



**Minutes of Herefordshire Safeguarding Children Board
Board Meeting and Development Session
Tuesday 24 April 2018, 9.30am to 4.30pm
Council Chamber, Shirehall, St Owen Street, Hereford**

Present:		
Sally Halls	SH	Independent Chair, Herefordshire Safeguarding Children Board
Chris Baird	CB	Director of Children's Wellbeing Services, Herefordshire Council
Alison Curson	AC	Deputy Director of Nursing, 2gether NHS Foundation Trust
Councillor E Swinglehurst	ES	Lead Member, Children's Wellbeing (participant observer)
Emma Shearer	ES	Headteacher, Riverside Primary School, primary schools representative
Sian Bailey	SB	Headteacher, Blackmarston School - special schools representative (left at 1.00pm)
Sue Thomas	ST	Superintendent, Local Policing Commander for Herefordshire, West Mercia Police (left at 12.50pm)
Lucy Flanagan	LF	Director of Nursing, Wye Valley NHS Trust
Dr Sally Stucke	SS	Designated Doctor, NHS Herefordshire CCG
Philip Hudson	PH	Lay Member
Keith Barham	KB	Deputy Head of Service, West Mercia Youth Justice Service
In attendance:		
Bill Joyce	BJ	Development Consultant (Safeguarding)
Ed Hughes	EH	Business Support Coordinator, Safeguarding Boards Business Unit
Lisa Beavan	LB	Learning & Development Officer, Safeguarding Boards Business Unit
Nicky Turvey	NT	Early Help Manager, Herefordshire Council
Alison Chambers	AC	Hoople Ltd, Chair Training and Workforce Development Sub Group (For Development Session)
Hazel French	HF	Wye Valley NHS Trust - Chair Policy & Procedures Sub Group (For Development Session)
Apologies:		
Julie Shaw	JS	Service Manager, CAF/CASS
Jocelyn Anderson	JA	Chief Executive Officer, WMRSASC representing HVOSS
Margo Evans	ME	Manager, Oaks Ltd Childrens Centre - early years representative
David Cookson	DC	Deputy Head of Service, National Probation Service
Tim Knapp	TK	Headteacher, Whitecross School, secondary schools representative
Lynne Renton	LR	Acting Director of Nursing, NHS Herefordshire CCG
Sue Coleman	SC	Chief Executive, West Mercia Womens Aid
Vicki Lawson	VL	Interim Assistant Director Safeguarding and Family Support, Childrens Wellbeing
Debra Baldwin	DB	Director of Personnel and Senior Designated Safeguarding Person, Herefordshire and Ludlow College - FE Colleges representative
Ross Jones	RJ	West Mercia Police – Chair CSE & Missing Sub Group (For Development Session)

1.	Introduction	
	The Chair welcomed all to the meeting and introductions were made.	
2.	Minutes of last meeting, matters arising and action log	
	<p><u>Minutes of the last meeting</u></p> <p>The minutes of the last meeting on 15.01.18 were approved as an accurate record.</p> <p><u>Matters arising from the minutes</u></p> <p>None</p> <p><u>Action Log</u></p> <p>Action No. 69 (25/01/2017) Ref. 7.1 CSE Strategic Group - Criminal Justice agencies (YJS/CRC/NPS) to discuss arrangements for representation on the CSE Strategic group. Close - KB advised that he would identify a representative from the Youth Offending Service, as this service should be separately represented on the subgroup. Remaining action: business unit to seek a representative from NPS/CRC</p> <p>Action No. 82 (09/10/2017) Ref. 4.2 Housing representative on HSCB – BJ follow up with Ann Sutcliffe Director, Independence Trust (HSAB member) to discuss housing representation at future HSCB meetings. Close – Subsequent to discussion at this board meeting there have been enquiries about representation in relation to housing and housing providers, and a representative from the relevant area of service of Adult Wellbeing is being identified</p> <p>Action No. 84 (09/10/2017) Ref. 6.1 Sexually harmful behaviour – LR/AS to oversee development of a care pathway for children who exhibit sexually harmful behaviour. Close – BJ informed that there had been some work with Head Teachers, and a task and finish group was to be established to implement an action plan to raise awareness and embed the guidance in relation to children who present sexually harmful and sexually violent behaviour and this will be reported to HSCB Executive Group.</p> <p>Action No. 91 (15/01/2018) Ref. 4.1 CSE & Missing performance update (scorecard) - LR with the Business Unit to agree improvements to the scorecard data and provide an updated picture of CSE in Herefordshire. Close – BJ will be meeting with Julia Watson and Ross Jones (WM Police) to progress the issue. It is planned to incorporate this work into the CSE Sub group, which will be reported to HSCB Executive Group.</p> <p>Action No. 92 (15/01/2018) Ref. 4.2 CSE & Missing performance update (scorecard) - CSE subgroup to address</p>	

