





**Thurrock LSCB SCR**

**MEGAN**

**Review Questions to the Board and its Partner Agencies**

	<p>Red Progress not on track - remedial action required</p>
	<p>Amber Progress will need monitoring to ensure it remains on track</p>
	<p>Green Progress on track no additional action</p>
	<p>Action completed and evidenced</p>

Last updated 17.06.2016

Questions	Agency	Actions	RAG	Target Date	Evidence/Outcome	Agency Lead Person	
1 How does the Board ensure that referrals contain the relevant history of the family so that all agencies are aware of recurrent themes?	Police		0	0	0	The Child Abuse Investigation Team complete a set of checks for each referral which are recorded on a check sheet and uploaded onto the Athena record (case information system). Police pass this information during strategy discussions/meetings to Children's Social Care and other attendees.	0
	Children's Social Care/Children's Services	<p>1 Continue to improve and develop the MASH and consultation offered within the MASH - JT</p> <p>2 Threshold training for agencies - including for agencies - including analysing history and current relevant factors - MWT, NL &amp; TG</p> <p>3 Effective Child Protection and Safeguarding training. LSCB Training Group</p> <p>4 Guidance to schools to ensure that all information held in schools is effectively shared within schools and between schools at school transfer. NL, MWT</p> <p>5. Guidance to schools on ensuring that all key information is set out in referrals and the need to emphasise any issues of recurring themes. NL MWT</p>	Green	ongoing	<p>Independent and internal review of the MASH</p> <p>First Response Worker Pilot</p> <p>MASH (EOF &amp; TF) Board and action plan</p> <p>Threshold training to schools and schools safeguarding leads meetings.</p> <p>Threshold and CAF workshop/training with GPs as part of the GP Safeguarding Leads Forum</p> <p>Section 11 and schools safeguarding reports to LSCB</p> <p>School safeguarding forum feedback</p>	AC; JT; NL; MT & RE	
	NELFT	NELFT to be assured that practitioners complete robust risk assessments to include all relevant history when completing referrals including the Common Assessment Framework (CAF)	Green	31.03.2016	<p>NELFT electronic record keeping system incorporates information to support compiling relevant history of family (safeguarding palette and groups and relationships).</p> <p>NELFT safeguarding training incorporates guidelines on completing referrals. NELFT will be collecting exemplars of referrals to discuss with practitioners and use within training and supervision.</p> <p>Guidance including threshold documents is available on the NELFT website.</p> <p>Safeguarding duty desk is available for support for practitioner completing referrals.</p> <p>The quality of safeguarding referrals is audited on annual basis and following CQC review NELFT are planning to implement a real time quality assurance process. Update 6.6.16 exemplars of referrals are being collated. All safeguarding referrals to be discussed with line manager/safeguarding supervisor/duty desk and audit of quality of referrals to be registered.</p>	Named Nurse Safeguarding children.	
	Thurrock CCG	<p>Training has been provided on Threshold doc, MASH Process and CAF.</p> <p>Made available on the CCG Intranet via the Resource Pack. Standing agenda item on GP Forum.</p> <p>Head of Children's Social Care (CSC) is invited to the GP forums to respond to any CSC issues. MASH referral discussed at GP forum and training as required.</p>	G	Completed	<p>Evidence of GP referrals to MASH.</p> <p>Evidence of GP's challenge to MASH.</p> <p>CQC Positive Feedback on GP's referral during deep dive inspection.</p>	Designated Nurse / Safeguarding Team	

	BTUH		0	0	0	BTUH is aware referrals need to be more explicit with regard to information ie drug overdoses – what drugs are and physiological effect If parent provides details of where child/ren are, for this to be noted on referral form, or for referral form to stated parent refused to provide information	0	
	CAFCASS							
	NPS	completed	completed		0	Offender Managers generally work with adults, information on social care involvement is gathered at court and induction and updated as required during statutory contact with case, Oms will refer to past records when making referrals, action point discussed at Thurrock team meeting on 25.2.16	Shirley Kennerson, for all points	
	CRC							
2	How does the Board ensure that agencies avoid starting again and incorporate all previous information?	Police		0	0	0	All of the information held within police systems is recorded on Athena. Every event relating to a specific individual or family is linked within the system. Athena has been in place since 01/04/15, prior to that events were recorded on a system known as PROtect. This data is being back recorded converted onto Athena.	0
	Children's Social Care/Children's Services	1 Ensure effective use of chronologies and case summaries. JW & SMT. 2 Develop a stable and permanent workforce. SMT & AC 3 Promote reflective practice and the use of research. SMT & CS 4 Promote specific advice to schools on the potential increase of safeguarding risks where there are existing safeguarding concerns at the time a parent makes a decision to Electively Home Educate 5 Promote effective safeguarding and threshold training across agencies. Ensure LSCB Training Group is fit for purpose 6 Guidance to schools and workshop activity on building on previous safeguarding activity and dangers of fresh start approaches	Amber	ongoing		Maintained focus and training to staff on the completion of chronologies. Consistency and quality of chronologies to be improved. Retention and recruitment campaign has increased the number of permanent staff and work is ongoing to strengthen targeted recruitment at the front door and Team Manager level.  Supervision template and guidance is embedded to promote reflective supervision. Recorded evidence of reflection to be improved.  LSCB Training Group, quality assurance of safeguarding and child protection training  Safeguarding Forum workshop activity and feedback  Elective Home Education information from schools to include any information on safeguarding concerns .	AC; JH; JT; NL; MT, RE & Aca	
	NELFT	NELFT to be assured that staff record and analyse all relevant history when completing assessments.	Green		30.06.2016	NELFT electronic record keeping system incorporates information to support compiling relevant history (safeguarding palette and groups and relationships). NELFT safeguarding training incorporates guidelines on record keeping and the relevance of historical information. Update 6.6.16 Combined safeguarding thematic audit in progress with data collection due for completion end of June 2016.	Named Nurse Safeguarding children .	

