have the ability to challenge colleagues in order to have an effective /transparent safeguarding outcomes
			CCG to continue to work with SI governance team, provider services and all partner agencies to have open and transparent safeguarding systems.	G		Meetings held with Executive Lead for Safeguarding (NELFT) and Head of Safeguarding (BTUH) to ensure systems are transparent.	DN	
	Police	Yes - Agree with the finding as often workers are spending so much time completing checks and searching for information that their capacity to attend meetings face to face and complete the work is being stifled. CSETT have experienced a high level of referrals where originating agency then appears to feel their responsibility has ceased.	Thurrock MASH to assist with identifying cases where longer term neglect may be an issue, and identified and when to refer to CAIT for investigation. CSETT to ensure they gatekeep the receipt of referrals to ensure agencies take the responsibility for dealing with the issue rather than passing responsibility with the information. The team are a triage team whose role it is to assess all the information and decide the appropriate team/agency to deal whilst mapping any repeat victim, offenders or location to prioritise.	Action complete		Ref Action 5d. By January 2015, new terms of reference and processes are embedded into CSETT	Deputy Head of Crime and Public Protection	To enable the CSETT to complete its coordination and triage role by all agencies retaining their responsibility to deal with the risk.

Children's Social Care (CSC) & Education	There is a danger that agencies can believe that their duty is complete by sharing concerns with CSC and not taking responsibility for their own actions in the safeguarding arena.	All agencies to be frequently reminded of their safeguarding responsibilities and the need for shared analysis. Best practice models to be promoted based on the strength of practice within the MASH.	G		March '15 and ongoing	AC/ NL/ LSCB	Shared analysis leading to increased early intervention, drawing on strengths of MASH partnership
CAFCASS	No Response						
NELFT	Yes	Please see below					
Probation		This finding will be included in the dissemination document.	A	November 2014 update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014.	30/09/2014 31/12/14	Alex Bamber	
BTUH	BTUH supports the Named Nurse for Safeguarding Children in attendance to TSCB Audit meetings Any information shared from Named Nurse for SGC has an analysis where applicable as part of that process	Attendance at TSCB Audit meetings and other appropriate and applicable meetings Completing S17 and S47 and Initial and Review Child Protection Reports with analytical detail where applicable	G		Complete	Named Nurse and Named Dr for Safeguarding Children	BTUH will continue to share information in a timely manner and provide analysis where applicable in the best interest of the child or any other sibling with the facts available

6b. How will the Board establish whether this is a significant issue?	Thurrock CCG		CCG can establish if this is a significant issue through analysis of Safeguarding Sis raised by provider services, feedback from training, GP safeguarding leads forum, supervision with Named Professionals and telephone enquiries.	G		Quarterly meetings are held with SI, CCG Team to ensure processes are effective and monitored. SI is monitored through monthly CQRG chaired by the Exec Nurse	Executive Nurse safeguarding Team Named GP	
	Police	By considering feedback/results of audits to assess time spent information sharing as opposed to completing activity	Multi-agency thematic audits are completed by the LSCB Audit Group	G		Jun-15	LSCB Audit Group	Audits show evidence of effective information sharing and shared analysis
	Children's Social Care & Education	By undertaking multi-agency thematic audits	Multi-agency thematic audits are completed by the LSCB Audit Group	G		Jun-15	LSCB/AC	Audits show evidence of effective information sharing and shared analysis
	CAFCASS	No Response						
	NELFT	NELFT need to ensure that staff attending multi-agency meetings are sharing analysis of their assessments and effective multi agency plans are being developed and reviewed by the multi-agency network to avoid drift and ensure improved outcomes for young people .	Clinical Leads to audit CIN minutes and plans for recorded evidence of shared analysis face to face meeting and shared plans	G		Nov-14	AD for Children Services	All staff fully understand the purpose of multi-agency working and planning and effective multi-agency assessments and plans are developed and shared to meet the needs of children and young people
	Probation	No Response						