	<p>the Early Help information sharing pathway in relation to CSE concerns, and to review current position in Herefordshire against the relevant JTAI CSE standards.</p> <p>Ongoing</p> <p>Action No. 96 (15/01/2018) Ref. 6.3</p> <p>Transgender issues – The action was completed and therefore closed but members were invited to consider what they were aware of in terms of numbers of people involved.</p>	
3.	<p>Board Priorities – Early Help</p>	
	<p><u>Early Help Update Report</u></p> <p>NT presented the above report to the Board, and the following points were noted:</p> <ul style="list-style-type: none"> ▪ Early Help Assessment (EHA) replaced Common Assessment Framework (CAF) in January 2018. EHA has been well received by partners. ▪ To date 364 professionals from a range of partner agencies have been trained in the EHA process. ▪ The EH Operational Group and Steering Group are now established and meeting regularly. ▪ The peer review in March 2018 posed the question for early help in areas for consideration - are all agencies fully engaged? ▪ The revised Wellbeing Information and Signposting for Herefordshire (WISH) website http://www.wisherefordshire.org/ is up and running, with more informative early help pages. <p>NT also outlined the EHA process, which is divided into two parts:</p> <p>Part 1 contains the family information, EHA Consent and a short assessment for cases where emerging needs have been identified.</p> <p>Part 2 contains a more in-depth assessment for those families who have more complex needs requiring a multi-agency approach.</p> <p>Part 1 is used to identify families with emerging needs and encourage partner agencies with limited capacity or crisis services such as the Police or Hospital Emergency Department to identify families requiring support.</p> <p>Following this, part 2 can be completed by the identified specialist support service going in e.g. the internal family support team, Vennture4families or Homestart.</p> <p>The full assessment parts 1 and 2 should be completed from the outset for families with more complex needs and is being done so by partners such as schools and health visitors.</p> <p>The new forms are 'electronic only' and cannot be handwritten. This has been done so that the information can be uploaded to the Councils MOSAIC system.</p>	

<p>3.1</p>	<p>There is a consent form which <u>must</u> be signed by parents which can be printed off and signed.</p> <p>Partner agencies with limited capacity or crisis services such as the Police or Hospital Emergency Department staff / GPs should complete Part 1 only.</p> <p>Families can also 'self-refer' and there is an Early Help telephone helpline which does not get many calls at present. Members agreed it was not sensible to have two separate helplines (Early Help and MASH).</p> <p>EHA takes into account the Levels of Need process, and referral to MASH is a possibility if deemed necessary. In cases like this the question was asked as to whether completion of a full MARF is necessary, or whether the process could be streamlined, and NT stated that this is being investigated.</p> <p>It was also noted that a MARF can be completed at a family network meeting, by the Chair, who will then liaise with MASH staff.</p> <p>Board members made some suggestions for some amendments to the EHA form, to include gender and disability, and stressed the need for a single point of contact to enable a clearly understood pathway for Early Help services (the EHA form gives 3 different, personal, email addresses at present).</p> <p>To date, there have been no EHAs received from the police, and few by primary and secondary healthcare staff. In discussion, it was noted that police officers, GPs, health visitors and specific hospital staff should be prioritised for EHA training.</p> <p>Action: NT will address the potential for a single point of contact for accessing EH services, and to provide a breakdown of recipients of EHA training and also completed EHAs, by agency.</p> <p>Members were asked to ensure that their staff are aware of the EHA process.</p> <p><u>Family Network Meetings</u> A review of the Family Network Meetings and the role of the Key Worker is taking place at the moment. A questionnaire is in circulation and recommendations from the analysis of the findings will go to the next Early Help Operational Group meeting in June.</p> <p><u>Working with GCP2</u> The Early Help Assessment forms ask the question about use of GCP2. NT advised that practitioners are reporting that using GCP2 at the initial stage of involvement is difficult and it is better to do this when a working relationship has been established. The Board requested that a mechanism be put in place to be able to record numbers of GCP2 assessments completed and by whom; NT responded that the LA will be looking to achieve this through the recording system Mosaic.</p> <p><u>Young Carers</u> Herefordshire Council is now delivering a young carer service, which is a package of support to help families with young carers. The service will assess the needs of the young carer and their family, agree a support plan with the family, and then support them to achieve this.</p> <p>This service works with the young carer service delivered by Herefordshire Carers but will be leading on the completion of statutory young carers</p>	
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3.2	<p>assessments when requested by a family.</p> <p><u>Early Help Strategy</u> The Early Help Strategy is being reviewed and updated. Also an agreed outcomes framework is being developed</p> <p><u>Interface between Early Help (Level 3) and MASH (Level 4)</u> Members felt that the interface between Early Help (Level 3) and MASH (Level 4) would be an appropriate focus for an Audit, and this was AGREED.</p> <p>Action: QA sub group of the HSCB to consider the ‘high level’ children in need as a focus for the next Early Help audit.</p> <p><u>Mental Health Provision</u> It was noted that this issue is being looked at by Jade Brooks of the CCG along with others.</p> <p>It was also noted that there have been good number of Part 1 assessments received from CAMHS and this was welcomed.</p> <p>The report and appendices were welcomed and noted.</p>	
4.	Serious Safeguarding Incidents	
	<p><u>High Court Cases</u> CB informed members that the local authority has received a judgment from Family Court, which highlights specific past issues in the application of section 20 of The Children Act 1989 (which applies to Looked After Children and voluntary arrangements with their parents). Practice has been changed to reduce the likelihood of similar cases occurring in future. The judge acknowledged the recent changes in approach which should reduce the likelihood of similar cases in future and was positive about the current approach in Herefordshire.</p> <p><u>Youth Offending Teams Joint Inspection (Information Item)</u> KB informed members that the West Mercia Youth Justice Service had recently received a joint inspection pilot, and this is the only area where this has happened. The pilot enables inspectors to test out new inspection methodology, and the report once completed will not be published for this reason. He will be able to report back on themes when the final report has been received.</p> <p><u>Wye Valley NHS Trust CQC Inspection (Information item)</u> LF reported that the Trust is expecting a CQC inspection, which is due at any time, and will be unannounced.</p>	
5.	Scrutiny / Assurance – Health Assurance Report	
	This report was not available. The Chair will follow up with CCG.	