	Thurrock CCG	Following SCRs Julia and Megan, please see CCG IMR Action Plan for Megan 1.2 and 1.3 GP's to have the need for a co-ordinated response from health practitioners when they see children of concern, which includes sharing information, collective analysis and decision making.	G	Completed		0	Designated Nurse / Safeguarding Team	
	BTUH		0	0	0	0	BTUH do not work directly with families. However through safeguarding children supervision in relation to potential safeguarding concerns, staff are aware the need to view historic acute attendance information	0
	CAFCASS							
	NPS	completed	completed	0	0	0	see Q1, historical OASys, court reports are read and incorporated to a longitudinal picture along with headline information pinpointing current concerns	Shirley Kennerson, for all points
	CRC							
3	How does the Board ensure that all practitioners share the information they have with others - and also ensure that they take ownership of this?	Police	0	0	0	0	Police share information when they receive a request for Section 47 and Section 17 checks. If this request is linked to a referral, the information is shared at a strategy meeting or case conference.	0
	Children's Social Care/Children's Services	Develop and evaluate information sharing across agencies within the MASH using the MASH Board to lead. JT  Develop information sharing and use of technology to support intervention within EOH & TF. AC, CM, TGo and CSPM Project Board  Guidance to schools and all Children's services' agencies EWS, EHE, EPS, School Improvement, on sharing information with all agencies to collate and build on any emerging issues.	Amber/Green	ongoing			Effective information sharing agreements are in place within the MASH and these are subject to review.  Review of core groups and conferences as part of audit cycle for 2016/17 building on learning from 2015/16. Evidence indicates that core groups are not as consistently effective as they need to be.  Ongoing challenges to agencies to ensure that attendance at conferences is multi-agency and effective.  Improving analysis of data held across agencies to target interventions and monitor outcomes for families (CSPM)  Ongoing challenge to all schools and agencies working with schools to ensure information sharing is taking place.	0

NELFT	This is in place	Completed	0	<p>NELFT health practitioners are co-located in MASH to ensure appropriate information sharing.</p> <p>NELFT have signed up to the Information Sharing Agreement with MASH. Advice regarding information sharing is available to all NELFT staff via the Safeguarding Duty Desk.</p> <p>Information sharing guidance is available on the NELFT website.</p> <p>Information sharing is discussed at safeguarding supervision and the quality of safeguarding supervision is audited on an annual basis.</p> <p>A NELFT wide information sharing policy is in place to support staff in sharing information.</p> <p>The National Information Sharing Guidance was updated March 2015 is available to all staff through the intranet pages and information of this is included in all Safeguarding Children Training.</p> <p>Links to the guidance are within the safeguarding children level 1&amp;2 on line training.</p> <p>There is a flow chart in place in the Information Sharing Guidance updated to detail information sharing process pertaining to information within children's records requested by agencies and statutory organisations.</p> <p>There is policy and guidance in place on the processes for sharing information which is patient identifiable: within the organisation, outside the organisation, via email, fax and paper processes.</p> <p>All staff have access to encrypted email accounts and all operational teams have a group.nhs account.</p> <p>Compliance to the Policy on information sharing is part of the corporate audit cycle.</p> <p>The Annual Audits on Safeguarding Record Keeping and multi-agency referral process support the audit process.</p>	0	
Thurrock CCG	<p>All GP Practices in Thurrock are on System 1 except for 3 practices.</p> <p>GP are taught and encouraged to use the safeguarding palate and know how to pull the significant safeguarding report from the child's template.</p> <p>System 1 team have design a flagging system whereby vulnerable, CP and LAC children and young people are flagged.</p> <p>GP, HV's and SN's have a shared access and are able if required to override the system to view information.</p> <p>MDT meetings are been promoted.</p>	G	Completed		0	Designated Nurse / Safeguarding Team
BTUH	0	0	0	<p>BTUH complete safeguarding information sharing proforma which is sent to the Named Nurse and Nurse Specialist for Child protection/Safeguarding both locally and out of area.</p> <p>Information that is known at the time is stated on CAF referral forms</p> <p>All paediatric A/E attendance information is securely e-mailed to community practitioners as case holders for these children.</p> <p>The vacant post over the past year in relation to nurse liaison is to be recruited into in early 2016.</p> <p>GP's receive notification of all BTUH information as gate keepers for the child and family.</p>	0	

	CAFCASS						
	NPS	completed	completed	0	Oms prepare reports as well as attending in person for CIN and CP conferences, resulting CIN and CP plans are incorporated into Risk Management Plans and Sentence plans	Shirley Kennerson, for all points	
	CRC						
4	How does the Board ensure that the impact of agreed interventions is evaluated and outcomes described and shared?	Police	0	0	0	This is achieved through the audit function administrated through the LSCB. In addition, the Police have an internal audit and compliance programme agreed by Chief Officers each year. Outcomes of investigations are monitored though our internal performance framework.	0
	Children's Social Care/Children's Services	Ensure that interventions and commissioned services have a clear outcomes framewoprk/plan that is SMART. Provision of data, reports and presentations at Full Board and Performance Group  Ensure all actions and impacts of these interventions from Children's services including EWS and EHE are carefully monitored and supervised.	Amber	ongoing		Outcomes date re: EOH & TF  Duration data re: children subject to CIN, CP and PLO  Challenge to drift and delay re: effective tracking at each state within the Children's Social Care and multi-agency processes.  Local, Regional and National performance data.  CME monthly monitoring meeting at DMT	SG
	NELFT	This is in place	Completed	0	0	The progress of individual child protection and child in need plans are discussed and reviewed at safeguarding supervision. The Safeguarding Children supervision policy supports staff to identify and carry our risk assessments of cases to be discussed at safeguarding supervision. All identified staff are required to attend safeguarding supervision at least 3 monthly. The quality of safeguarding supervision is audited on an annual basis. Where there are concerns regarding the progress of actions identified in CP and CIN plans NELFT staff are supported by senior staff and safeguarding team to escalate concerns as per the policy. NELFT staff are expected to prioritise attendance at conferences/core groups and to actively participate. Support is available to staff via senior managers and safeguarding team. NELFT is currently auditing the practitioners contribution to conferences and core groups.	0
	Thurrock CCG	From the learning on Megan and Julia SCRs, Some practices in Thurrock have started to invite other health professionals (HV's, SN and AHP) to their MDT meetings to share and evaluate interventions. This is a new process for the GP's and Community Staff, and will need reviewing regularly for feedbacks.	A	Review June 2016			0 Designated Nurse / Safeguarding Team
	BTUH	0	0	0	0	BTUH are not core group members, nor receive information regarding Child-in-Need or Looked After	0
	CAFCASS						

