



**Somerset Safeguarding Children Board**  
**Notes from the meeting held on**  
**Thursday 24<sup>th</sup> January 2019**

Item	Discussion	Action
1	<b>Welcome, Introductions and apologies</b>	
	See attendance list below.	
2.	<b>Minutes of the last meeting and action log</b>	
	<p>The minutes of the meeting held on 18<sup>th</sup> October were agreed as an accurate record subject to:</p> <ul style="list-style-type: none"> <li>• The removal of a duplicate paragraph on page 3</li> <li>• The addition of an extra key point on page – MD to supply the wording</li> </ul> <p><b>Review of action log</b></p> <p><b>SSCB1819_12:</b> The revised RPD protocol and form will be uploaded to the SSCB website this week. Action closed. SH reminded Board members that the issue of escalating concerns comes up in every SCR and stressed that the fact that the process has been revised does not mean that staff necessarily know about it and use it. Members need to ensure that it is promoted in all agencies.</p> <p><b>SSCB1819_13:</b> Dealt with under matters arising (below).</p> <p><b>SSCB1819_15:</b> Jane Weatherill has written to SH and described actions the schools safeguarding service has taken. This issue to be referred to the Business Planning Group to ensure it is addressed before the summer. Action closed.</p> <p>AB commented that it was of concern that CSC and education leadership were not represented at the meeting.</p> <p><b>SSCB1819_16:</b> The LADO has written to Ofsted but has not yet received a reply. Action closed.</p> <p><b>SSCB1819_17:</b> SH has written to the AILC. She will report back any response. Action closed.</p> <p><b>SSCB1819_18:</b> MD will provide the data which will be incorporated into Q&amp;P reporting by exception. Action closed.</p>	

	<p>RP commented that there have been no children waiting for tier 4 beds for at least 3 months. BC said there had been one at YDH but that their challenge was the border with Dorset.</p> <p><b>SSCB1819_19:</b> action closed.</p> <p><b>SSCB1819_20:</b> Various meetings of the portal working group are planning. AB expressed concern that the October Board meeting was told the portal would be in place by April 2019 but, given the cancellation of a previous meeting, she was doubtful that this would happen in time. CD to look at ways of bringing the workstreams on EHA form and the portal/front door arrangements with to CW. <b>Request update for next Board meeting.</b> Action closed.</p> <p><b>SSCB1819_21:</b> Dickon Turner is working on this and is trying to distinguish different types of offender. MP will contact CW to find out more about the previous mapping exercise. Action to remain open.</p> <p><b>SSCB1819_22:</b> SSCB practitioner conference will be held on 3<sup>rd</sup> April. Action closed.</p> <p><b>SSCB1819_23:</b> Peer review report to be re-circulated with the minutes. Action closed.</p> <p><b>SSCB1819_24:</b> care planning for the health needs of CLA was discussed at CDOP and is now on the agenda for the Corporate Parenting Group. Action closed.</p> <p><b>SSCB1819_25:</b> the issue of parents who do not register their baby with a GP has been discussed at BPG and is on the work plan for CCG team. A system to flag unregistered babies on EMIS is about to be signed off and will be incorporated into the safeguarding policy. Action closed.</p> <p>SH commented that the last two actions illustrated the value of the link between CDOP and the SSCB and the need to maintain the interface in the future.</p>	<p>CD</p> <p>MP</p> <p>JR</p>
3.	<b>Matters arising</b>	
3.1	<p><b>Harmful sexual behaviour strategy</b></p> <p>SH reported that she has raised this with JW and the chief executive and hopes that this will now be taken forward. FN will monitor progress.</p>	
3.2	<p><b>Report on the outcome of the NHS regional summit on tier 4 beds.</b></p> <p>MD provided a verbal update.</p> <p>The workshop was held to improve the discharge process for children needing not just tier 4 beds but also CLA placements. There was good attendance from both health and social care from Somerset. The workshop showed that Somerset was ahead of other areas in the South West. It generated some ideas, both short and long term, and the</p>	