6.	Board Effectiveness – Delivering the Board Business Plan	
6.1	<p><u>Executive Report</u> BJ presented the Executive Report to the Board, with updates on the following:</p> <ul style="list-style-type: none"> - Board priorities - Assurance reporting - Areas of risk - Reports from Sub Groups <p><u>Mandating use of GCP2</u></p> <p>At the last HSCB meeting, Board members requested that the Executive group reconsider making the use of GCP2 mandatory, in order to promote its use.</p> <p>At the last Executive meeting in February, members discussed the issue, noting difficulties with mandating across the board (who to include, who not), and that there remains professional judgment about the presence of neglect or possible neglect issues and a decision to use the GCP2 in assessments, whilst also noting that the NSPCC recommends mandating as it helps with embedding the training.</p> <p>Executive Group members remain cautious about mandating the use of GCP2 broadly, but agreed that it should be an expectation whenever neglect is suspected or known in a case, and emphasising that it is a multi-agency responsibility (i.e. not just an expectation of specific professional groups). It was noted that the GCP2 is one of many tools that can contribute to an holistic assessment of children’s needs and risks to their safety and wellbeing.</p> <p>In particular, Executive recommends that there should be a GCP2 assessment completed in the following circumstances:</p> <ul style="list-style-type: none"> • Family Network Meetings to identify use of the GCP2 where there are concerns about childhood neglect, and during the course of early help assessments / interventions when neglect is identified as an issue. • For every child who is the subject of a Section 47 strategy meeting, where there is a decision to carry out a sec 47 investigation / assessment and where there are concerns about childhood neglect identified, a GCP2 assessment should be completed as part of the assessment for the ICPC or first review • For every child who is the subject of a child protection plan due to neglect (where not already carried out in the above circumstances). The GCP2 assessment should also be used to review whether the plan is achieving improved outcomes for children, and • For every child where a second or subsequent CP plan is being considered, due to neglect. <p>The Policies and Procedures subgroup will also progress the following actions:</p> <ul style="list-style-type: none"> • Include reference to GCP2 in the Levels of Need Guidance • Work with NT, Early Help Manager to include in the operating guidance for Family Network meetings. <p>The above recommendations from Executive in relation to GCP2 were AGREED.</p> <p>ACTION: P&P sub group of HSCB to review procedures to incorporate</p>	

6.4	<p>on neglect. It was noted that some of the proposed indicators may prove difficult or not possible to acquire and this should be reported back through the executive group.</p> <p>Ensuring the voice of the child is included in assessment, planning and intervention is a priority of the board. It was agreed that we needed some reporting from partners about the work they do already in this area, any findings and what is done</p> <p>ACTION: The business unit will seek feedback from partner agencies about the impact of the voice of the child on their work and development.</p>	
7.	Any other Business (notified to the Chair in advance)	
	<p>None</p> <p>The minutes of the Executive meeting on 26 February 2018 were noted.</p>	
	<p>Meeting closed at 1.30pm</p> <p>Date of next Board meeting: Tuesday 03 July 2018 Committee Room 2, Town Hall, St Owen Street, Hereford</p>	