		NPS	completed	completed	0	By contributing to multi-agency meetings and addressing Cin and CP plans where NPS has specific action points, NPS also attend multi-agency meeting to contribute to the formulation of action points	Shirley Kennerson, for all points
		CRC					
5	How does the Board ensure that all agencies have an understanding of adolescent neglect and the impact of this on the ability of the adolescent to change and challenge?	Police	0	0	0	All CAIT officers attend the national Specialist Child Abuse Investigation Development Programme which covers the four strands of significant harm including neglect. Each child abuse hub has sent an officer on a recent neglect conference which covered adolescent neglect. This learning was taken back and disseminated via office meetings had neglect as the theme.	0
		Children's Social Care/Children's Services	1 Embed use of Adolescent Neglect Tool Kit. JW & CS 2 Develop and embed neglect strategy. CS 3 Audit a range of adolescent neglect cases. Audit Group/TG 2016/17 4 Implement further workshop training on adolescent neglect through school safeguarding forum	Green	June 2016 / ongoing	Adolescent Neglect Toolkit embedded within service with focus on Adolescent and Edge of Care Team.  Neglect Strategy developed by Children's Services and enlarged to be LSCB Strategy.  Early adopter status and work to embed the Graded Care Profile 2.  Increase in teenagers who progress to CP plans re: neglect and emotional abuse.  Appropriate use of accommodation for teenagers.	AC; JT; NL; MT & RE
		NELFT	NELFT to disseminate SCR Megan to all practitioners. NELFT to monitor progress of Megan IMR Action Plan. NELFT to participate in role out of GCP2	Completed	30.06.2016	NELFT is monitoring the progress of action plan identified in IMR. NELFT is actively participating on the Graded Care Profile (GCP)2 early adopter pilot with Thurrock Local Authority. The Named Nurse Safeguarding Children and Head of Children's services are members of the Steering Group. The Named Nurse has completed training to become a licensed trainer for GCP2. NELFT will identify practitioners to participate in GCP2 pilot. NELFT practitioners participated in 2015 LSCB conference focusing on neglect. 04/03/2016 update HG: 2 frontline staff have been identified and undergone GCP2 training, along with their line manager and a Specialist Safeguarding Advisor who will support this pilot. Update 6.6.16 GCP2 is being rolled out and NELFT fully participating. Extraordinary safeguarding supervisors meeting to disseminate Megan SCR; Megan SCR presented at Senior Leaders forum, Megan SCR discussed at directorate performance, quality, safety group (DPQSG). Megan IMR action plan monitored at same meetings.	Named Nurse Safeguarding children .
		Thurrock CCG	Children and young people to be spoken to during consultations with GP practice staff. GP practices report there is a shift in practice as young people are being asked for their views and given opportunity to comment on treatment and progress. This needs monitoring, and an audit scheduled for June 2016 will give information on implementation.	A	01/06/16	GP Practices have started to contact MASH to share and or discuss concerns.	Designated Nurse / Safeguarding Team
		BTUH	0	0	0	Adolescent Neglect is a theme within Level 3 safeguarding children training. Other than Maternity services, BTUH do not work directly with adolescents. Therefore in a majority of cases will not know if the adolescent has the ability to change and challenge. However, as an advocate BTUH would undertake this on behalf of the young person	0

		CAFCASS						
		NPS	completed	completed	0	NPS is aware and staff have been reminded of this on 25.2.16 including YOS seconded staff , NPS would not be considered lead agency in this area	Shirley Kennerson, for all points	
		CRC						
6	How does the Board evidence the outcome of the multi-agency training to create a better understanding and appreciation of the roles of other agencies?	Police	0	0	0	This has previously been evidenced by the Training Sub Group completing telephone surveys with attendees at an appropriate interval after other similar training. Consideration should be given as to whether this is a priority over the other work of the Training Sub Group.		0
		Children's Social Care/Children's Services	1 Multi-agency audits to evaluate the effectiveness of training. LSCB Audit & Training Group. 2 Challenge each agency including schools re: how they are evaluating the effectiveness of their training and CPD. LSCB Performance Panel	Amber/Green	ongoing	Clear training evaluation framework. Comprehensive range of training (CPD) & new models of training delivery.  Team/Service areas based skills audit.  Identified need to strengthen the application of training to practice and how this is sustained over time.  Need to further develop support to training re: take up of offer of group supervision.	AC; JT; NL; MT & RE	
		NELFT	This is in place	Completed	0	NELFT is represented at the LSCB training sub group.		0
		Thurrock CCG	The LSCB did not offer or deliver multi-agency training in 2015. However the CCG Safeguarding Level 3 training covers partnership working and multi-agency responsibilities. The LSCB Training Subgroup plans to put on training in 2016.	A	Awaits LSCB Training Dates			0 Designated Nurse / Safeguarding Team
		BTUH	N/A	N/A	N/A	N/A		0
		CAFCASS						
		NPS	completed	completed	0	operational staff discuss and review of training events with line manager, this is a standing agenda item of staff supervision template	Shirley Kennerson, for all points	
		CRC						
7	How does the Board ensure that all agencies draw on the wider healthcare team to obtain as full a picture as possible of a child's life to help them recognise those in need?	Police	0	0	0	Health is a complex structure and so it would be really helpful if there was a single point of contact within health who could be responsible for contacting all the facets of health to identify what is held about a child. It is not feasible for Police to identify and contact each facet of health.		0



	Children's Social Care/Children's Services	1. Induction, multi-agency and single agency training to ensure that agencies/practitioners appropriately understand the modern health economy.  2 Senior Managers in Children's Social Care to attend GP Safeguarding Forum.  3 Strengthen links between LSCB and Health and Wellbeing Board.  4 Develop links and shared attendance of School Nurses , Health Visitors and Specialist Safeguarding leads in Health at School Safeguarding Forum	Green	ongoing	Senior Children's Social Care Managers are in attendance at the GP Safeguarding Forum.  The Chair of the LSCB and DCS attend the Health and Wellbeing Boards.  Use of the Neglect clinic  Integration of health agencies within the MASH  Feedback from Schools and School Nurses on closer working and improved information sharing across wider Health care team and schools. .	AC & NL		
	NELFT	NELFT to ensure all staff are knowledgeable of all health services provided. NELFT to ensure staff comply with record keeping standards. NELFT to ensure that all staff are confident in the use of safeguarding palette. NELFT to promote joint safeguarding supervision of all NELFT staff providing care	Green	30.09.2016	NELFT ensures that records of vulnerable children and children with complex needs are reviewed within safeguarding supervision. NELFT has embedded the use of the safeguarding palette within the electronic record keeping system. Level 2 and 3 Safeguarding Children training (classroom delivered) is delivered to multi-disciplinary cohorts.Update 6.6.16 Thematic safeguarding audit is in progress. This audit incorporates quality of record keeping, safeguarding supervision, DV/ harmful practices, CSE and safeguarding children interventions.	Named Nurse Safeguarding children .		
	Thurrock CCG	The CCG LSCB subgroups representatives has encouraged and re-iterated at various meeting on the complexities in health, and have advised agencies to contact the CCG safeguarding team to ensure the appropriate health practitioners are involved in decision making processes and invitations to meetings.  Agencies has been informed on the fragmentation of health services and commissioning. The learning from SCRs has also been shared with GP Practices to promote their safeguarding responsibilities and profile in safeguarding.	G	Ongoing		0 Designated Nurse / Safeguarding Team		
	BTUH		0	0	0	0	Soon to be recruited to Nurse Liaison post Dissemination of paediatric A/E attendances to community practitioners by bank staff	0
	CAFCASS							
	NPS	N/A	N/A		0		NPS would not be lead area, however NPS staff liaise with Crim Justice Mental Health Team	Shirley Kennerson, for all points
	CRC							
8	How do agencies ascertain that families have adequate knowledge and the right skills to	Police	0	0	0	0	This is through assessment and whilst Police contribute, we do not complete assessments on families, this is a role for Children's Social Care.	0