	BTUH	Through participation at Audit review meetings	Attendance at TSCB Audit meetings and other appropriate and applicable meetings Completing S17 and S47 and Initial and Review Child Protection Reports with analytical detail where applicable	G		Complete	Named Nurse and Named Doctor for Safeguarding Children	BTUH will ensure representation at TSCB Audit meetings from a member of the safeguarding children team
6c. What can the Board do to address it?	Thurrock CCG		As above 6a & b Reduction in the number of Safeguarding SI's raised around poor analysis of safeguarding information	G		Learning from SI shared with frontline practitioners at the November learning event. The CCGs reviews all safeguarding SI's raised and poor safeguarding practice identified are escalated to the Quality & Governance Group/SI Lead and also shared with Named Professionals		
	Police	Promote better attendance at strategy meetings and ICPC by implementing IT solutions to prevent all agencies spending valuable time travelling to mirror successful implementation of similar use of conference calls within the police for other functions. Face to face is preferable but with issues in many agencies this is not always the best use of time and is often inefficient	see previous column	R			LSCB Board members	Conference or video conference ability for all strategy meetings nad CP conferences which is inexpensive and provides face to face virtual attendance to better maximise the use of all agencies resouces and will improve attendance.

Children's Social Care & Education	Promote effective multi-agency ownership of risk and risk management	Review and strengthen LSCB work plan for 2015-16	G		Mar-15	LSCB	Agencies appropriately manage risk and constructively challenge each other in the best interests of the child
CAFCASS		Ensure practitioners are aware and empowered to arrange multi agency meetings to safeguard and meet the needs of children and young people.					
NELFT		Staff to be reminded of their role and responsibilities for attendance at CIN/Multiagency meetings via cascaded email/team meetings	G		Sep-14	Named Nurses	
Probation	No Response						
BTUH	Ensure that child protection plans have effective review dates and identified professionals to assist the child in achieving the desired outcomes and to prevent drift	Attendance at TSCB Audit meetings and other appropriate and applicable meetings Completing S17 and S47 and Initial and Review Child Protection Reports with analytical detail where applicable	G		Complete	Named Nurse and Named Dr for Safeguarding Children	To continue to contribute to Audit meetings
6d. How will the Board know it has been successful?	Thurrock CCG	As above 6a& b Reduction in the number Safeguarding SI raised around poor analysis of safeguarding information.	G		The CCGs review all safeguarding SI raised and poor safeguarding practice identified are escalated to the appropriate manager		

Police	Implementation of IT solutions to attendance to provide virtual face to face at CP conference and strategy meetings	Video and conference capability is provided and attendance monitored post implementation	R			LSCB Board	
Children's Social Care & Education	Audits show evidence of effective information sharing and shared analysis. Children and young people receive timely interventions.	Audit programme linked to LSCB single agency challenge sessions. Audit of MASH contacts from schools and feedback from school safeguarding leads	G		Single agency challenge session have taken place and are planned for the rest of the year.	NL/ AC	Children and young people receive timely multi-agency interventions.
CAFCASS	No Response						
NELFT	CIN Plans demonstrate effective multi agency working and planning	Multi agency audits to be completed by LSCB audit group	A		Included in LSCB Audit Plan		
Probation	No Response						
BTUH	As the acute setting is not a case holder, the only means of identifying a positive outcome for the child is from attendance at audit meetings		G			External audit	

Finding 7: Is there a pattern whereby GP's in Thurrock are not recognised by other professionals or themselves as an integral part of the safeguarding network?

GPs are a critical part of the safeguarding network. It is essential that any barriers to their effective engagement in safeguarding processes are actively addressed. This is particularly important in the context of underage sexual activity and sexual exploitation, where GP's are likely to be a key point of contact for young people

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
7a. How will the Board establish whether this is a significant	Thurrock CCG	Most GPs in Thurrock do recognise safeguarding but more needs to be done to engage them to contribute to the wider	CCG will carry out post Section 11 practice visits to all GP practices in Thurrock to highlight these issues.	G	Named GP is new to post Case conference time and venue not suitable for GP to attend.	Post Section 11 audit visit to all practices in Thurrock completed	Named GP and Safeguarding Team	For GPs to become an integral part of safeguarding process and for them to recognise their role/responsibility with regarding