	<p>CCG will scrutinise their implementation. RP has led a complex case task and finish group involving CSC, Sompar, TST and YDH. A draft working protocol has been produced and will be put into practice at MPH in draft form from 18<sup>th</sup> February. YDH will follow suit once a room for the assessments has been identified.</p> <p>SC commented that this regional event was driven by Somerset highlighting the situation and showed that we are making a difference.</p> <p>AB asked if the protocol could be shared. RP replied that it was still in draft but could be circulated once it has been finalised.</p> <p>There was a discussion about whether the protocol was suitable to be placed on the SSCB website and the terminology used in it. RP suggested that the final version of the protocol could be looked at with families as part of the review process.</p>	
3.3	<p><b>MAPPA report</b> To be discussed alongside the report of the learning review into sexual offending against children – see item 3.4 below.</p>	
3.4	<p><b>Learning Review – sexual offending against children</b> The minutes of the last meeting referred to this report being a key item for discussion at this meeting. However, the report needs further work and the item was withdrawn. MD said that the Learning and Improvement Subgroup had proposed setting up a multi-agency group, involving practitioners, to develop an action plan based on the report’s findings. The Board welcomed this and asked for a report back to the next meeting of the SSCB.</p>	
4.	<p><b>Significant safeguarding events</b></p>	
4.1	<p>BC reported that YDH has experienced two serious incidents in the last quarter. An investigation is on-going, and BC said it was too early to say what the findings might be. SC asked to be kept informed of the outcome.</p> <p>There followed a discussion about the impact of social media in young people’s lives and how professionals should take account of this. Points raised included:</p> <ul style="list-style-type: none"> <li>• What messages should professionals be giving to parents?</li> <li>• What questions about young people’s lives on social media should professionals be asking in assessments?</li> </ul>	

	<ul style="list-style-type: none"> <li>• Parents have a responsibility to control access, and there are apps available to do this, but they need to understand how these should be used.</li> <li>• Message from national conference on social media is, don't try to resist it, but look at how to use it safely. You cannot stop young people using social media.</li> <li>• Links to work on suicide prevention and on self-harm</li> <li>• Services are already using social media to communicate messages to young people, and others. There are positive uses.</li> </ul> <p>These points reflect the current national discussions about the impact of social media on the lives on young people.</p>	
4.2	<p>KO reported that he had attended a session about young carers which brought together services and third sector organisations and looked at the implications of funding cuts. This raised an issue about the safeguarding of young carers which needs to be considered as an element of the 'Think Family' approach in services primarily aimed as adults who may have younger family members caring for them. Services only reach a small percentage of young carers.</p>	
4.3	<p>RP gave an example of multi-agency collaboration in achieving the safe discharge from hospital to a suitable placement of a patient with significant additional needs.</p> <p>The Board welcomed this example of collaborative working.</p>	
4.4	<p>PS told the Board that Ofsted would be carrying out a focused visit on 29<sup>th</sup> and 30<sup>th</sup> January looking at First Response and early help. Preparatory work is going on.</p> <p>Focused visits are relatively new, and this is the first one for Somerset. Ofsted will look at seven cases in detail. They will visit first response on 29<sup>th</sup> and carry out case sampling. They will visit area offices on 30<sup>th</sup>.</p>	
4.5	<p>MP described a recent incident which raised particular challenges for the Police. Child safeguarding issues were dealt with as part of the response.</p>	
5.	<p><b>Delivering the Business Plan</b></p>	
5.1	<p><b>Business Manager's Report</b></p> <p><b>Priority 1: early help</b></p> <p>CD said that the RAG rating was changed to amber after the last SSCB meeting and this has been maintained. This was due to the getset consultation, the differential use of the EHA</p>	

<p>and the inconsistent application of the Think Family approach.</p> <p>AB commented that she could say categorically that public health services for adults do Think Family and that she can provide evidence of this.</p> <p>SC said that the CCG is encouraging the Think Family perspective and is trying to get it embedded in the assessment process.</p> <p><b>Priority 2: multi-agency safeguarding</b></p> <p>This priority had also been rated amber. This is due the Board still seeing injuries to very young children, raising questions about whether learning from SCRs and reviews is being embedded.</p> <p>A recent audit of strategy discussions identified an issue of inconsistent recording in relation to transgender young people. Although this was in relation to a small number of cases, it raised broader issues about the awareness of staff, across all agencies.</p> <p>2BU are in the process of conducting the regular ‘coming out’ survey, which will provide useful information. The Children’s Trust will be reviewing the findings once analysis is completed.</p> <p><b>Action: share the link to the most recent ‘coming out’ survey report with the Board.</b></p> <p>KO asked whether current limitations of the advocacy service should be reflected in the Board actions and suggested that these leave (some) children without a voice in child protection conferences. PS commented that the advocacy service now comes under the management of the ISRO service and that Ofsted had commented on improvements in the way children’s voices are heard. He accepted that the service is not where it should be, the issue being the lack of volunteers, but said that alternatives were being considered.</p> <p>It was also suggested that the use and impact of Family Group Conferencing should be reported on through the Quality and Performance Subgroup. This was agreed. The FGC annual report will also be shared.</p> <p>It was suggested that the BM’s report should reference the joint piece of work between the CCG and CSC looking at strategy discussions which will be reported to the Q&amp;P</p>	<p>Business unit</p>
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	<p>subgroup. This work has come about after repeated audits of strategy discussions highlighted similar issues.</p> <p><b>Action: update the Business Manager’s report to reflect comments made in the SSCB meeting.</b></p> <p><b>Priority 3: neglect</b>  The Family A Serious Case Review was published in November and a series of MAPIGS held to disseminate the findings. The Neglect toolkit has been downloaded 2,855 times and there have been 170 requests for the neglect cascade pack. <b>Board members need to ensure that the neglect toolkit is disseminated and used within their agencies.</b></p> <p><b>Priority 4: child exploitation</b>  There has been good progress but now the Board needs to ensure that this is sustained.</p> <p>See also item 8 below.</p>	<p>CD</p> <p>Board members</p>
5.2	<p><b>New (and interim) arrangements for safeguarding children and Child Death Overview Process</b></p> <p>CD highlighted the challenging timeline faced by partners as plans for the new arrangements for safeguarding children need to be published by 29<sup>th</sup> June.</p> <p>It was agreed that the presentation about new arrangements that had been circulated with the papers should be given to the Board meeting in early May. This meeting will also be an opportunity for consultation with Board members about the developing proposals.</p> <p>The responsibility for CDOPs will move from the Department for Education to the Department of Health and it is intended that the Somerset CDOP will be merged with the pan-Dorset CDOP. The CCG and LA are working together to achieve this within the required timescale.</p> <p>SH stressed that there will still need to be a strong link to the SSCB for those cases which do have safeguarding implications. AB agreed that a link was needed but pointed out that the majority of child deaths do not relate to safeguarding factors.</p>	
6.	<p><b>Performance – Quality and Performance Report</b></p>	
	<p>Deferred.</p>	