follow change programmes?  
This includes identifying influences or barriers, which may reduce their ability to actively change their health behaviours within the family and support the health and well-being of their children?

Children's Social Care/Children's Services	<p>1 Continue to develop and embed strengths based models of assessment (SoS). CS &amp; SMT.</p> <p>2 Ensure that plans have measureable outcomes with clear milestones that can be measured. NL, SO, JT &amp; TG.</p> <p>3 Plans have effective and clear contingencies for where the plan is not improving the lived experience of the child/children. SMT</p> <p>4. Engage service users in the design and feedback on the effectiveness of services and how to improve them (co-production) SMT/SG</p> <p>5. Ensure Schools are actively involved in feeding back to agencies including social care on the likely supports and barriers to change programmes from their knowledge of families.</p>	Amber	Oct '16	<p>Use of Victoria Risk Assessment and Strength based model within assessments, supervision and case management.</p> <p>Signs of Safety (SoS) project plan.</p> <p>EOH and commissioned services outcome framework.</p> <p>Threshold Panel, PLO Panel, CP &amp; CIN surgeries re: challenge as to the effectiveness of plans within a timeframe for the child. Identification of ongoing need to make plans SMART linked to development of SoS.</p> <p>Evidence from Intervention programmes of pre-planning and outcome monitoring taking place with schools and other agencies.</p>	AC, CS & NL	
NELFT	<p>NELFT to ensure that a robust assessment of need is completed and evaluated.</p> <p>NELFT to ensure where children/families do not complete a health course, a follow up is offered,</p>	Green	30.06.2016	<p>NELFT missed health appointments policy has been reviewed to include risk assessments where children are not brought to appointments. Update 6.6.16 email sent to remind staff of learning from SCR and to ensure use of missed appointments policy. To be discussed at DPQSG 9.6.16</p>	Named Nurse Safeguarding children .	
Thurrock CCG	<p>The CCG does not directly work with families.</p> <p>Thurrock GP's have a working knowledge of the 'Think Family' model, resilience and holistic factors that may influence behaviours.</p> <p>In the limited time that is available to GP's it is a challenge for GP's to monitor and or ascertain if families are able to practically implement change.</p> <p>GP will sign post patients to the appropriate services and liaise with them.</p>	G	Completed		0 Designated Nurse / Safeguarding Team	
BTUH		0	0	0	<p>BTUH, other than maternity, are not case holders.</p> <p>However, BTUH would advocate for the child eg complex health issues, parents failing to bring children to outpatient and follow up appointments etc</p> <p>Respectful questioning</p>	0
CAFCASS						
NPS	completed	completed		0	<p>NPS would consult during CP meetings and in that capacity we would identify any barriers that we saw as practitioners and offer practical solutions to overcome these. We would offer to undertake work with the individual we were working with to support this engagement and add it to the offenders sentence plan.</p>	Shirley Kennerson, for all points
CRC						

9 The outcomes as defined was not avoidable however the experience of neglect was. Therefore, how does the Board ensure the best possible (consistent) outcomes for children and young people experiencing or at risk of neglect?	Police	0	0	0	The board need to understand the issues within neglect cases in order to address this and each case is different. The case conference system is a potential forum to set outcomes for children and if these could be set at the beginning of a case and then reviewed regularly against timescales, this will ensure any deviation or non-compliance is considered.	0
	Children's Social Care/Children's Services	1 Monitor and review the effectiveness of the Early Offer of Help in preventing neglect. SG & CM. 2 Ensure that Thresholds are clearly understood and consistently applied. NL & SMT. 3 Model and support effective multi-agency challenge. LSCB. DMT & SMT	Amber	0	0 Outcomes framework in place re: EOH.  Threshold Document accessible to all staff and discussed in Team Meetings and Team Briefs.  Threshold training provided to schools.  Neglect Strategy in place and to be monitored by LSCB.  New models and toolkits for assessing Neglect embedded (Adolescent Toolkit) and being embedded (GCP2).	0
	NELFT	NELFT to be part of the GCP2 roll out.	This is in place	0	0 The Named Nurse for Safeguarding Children is a licensed GPC2 Trainer and will be active in the programme roll out. Practitioners (Health visitors/school nurses) have been identified for the roll out programme of the GCP2. The topic of neglect is discussed with Safeguarding training. This will be enhanced in Thurrock with the GCP2 training	0
	Thurrock CCG	GP's engage in multiagency dialogue, and promote information sharing. It is vital, for other agencies to include GP's in their communications and invitations to meetings. Finds from Megan confirmed some GP's were not included in the whole process. Learning from Megan and Julia has been included in GP practice training, ime to Learn and GP Forums. Escalation of concerns and challenging agencies have been emphasised. There has been increased GP contacts with MASH. GP practices are scanning all Conference reports and minutes into electronic records which will inform colleagues of the bigger picture on the family.	G	Completed	0	0 Designated Nurse / Safeguarding Team
	BTUH	0	0	0	0 See the picture from the child's perspective at all times, retain that focus and not that of the parent. If in any doubt, call professionals meeting to ensure all agencies involved with the child contribute to ensure facts are current Regular Supervision for key workers Professional challenge Recognising children are troubled, not troublesome	0
	CAFCASS					
	NPS	completed	completed	0	0 following SET procedures to ensure prompt and high quality referrals and full engagement and participation in a risk consultation capacity at CP meetings, strategy meetings CIN meetings and Core Group meetings.	Shirley Kennerson, for all points