	BTUH	This is not a recognised issue for BTUH as GP's are an integral aspect in relation to any child where safeguarding concerns could potentially exist	N/A	G	N/A	Complete		
7b. How will the Board explore the engagement of GPs in the safeguarding network?	Thurrock CCG		As mentioned above CCG / Named GP will facilitate GP safeguarding forum to discuss the outcome of the case review and share findings.	G	Lack of Link Meeting between GP safeguarding lead and HV/SN	DN held a meeting with the newly appointed Named Doctor to discuss the SCR action plans. SCR was on agenda for GP forum in August. Discussed importance of GP role and engagement with CP/Safeguarding procedures. Mandatory/Statutory protected time for training on Safeguarding Children. RCGP Tool Kit 2014 circulated to all GP's. Safeguarding team working closely with the new Named GP encouraging GPs to have MDT meetings	DN & NGP Associate Designate Nurse	
			CCG/ NHS E / Named GP will encourage GP at their meeting to share / offer suggestion on how best to improve engagement.	G		Ongoing through training and forums. Discussed at GP forum in August. GP views shared with LSCB & Local Authority	Safeguarding Team	

		Engagement has been explored through Safeguarding S11 GP practice visit and any CCG safeguarding contacts with GPs	G		All GP practices in Thurrock have received safeguarding audit contact. Report on practice feedback available on request. GP's role and expectation in Safeguarding are re-iterated at every contact	Associate Designated Nurse	
		CCG to encourage providers to have seamless pathway for information sharing with GP CCG to continue to encourage/promote safeguarding link (HV/SN) meeting between practice Safeguarding Lead and frontline practitioners	G		Email sent to service managers to encourage them to provide an update list of link of HV/SN to all GPs in the area. Encourage GPs to establish MDT meeting between GPs, HV, S/N and allied health professionals	Safeguarding Team Associate Designated Nurse	
		CSC / Named GP to offer Safeguarding lead shadowing opportunities.	A		This has been discussed with the Named GP. To be discussed with CSC	DN	
		CCG Safeguarding Team to incorporate findings of case review into GP Protect Time To Learn.	G		CSE & SCR Julia has been incorporated into GP training delivered at TTL in June Workshop on 31/10/14 GP safeguarding Lead forum	Safeguarding Team	
Police	Police are not able to contribute to this issue	Police will monitor referrals from GPS into the CSE Triage Team.	G	N/A	CSE TT data to be provided to LSCBs as part of Police data set.	D/Supt Mark Wheeler	Provision of LSCB data form Police.

Children's Social Care	CSC managers and LSCB members to regularly attend GP Forum.	CSC managers and LSCB members to regularly attend GP Forum.	G		Dates proposed for CSC Head of Service to attend GP Forum	AC	Effective partnership with GPs lead to early identification of CSE; CSA and peer on peer abuse.
CAFCASS	CAfcass are unable to comment on this issue						
NELFT	NELFT to ensure staff engage with GP's when safeguarding issues are identified	All GP's in Thurrock to receive contact details for named HV/SN services bi annually	G		Sept 14 Lists of HV/SN sent to GPs	Head of Universal Services	Effective communication pathways are established with GP's to ensure effective and high quality safeguarding
		Reminder cascaded via email/team meetings to be sent to staff to ensure they alert named GP and share information where safeguarding concerns identified for a child/YP	G		Sept 14 Email sent to clinical leads to cascade to staff 23.09.14 Clinical leads to also discuss in team meetings and send minutes as evidence	AD Children's Services	Processes are in place to reduce risks to children and young children
		Role of GP in safeguarding network to be included in safeguarding children training	G		Training amended	Named Nurses	
Probation	As an organisation we do not work directly with children						
BTUH	This is not a recognised issue for BTUH as GP's are an integral aspect in relation to any child where safeguarding concerns could potentially exist		G				

	Education	Education are aware that schools often have important links with GPs and may therefore be in a position to provide further information on this concern through contact with safeguarding leads	Schools to feedback on contact with GPs as part of safeguarding audit	G		Ongoing	NL/AC	Effective partnership with GPs lead to early identification of CSE; CSA and peer on peer abuse
7c. What are the options for addressing this issue?	Thurrock CCG	Suggestions from GPs	Children Social Care to consider: Changing case conference time/venue	G		DN to raise with CSC Heads of relevant services (Head of CATO & CP & QA Services)	DN	
			Explore other ways of engaging GPs in conferences/ CIN meeting e.g. telephone conferencing.	G		DN to raise with CSC Heads of relevant services (Head of CATO & CP & QA Services)	DN	
			Holding some CIN meeting/ Case conference/ at GP practices.	G		DN to raise with CSC Heads of relevant services (Head of CATO & CP & QA Services)	DN	
			Use agreed Section 47 form devised by GP and CSC (2012)	G		DN to raise with CSC Heads of relevant services (Head of CATO & CP & QA Services)	DN	
	Police	The suggestion from CCG regarding telephone conferencing will support earlier suggestions made by police to explore IT solutions to case conference and strategy meetings to secure better attendance. No other evidence offered by Police regards this issue.	Explore options around IT and teleconferencing	G		Police to engage with CSC and CCG around ICPC options.	DCI Tracey Harman	N/A