		CRC						
10	How does the Board ensure that all agencies comply with record keeping requirements of the current SET Procedures?	Police	0	0	0	This can be achieved through quality assurance and auditing either by setting multiagency audits within the programme of auditing each year or through influencing single agency audit programmes.		0
		Children's Social Care/Children's Services	1 Embed clear recording practice standards. SMT. 2 Monitor and develop individual case recording within supervision. 3 Regularly audit the standard of recording and use HR processes where necessary.	Green / Amber	ongoing	1. Updated Practice Standards issued to all staff. 2 Clear focus on recording within induction and CPD offer. 3 Ongoing audits, dip-sampling and case management to review the standard of recording. 4 Ongoing 'shutdown' days to allow workers to balance the focus on direct work and engagement with service users with the need to accurately record. 5 Review and changes to LCS systems by frontline staff (supported by Munro Principle Social Worker) to ensure that this is enabling and not hampering effective practice.	AC & CS	
		NELFT	Ensure all staff are cognisant of electronic and paper based records keeping policy (2014)	This is in place		0 NELFT complete and annual record keeping audit. NELFT safeguarding team complete spot checks safeguarding record keeping audits which include the use of the templates on SystemOne and the safeguarding palette		0
		Thurrock CCG	The SET 2015 Procedures, GMC, RCGP Tool Kit and WT 2015 has been cascaded to all practices and uploaded on the CCG Intranet. These are also updated when required within the Safeguarding bulletins. Record keeping and documentations are highlighted at training and Gp Forums.	G	Completed/Ongoing			0 Designated Nurse / Safeguarding Team
		BTUH		0	0	0	This part of NMC code of conduct, reflected in policy and rolled out within safeguarding children training – the voice of the child	0
		CAFCASS						
		NPS		0	0	0		0 Shirley Kennerson, for all points
		CRC						
11	How does the Board ensure that agencies are equipped to recognise signs of neglect and that the threshold for care proceedings to be initiated in cases of neglect are clearly understood, constantly applied and monitored by all agencies	Police		0	0	0	Through training on neglect for all agencies. The responsibility for legal proceedings sits with Children's Social Care and so training on this specific issue may need to be focused on those responsible for the decision. Case conferences are also a forum to discuss threshold against assessment on progress of cases. A further request for assessment for criminal investigation could be considered alongside this decision to instigate legal proceedings.	0

and monitored by all agencies and the LSCB?

Children's Social Care/Children's Services	<p>1 Implement and embed the Neglect Strategy across all agencies. CS, JT, TG and LSCB.</p> <p>2 Embedding the Graded Care Profile 2 as part of the pilot scheme. CS.</p> <p>3 Monitor and drive the progression of cases via the CIN Surgeries, CP Surgeries, Threshold Panel and PLO Panel. SSMT</p> <p>4 Training and workshop activity on signs of adolescent neglect to be included as part of safeguarding forum.</p>	Green	ongoing / May 16	<p>Thurrock's Neglect Strategy is being embedded across Children's Services.</p> <p>Thurrock is an early adopter of the NSPCC Graded Care Profile 2.</p> <p>Regular CIN surgeries in place to review and challenge progression of cases at CIN.</p> <p>Regular CP surgeries in place to review and challenge effectiveness of CP plans and support multi-agency processes.</p> <p>Threshold Panel and PLO Panel in place to monitor and drive progression of cases in-line with legal thresholds.</p>	AC; CS& NL
NELFT	This is in place	This is in place	0	NELFT staff comply with intercollegiate guidelines safeguarding training. This is monitored via monthly performance meetings. NELFT are participating in the GCP2 pilot. Named Nurse Safeguarding Children has been nominated as lead trainer with Local Authority Munro Principal Social Worker.	0
Thurrock CCG	<p>The safeguarding Team receives emails and telephone consultations from GP's on concerns and on occasion's dis-satisfaction with other agencies decision making on referral. There is an escalation process and pathway in place and GP are encouraged to utilise this pathway.</p> <p>Safeguarding Team Wider SW Health Economy Contact details are accessible via CCG Intranet. Increased telephone contacts from GP's. Increased update from GP Practices following their conversation with CSC.</p> <p>To raise more awareness and Safeguarding Profile, all practices have received a safeguarding support face to face visit. Bi-monthly GP Forums facilitated by the team GP Practice meetings GP Time to Learn sessions</p>	G	Completed/Ongoing		0 Designated Nurse / Safeguarding Team
BTUH	0	0	0	From an acute perspective, emphasising the effects of non-compliance with medication and the necessary follow-ups are highlighted. However, this medical need is not clearly set out within threshold criteria for referral	0
CAFCASS					
NPS	completed	completed	0	NPS trains all staff in recognising the signs of abuse and neglect on a child and our remit for ensuring that care proceedings are initiated constantly applied and monitored would be through our participation in CP conferences/ CIN meetings and engagement in the local Safeguarding Childrens meetings.	Shirley Kennerson, for all points
CRC					

12	Should the Board adapt and expand Case Conference policies and procedures so that:- - Technology is used to make Case Conferences more accessible to agencies. - It can be assessed that Case Conferences are quorate and achieve their agreed multi-agency function? - It can ensure that checks are done on all relevant family members as part of Case Conference procedures? - It can ensure that children's health is discussed at each Conference and appropriate Care PLans put in place and documented in records? - It can ensure that Child Protection Conference and CIN meetings demonstrate analytical assessment of risk in all cases? - It can be assured that the Children and Families Assessment would now capture the family dynamic and impact on the child?	Police	0	0	0	The police would welcome an IT solution to case conference attendance to reduce travelling time and costs and this is a concept already in use within the Police and is very successful. A review of the attendance of agencies needs to be conducted to assess who is failing to attend as per the requirement under SET. Essex Police use to attend just initial case conferences and a review of SET has been undertaken to trial a process where attendance is decided based on need and involvement of police in the case to ensure we prioritise those where we have a contribution and information to share. Essex Police do not currently attend CIN meetings and there is no capacity to do so at present. Our primary role remains the investigation and prevention of crime and this has to be a priority for our workforce.	0
	Children's Social Care/Children's Services	1 Children's Social Care has already agreed to use technology (conference calls and video links) where appropriate to facilitate attendance at conferences. NL  2 Children's Social Care to ensure that invites are sent to all agencies in a timely fashion to support attendance at conferences and core groups, etc. Children's Social Care/Children's Services to escalate concerns re agencies that do not attend. NL, JT & TG  3 Conference Chairs to raise an alert re any case where effective checks have not been completed prior to conference. NL  4 Health actions to be SMART and explicit in what is required from each health agency (such as the GP). NL & SO  5 Develop Signs of Safety model for child protection case conference in order to strengthen evidence of analytical assessment, planning and reviewing.	Amber		0	Agreement to use technology in place subject to practical application and needs of individual families.  Tracking system developed to monitor distribution of conference minutes and improve timeliness.  Signs of Safety project plan/implementation plan in place for Autumn / Winter 2016.	0
	NELFT	NELFT would welcome expanded use of IT to make case conferences more accessible. NELFT ensure that staff attend child protection conferences.	Amber		30/03/2016	There is an audit in progress regarding practitioner contribution to child protection case conferences and core groups.Update 6.6.16 audit data collection t be completed 29.6.16. analysis and report due 31.7.16	Named Nurse Safeguarding children .

	Thurrock CCG	The CCG does not have a Case Conference Policy. However, the CCG works closely with partner agencies to ensure safeguarding of children is effective. Following SCR Julia - the CCG Safeguarding Team has worked effectively with CSC to ensure that models for case conferences are held to accommodate practitioners from all agencies. Email dated 14.11.14 to CSC indicates suggestions from GP's on how case conference meetings and processes can be improved. This will depend on if health is invited and if it is the appropriate health practitioner. It has been advised that specific health leads (GP, HV, SN, AHP or Acute) are given specific action to work on during conferences period. This is to be monitored following the agreed timescale. The ensuring aspect will depend on the chair of the conference in making sure robust plans are in place and agreed by all. Review conferences should indicate if there are any delays from agencies, and the SET escalation process followed.	G	Completed/Ongoing		0	Designated Nurse / Safeguarding Team	
	BTUH		0	0	0	0	<ul style="list-style-type: none"> <li>In my professional opinion Technology would be a valuable resource in cases of sickness or unplanned absence, enabling greater quoracy and information sharing.</li> <li>This is within statutory guidance</li> <li>To ensure that agencies are requested to provide a report in a timely manner</li> <li>The number of children subject to dental extraction under anaesthesia should be considered as a neglect issue. Guidance and boundaries and positive cycle of praise, in my professional opinion are an important facet to mental well being</li> <li>Analytical assessment of risk should be evidenced in all cases</li> <li>???typo – the CFAT assessment should capture the family dynamic and impact on the child</li> </ul>	0
	CAFCASS							
	NPS	n/a	n/a		0	0	Shirley Kennerson, for all points	
	CRC							
13	How does the Board ensure that practitioners see and obtain the child/young person's voice at each contact and record the voice of the child in records and reports?	Police	0	0	0	0	Essex Police are victim focused and this has been a focus of recent vulnerability conferences and ongoing professional development for the front line as well as specialist officers and staff.	0
	Children's Social Care	See 14 below		0	0			0

	Education					
	NELFT	This is in place	Completed	0	0	Within the electronic record keeping system a voice of the child template is completed at each contact. NELFT and completed a Voice of the Child action plan to ensure that there is a consistent approach to obtaining and recording the voice of the child across all services provided.
	Thurrock CCG	Voice of the child is included in GP training and forums. GP practice staff are taught to talk to CYP during consultations. GP's are aware of the importance of also considering a referral when seeing an adult patients who is a parent, with adult issues which may put the children at risk of significant harm. If there are no referral in these circumstances, to provide a rationale as to why a referral has not been made.	G	Completed/Ongoing	0	Designated Nurse / Safeguarding Team
	BTUH	0	0	0	0	BTUH are aware of the need to improve on documenting voice of the child in hospital health records. However, with four monthly rotation of Doctors this an ever revolving part induction training
	CAFCASS					
	NPS	n/a	n/a	0	0	Shirley Kennerson, for all points
	CRC					
14	How does the Board assure itself that children are seen on their own in accordance with agencies' policies and procedures?	0	0	0	0	This is a challenge as often parents' consent is sought to speak to children unless they are of sufficient age and understanding to be 'Gillick competent'. The SET procedures outline other options if parents are suspected of being involved in child abuse. These options include the local authority seeking to share parental responsibility through a court order or by requesting the help of other professionals such as teachers to see children alone. This is centred on adherence and compliance the SET procedures and would need to be subject of an audit by the Audit Group. The issue has arisen particularly around activity on Domestic Abuse incidents and the current improvement plan seeks to address this.
	Children's Social Care	1. Ensure that LCS system captures whether or not a child has been seen, seen alone and can report on this. LT.  2 Undertake thematic case audits to establish if children are being routinely seen alone and their views captured. CS, NL & Audit Group  3 Ensure that escalation process is clearly understood for where children are not seen. SMT.	Green / Blue	ongoing		Recording requirements on the LCS system currently captures if a child has been seen and if that child has been seen alone.  Thematic audits have taken place and continue to be undertaken. Evidence suggests that children are routinely seen on their own.
						AC & SMT



	Education						
	NELFT	This is in place	Completed	0	Children are seen with the consent of their parents, unless the child is Fraser competent and wishes to see a health care practitioner.	0	
	Thurrock CCG	All GP's are aware where appropriate CYP are offered to be seen alone. GPs have access to resource pack and have received training following various SCR on VOC and seeing CYP alone. They are also aware following recommendations to have Chaperone Policy.	G	Completed/Ongoing		0 Designated Nurse / Safeguarding Team	
	BTUH		0	0	Where safeguarding concerns are identified, children are seen on their own but dependent on the stated wish of the child. Each case would be chaperoned in order to protect the child	0	
	CAFCASS						
	NPS	n/a	n/a	0		0 Shirley Kennerson, for all points	
	CRC						
15	How does the Board ensure that all agencies involved with children and young people listen to and consider their voice, record this and ensure that it is part of the story of this child/young person in terms of provision?	Police		0	0	0 Listening to the voice of the child is a theme that has emerged from the recent HMIC Child Protection inspection and it is included in the Improvement Plan resulting from that inspection.	0
	Children's Social Care	Undertake the thematic case audits to assess the effectiveness of the service in capturing the child's voice. NL, CS & Audit Group.  Provide tools and support to promote effective direct work with children. SS  Develop workshop activity and disseminate good practice on listening to children and young peoples' voice as part of school safeguarding forum.	Green	ongoing	Thematic audits have been undertaken and are in place as part of a regular cycle of auditing to assess and improve how the child's 'voice' is captured and acted on.  Training, support and resources are in place to promote direct work with children and young people. February - March have been dedicated as Direct Work months to promote and raise standard of direct work and embed this as part of ongoing practice.  Clear guidance is in place for managers and chairs to be checking as part of supervision how the child's voice has been captured and where appropriate acted upon.	AC & SMT	
	Education						