Children's Social Care & Education	As suggested by GPs the following proposals are being explored by CSC and the CCG	Children Social Care to consider changing case conference time/venue	G		To be progressed at GP Forum Meeting	YA/AC/NL	Increase ability of GPs to manage their surgeries and attend CP conferences and CIN meetings.
		Explore other ways of engaging GPs in conferences/CIN meeting e.g. telephone conferencing	G		To be progressed at GP Forum Meeting	YA/AC/NL	Increase ability of GPs to manage their surgeries and attend CP conferences and CIN meetings.
		Holding some CIN meeting/ Case conference/ at GP practices.	G		To be progressed at GP Forum Meeting	YA/AC/NL	Increase ability of GPs to manage their surgeries and attend CP conferences and CIN meetings.
		An educational MASH video is being made to assist GPs and other professionals in making referrals to CSC	G		Filming is complete and video is being edited; on track for March 15 completion target	YA/AC/NL	Increase awareness of referral pathways
CAFCASS	CAfcass are unable to comment on this issue						
NELFT	Ensure effective communication from NELFT to GPs	GP surgeries to be informed of link HV and SN	A			Head of Universal Services	Effective communication pathways are established with GPs to ensure effective and high quality safeguarding process' are in place to reduce risks to children and young people
Probation	No Response						
BTUH	This is not a recognised issue for BTUH as GP's are an integral aspect in relation to any child where safeguarding concerns could potentially exist		G				

Chapter 4 of Review Report – ADDITIONAL LEARNING

1. The importance of holistic assessments

Historically national guidance regarding Initial and Core Assessments encouraged Social Workers to be incident focused and only analyse the circumstances of the referred child, leaving other children in the same family without a clear analysis of their needs or a plan

There were two referrals regarding Julia's sibling during the period under review and both focussed on the sibling rather than Julia. The Review Team recognised that the existing processes regarding Assessments did not support a holistic whole family approach. This is in the process of change with the development of the Single Assessment process.

In September 2011 Children's Social Care received a referral from the hospital regarding Courtney who had been seen in A&E with burns caused by her sister throwing water from a boiling kettle on her back whilst she was in the bath. The referral also said that the hospital was concerned because Julia's mother had told them that Julia *"had been sexually active since she was 11- 12 years old"*. A referral was opened regarding Courtney, but not Julia.

The completed Assessment contained a lot of information and family history. The focus was on Courtney and her circumstances, but there was also information provided about Julia. Information was provided about Julia not having contact with her father because her mother said that he is a risk to children and was allegedly involved in the sexual abuse of a child. The School were said to have raised concerns about Julia who was refusing to follow instructions, truanting from class, being disruptive and had hit another student in class. In the context of the two previous disclosures of rape and the allegations made in the referral, these were worrying issues, which indicated that Julia had significant needs.

Crucially the conclusion of the assessment focussed almost exclusively on Courtney and the incident which led to the referral. This meant that the referral was not considered to have met the threshold for services because the incident had been dealt with. Julia's needs were not analysed and no formal plan of action was put in place, beyond continued support from school for her.