	NELFT	This is in place	Completed	0	0	0	Within the electronic record keeping system a voice of the child template is completed at each contact. NELFT have completed a Voice of the Child Action Plan to ensure that there is a consistent approach to obtaining and recording the voice of the child across all services provided. NELFT safeguarding training includes Voice of the Child with age appropriate considerations. Recent CQC inspection has made recommendations regarding recording the actual words of the child and the demeanour of child: this will be addressed in NELFT responses to CQC.	0
	Thurrock CCG	Learning from Megan and Julia- Voice of the child is included in all GP level 3 training and is also covered in the GP forums. GP practices report there is a shift in practice as young people are being asked for their views and given opportunity to comment on treatment. 2016 audit should be able to confirm if this is practiced across the board.	G	Completed				0 Designated Nurse / Safeguarding Team
	BTUH		0	0	0	0	BTUH would be involved in this from strategy meeting and discharge planning meeting perspective only	0
	CAFCASS							
	NPS	n/a	n/a		0	0		0 Shirley Kennerson, for all points
	CRC							
16	Should the Board consider developing new ways of engaging with teenagers?	Police	0	0	0	0	The views of teenagers in terms of consultation around policy and procedure are key to 'getting it right'. There is a Youth Engagement Panel supported by the Office of the Police & Crime Commissioner and they are accessible when we need to consult. The Essex Police Local Policing Support Unit have an engagement process around the stop and search of young people and Essex Police also involved in research being conducted by the University of Bedfordshire where Essex young people are being surveyed around issues such as CSE. This cohort of young people are those that were referred by the Children's Society due to their involvement in CSE.	0
	Children's Social Care/Children's Services	Effective ways of engaging teenagers need to be developed and maintained with staff who have the passion, commitment and time to engage with teenagers. JW & TG  Specialist toolkits should be used to capture and understand the impact of neglect for teenagers. TG  Thresholds should support access to appropriate services for teenagers and not act as a barrier to them. SMT	Blue	ongoing			Thurrock has retained and developed a specialist Adolescent Service. The service has been redesigned and refocused to address the needs and risks for young people who are children in need, subject to CP plans and on the edge of care.  The adolescent neglect toolkit is embedded within the service to better capture the risks to teenager and ensure that these are addressed.  The threshold to care panel makes decisions in relation to the instigation of care proceedings and the accommodation of children. The panel has strengthened the ability to offer appropriate accommodation to teenagers and issue proceedings at the earliest and most appropriate opportunity.	

	NELFT	NELFT welcomes the opportunity to work with partners to explore teenagers' views on multi agency working where there are safeguarding concerns.	Completed		0	NELFT to work with partners to explore new ways to engage with teenagers. Update 6.6.16 Head of service has met with Health Watch to explore future engagement with young people.	Head of Childrens Services
	Thurrock CCG	This will be led by our Providers. With regards to GPs in particular, all teenagers will be seen as CYP and will receive appropriate level of engagement in the time slot available. If there is a need for referral to other colleagues, this will be followed up.	Completed		0		0 Designated Nurse / Safeguarding Team
	BTUH		0	0	0	Board could fact find from other Boards as to how teenagers are engaged with	0
	CAFCASS						
	NPS	n/a	n/a		0		0 Shirley Kennerson, for all points
	CRC						
17	How can the Board be assured that staff have the knowledge and skills to recognise disguised compliance and challenge parents where this is the case?	Police	0	0	0	A Single Point of Contact (SPOC) from each of the Child Abuse Investigation hubs has recently attended a conference on neglect where disguised compliance was featured in a presentation. The Head of Child Abuse Investigation spoke at the conference and reinforced the need for awareness of disguised of compliance when dealing with parents.	0
	Children's Social Care/Children's Services	1 Ongoing single and multi-agency training and guidance in relation to disguised and false compliance. WA, CS, AC, SMT & LSCB Training Group. 2 The provision of effective, reflective supervision (1:1 and group based). SMT, AC & SC. 3 Ongoing auditing of cases and dissemination of learning. NL & CS. 4 Review QA and auditing capacity. AC & CL 5 Review issue of disguised compliance with schools through safeguarding forum. 6 Review issue of disguised compliance in cases where there is the involvement of the Educational Welfare Service or Elective Home Education Service.	Green	August 16 and ongoing		Guidance has been provided to all staff on disguised and false compliance. The training programme for Children's Social Care continues to identify this as a priority area. The impact of the training is being reviewed on an ongoing basis within teams and across the service.  This is an ongoing area for monitoring and improvement. Clear guidance and support is in place to assist managers in providing effective management oversight and supervision. Audits to date have shown that this is an area that needs further development to ensure consistency across the service.  Maintain focus on disguised and false compliance as part of business as usual model.	AC & SMT

	NELFT	This is in place	Completed	0	NELFT safeguarding training includes sections addressing disguised compliance and respectful curiosity. NELFT staff are encouraged to discuss the challenges of disguised compliance and the challenges of working with challenging parents. NELFT staff have accessed multi-agency training focusing on working with challenging families and sand stories. NELFT staff are encouraged to discuss challenging parents in safeguarding children supervision	Named Nurse Safeguarding children .	
	Thurrock CCG	The aspect of knowledge and skills - This is covered in L3 training and scenarios. However, it is difficult to have 100% assurance of the day to day application of the knowledge and skills gained at training. Barriers could be a number of factors. The CCG will bring this up at GP Forums.	A	01/06/2016		Designated Nurse / Safeguarding Team	
	BTUH		0	0	0	The snapshot of time in clinic, A/E etc would not provide an adequate insight into the functioning of the family due to duplicity	
	CAFCASS						
	NPS	completed	completed	0	0	NPS would work with other professionals in strategy meetings and professionals meetings as well as in core groups CIN and CP meetings to feedback on attitudes and behaviour which may highlight discrepancy in compliance and interaction between agencies, this would then be challenged directly by the practitioner. Through ongoing liaison with professionals would be key to ensuring that compliance was genuine and that where discrepancies were developed this was shared and challenged by all agencies working with the case.	Shirley Kennerson, for all points
	CRC						
18	How does the Board ensure that all professionals record the type of interaction between child/young people and their parent/carer and share concerns with other relevant agencies?	Police	0	0	0	CAIT record all interactions between parents and their children at all visits and this is also often witnessed by Social Worker on the joint visit. The wider challenge is how we equip frontline officers with awareness training and to address this, the Public Protection Awareness course has been implemented and will delivered over the next two years.	0
	Children's Social Care/Children's Services	1 Multi-agency audits and single agency audits. NL, CS & Audit Group. 2 Training on direct work and recording. WA & Training Group. 3 Clear recording policies and information sharing agreements across agencies. JT & AC.	Green / Blue	42461	1 Updated Practice Standards and Recording Guidance has been issued to all staff and presented within team meetings and team briefs. 2 Ongoing single agency audits focus on the child's voice and evidence of this in recordings. 3 Clear information sharing agreements in place across agencies. 4 Comprehensive CPD programme in place to support direct work, engagement, assessments and information sharing.	SMT	

	NELFT	NELFT to be assured that all practitioners use the safeguarding palette. NELFT to be assured that all staff are cognisant of the information sharing policy. NELFT to be assured that the consultation pathways and contact details for MASH are widely available and easily accessible.	Completed	31.03.2016	NELFT ensures that all records of children are reviewed within safeguarding supervision. NELFT has embedded the use of the safeguarding palette within the electronic record keeping system. NELFT staff have received training in the use of the safeguarding palette. An audit of practitioners use of the safeguarding palette has been audited and actions put in place to address concerns. Update 6.6.16 this is ongoing and audits including thematic audit, voice of the child, use and understanding of safeguarding palette are ongoing with action plans monitored both at a static level and operational level.	Named Nurse Safeguarding children .
	Thurrock CCG	The Safeguarding team has re-iterated at GP practice meetings, training and GP Forums the importance of observation and documentation on the adult accompanying the child/young person, interaction between the two and any relevant observation or history. Electronic records are used across the patch. The quality of the recording varies from one practitioner to the other.	A	01/06/2016		0 Designated Nurse / Safeguarding Team
	BTUH		0	0	0 All staff working with children are aware of the need to observe the interaction between the child and the parent. Any concerns would be shared with the community practitioner, unless it met threshold criteria. Play specialists are key in relation to their skills to provide further insight	0
	CAFCASS					
	NPS	completed	completed	0	0 Our remit of observing parent/child interaction is limited to possible observation during home visits. If the practitioners observed behaviour which they recognised from safeguarding training to be of concern then immediate action in the form of a referral to IRT or an email to allocated social worker would be completed	Shirley Kennerson, for all points
	CRC					
19	How does the Board ensure adequate, recorded supervision and management oversight of all cases where there are concerns?	Police	0	0	0 A new investigative review process was launched in April 2015 to strengthen previous supervision procedures. This has also been reinforced at Section 47 training and Continuous Professional Development days for CAIT staff and this is now being widened to other teams that deal with children. The introduction of a new risk assessment model using the National Decision Model has reinforced the need for continual review of investigations. In order to test compliance, the supervision of investigations is the subject of ongoing audit.	0

	Children's Social Care/Children's Services	1 Children's social Care (agencies) provide clear guidance on supervision and management oversight. CS  2 Undertake regular audits on the quality and frequency of supervision. Audit Group, CS and NL.	Amber	ongoing	Revised guidance and management oversight has been issued to all managers and staff.  Supervision templates to assist managers have been rolled out across the service.  A regular audit cycle in place to review the quality of supervision and management oversight.  Group supervision and peer support is being developed across the service by the PSW.	AC & SMT	
	NELFT	This is in place	Completed	0	The update of 3 monthly safeguarding supervision and monthly managerial supervision is monitored at monthly quality and performance meetings. NELFT complete an annual record keeping audit. NELFT safeguarding team complete spot checks safeguarding record keeping audits which include the use of the templates on the electronic record keeping system and the safeguarding palette.	Named Nurse Safeguarding children .	
	Thurrock CCG	GP Practices do not receive direct supervision from the Safeguarding Team. They are not case holder like Hvs or SWs. There is no one central place to hold all GP's safeguarding cases. Telephone consultations are recorded, and views are challenged as required. GP Forums are used to share good and poor practices. Specific cases are brought by practices to discuss as a form of reflective sessions.	G	Completed/Ongoing		0 Designated Nurse / Safeguarding Team	
	BTUH	N/A	N/A	N/A	N/A	0	
	CAFCASS						
	NPS	completed	completed	0	NPS cases are audited in supervision between seniors and practitioners and where there is SC involvement the case should be flagged and evidence of recorded work observed in nDelius (case management system). When OASys risk assessments are QA'd on a quarterly basis, practitioners are assessed on the quality of information provided relating to child protection, this should then be reflected in both the risk management plan and the sentence plan on that assessment. If this is not sufficiently rated then a review would take place by the senior who would address any shortcomings with training and increased scrutiny.	Shirley Kennerson, for all points	
	CRC						
20	How does the Board assure itself that agencies are clear about the grounds for and ensure that consideration is given to criminal neglect (Cruelty to Persons under 16) investigations?	Police	0	0	0	CAIT are currently engaged with the three authority legal departments to compare the thresholds for legal planning against criminal neglect. Work is needed with conference chairs and team managers to train them so that they have an understanding of the criminal offence of neglect in order that the threshold for wilful neglect is recognised and that cases are referred to Essex Police for assessment as per SET procedures .	0

Children's Social Care/Children's Services	<p>1 Provide single and multi-agency training, and guidance on criminal neglect (Cruelty to Persons under 16) between January to June 2016. WA, NL &amp; LSCB Training Group.</p> <p>2 Ensure clear recording of decisions to progress single or joint agency section 47 investigations. JT, TG &amp; SC.</p> <p>3 Maintain challenge log to track effectiveness of challenge by Children's Social Care and responses by the Police. NL</p>	Green/Amber		0	<p>Revised training plan for 2015/16 and new plan for 2016/17; training evaluation and impact assessment by Sept 2016.</p> <p>Sample audit of section 47 investigations to review decision making re single agency (Children's Social Care) or joint (Police and Children's Social Care).</p> <p>Police "challenge log" established in December 2015 and to be monitored at SMT on a quarterly basis</p>	AC & NL
NELFT	This is not applicable to NELFT.	Completed		0		0
Thurrock CCG	This is usually CSC led. The CCG will challenge decisions made by partner agencies, if an assessment is made that a child's welfare is at risk.	G	Completed/Ongoing			0
BTUH		0	0	0	Staff in BTUH contact Named Nurse for Safeguarding Children or Lead Nurse SGC if they have concerns. These professionals have a duty of care to the child to ascertain the detailed facts and refer where threshold criteria indicate	
CAFCASS						
NPS	completed	completed		0	This would be undertaken in our role within CP arena at meetings as well as in discussion with Police and Social care where concerns were highlighted	Shirley Kennerson, for all points
CRC						