The lack of any Assessment of Julia's needs during the majority of the period under review meant her needs were not well understood, the issues of sexual abuse not explored fully and the need for Child Protection processes to be put in place not fully discussed.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
8a. Does the Board recognise that the quality of assessment in Thurrock is an issue for the safety and wellbeing of children and young people?	Thurrock CCG	This is not applicable to the CCG	The CCG does not work directly with Children and Families	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG
	Police	Whilst the police contribute to assessments in terms of information sharing, they are not responsible for completing them and so this is not applicable. As a member of the board however, it is recognised that the quality of assessments is critical to assess the needs of children.	N/A	N/A	N/A	N/A	N/A	N/A

	Education	Schools will require ongoing advice and support to ensure that all information relevant to individual children and their families is appropriately recorded in school giving a long term picture of needs which is included in assessments	Ongoing training support in schools regarding their role in information gathering	G		Advice to Headteachers through bulletin and briefing March 2015. training for schools in summer term 2015	NL/AC	Effective & holistic assessment and information sharing by school staff
8b. Does the introduction of the Single Assessment provide an opportunity to improve the quality of assessments, and ensure that a holistic approach is taken?	Thurrock CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG
	Police	This is not applicable to the police as police, whilst contributing, do not produce the assessment.	N/A	N/A	N/A	N/A	N/A	N/A
	Children's Social Care & Education	Single Assessment was introduced in April 2014 in Thurrock. The principle objective of SA is that it captures and reflects on child's journey starting from early intervention (CAF) through to Children Social Care with a holistic approach to consider the family as an unit rather than the assessment only focusing on the subject child.	Strengthen assessment processes by MASH (Multi-agency safeguarding hub) undertaking initial CSE risk assessments (where appropriate) to increase capacity for early identification of CSE risks.	G		Audits in Dec 14; March 15 & June 15 - ongoing spot-checks and periodic thematic audits	RM/NL	Evidence of an initial CSE risk assessment by MASH being completed on relevant cases and leading to appropriate further assessment and initial actions.
	CAFCASS	No response						

	BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services
	Education	Schools need to be fully aware of the risks of CSE	Multi-agency support to be provided to schools in identifying CSE risk factors/indicators	G		Ongoing	NL/LSCB/AC	Schools are able to consistently identify & address CSE risk factors
8e. How will the Board know it has been successful?	Thurrock CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG
	Police	By the monitoring of referrals and outcomes by the SET CSE strategic group to assess recognition of risk factors.	The SET CSE strategy group to consider an appropriate data set to monitor effectiveness of CSE recognition and referral across the county. SET Strategic CSE board will report into the LSCB to update on progress.	G		By end of June 2015	D/Supt Investigations, Crime and Public Protection	
	Children's Social Care	Evidence on LCS of clear identification of young people understood to be at risk of CSE	Complete CSE Risk assessments on current cases.	G	LCS ability to flag cases, discuss with Liquid Logic and consider upgrade to CSE workspace when available in June 15.	March 2015 and ongoing as new cases identified.	JW/NL/PC/RM	CSE risk assessments are embedded into practice and regularly reviewed
	CAFCASS	No response						
	NELFT	Identification of young people at risk of CSE and appropriate intervention put in place						
	Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions

Police	The Board will be required to monitor referrals made about this age group and track the outcomes and thresholds met to satisfy themselves. The police conduct joint investigations with CSE and Section 47 are audited at the Audit Group. Continuation of CSE Champion Training to highlight CSE as an issue, covering all ages up to 18 years.	The Audit Group to consider an audit of referrals about this age group and assess against threshold for Section 47.	A			Chair of Audit Group	The audit to evidence that the threshold for Section 47 is applied fairly to all age groups to allow access to services
Children's Social Care & Education	Strengthen SET procedures regarding sexual exploitation and use of CP procedures. Monitor CP rates in relation to teenagers.	Review & update SET procedures. Undertake multi-agency audits of adolescent CIN cases against thresholds	G		Revised SET procedures have been completed. Audits are ongoing	NL	Updated procedures that incorporate learning from 'Julia'; Jay Report and Ofsted Thematic on CSE. Thresholds are applied appropriately and cases escalated where necessary using full legal powers open to the LA
CAFCASS	No response						
NELFT	staff to ensure referrals are made for all young people who have suffered significant harm and abuse	Monitor acceptance of adolescent referrals through MASH/cases brought to supervision for escalation					
Probation	Probation – the children and families practice instruction includes reference to offender managers escalating concerns through a manager.	Probation- inclusion in dissemination document	A	November 2014 - update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014.	31/12/2014	Alex Bamber	

BTUH	BTUH recognises that Children's Safeguarding relates to all patients that come into any area of our Service. At present time this is Children and Young People aged 0 – 18th birthday which is reflected in current training and education						
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