7.	<b>A child's story – good news</b>	
	<p>Darren Lipscomb attended for this item and told the Board that the main aim of Operation Topaz is to disrupt offending, using a variety of means.</p> <p>The good news story concerned a father of adolescent children who became known for throwing parties at which alcohol was served to children, and there were concerns about the consumption of controlled drugs and other matters.</p> <p>There was evidence of a decrease in risk (the parties had ceased, and the availability of certain drugs reduced) following the disruption activity.</p>	
8.	<b>Exploitation of children</b>	
8.1	<p><b>Child Exploitation Subgroup update</b></p> <p>RP said that the work of the CE subgroup had been progressing well and that the biggest impact had come from the formation of the Topaz team in Somerset. He said that it was not just because of what the team does but because of the style and approach of the individuals in the team who have worked with partner agencies to make it happen.</p>	
8.2	<p><b>Operation Topaz</b> DS Darren Lipscomb and Nicole Avis attended for this item.</p> <p>Operation Topaz started in Bristol two years ago. It was rolled out to Somerset in July 2018 and has recently been extended to cover North Somerset. Topaz now covers the whole of the Avon and Somerset force area.</p> <p>The team is made up of:</p> <ul style="list-style-type: none"> <li>• Detective Inspector – covering Somerset and North Somerset</li> <li>• Detective Sergeant</li> <li>• Engagement officer – works with young people to keep them safe</li> <li>• Disruption officers x 2 – carry a caseload and attempt to disrupt offending, e.g. by using as civil orders, such as sexual harm orders, to restrict individuals' offending within the community.</li> <li>• Analyst – uses daily information from police systems to analyse risk.</li> <li>• Education officer – goes into schools and businesses to raise awareness of child exploitation</li> </ul>	

	<p>One current piece of work is based on Operation Makesafe which started in Yorkshire and was then taken up by the Metropolitan Police. Hoteliers have been invited to come to a meeting to raise awareness of sexual exploitation. Topaz aims to encourage hoteliers to make all bookings backed by a credit card or photo-ID.</p> <p>NA described the development of a new scoring system which identifies the risks of being subjected to CSE or of being a perpetrator of CSE. This uses criteria including incidents of being reported missing, anti-social behaviour, sexual offences, school attendance and being out of school (e.g. EHE).</p> <p>There are daily reports from the systems which show occurrences involving individuals and highlight if anyone is emerging as a risk.</p> <p>In the past it was difficult for professionals to pass on intelligence, but this can now be done on-line. This has had a massive impact.</p> <p>The information system has helped determined disruption plans as it helps the Team to see what the risks are around children. It has also facilitated good sharing at Topaz meetings.</p> <p>The system produces a document highlighting high risk people and the Team then devises a plan. The team can also produce tasking briefing for local beat teams – so they know what to look out for and identify locations with CSE markers.</p> <p>Comments:</p> <ul style="list-style-type: none"> <li>• MD assured the Board that the markers are being used to provide codes for GPs so that primary care can give accurate data.</li> <li>• the figures show that 32% have additional needs and SC questioned whether enough was being done about this.</li> <li>• the figures show a high number of children who are not in full time education. FN said that if there is evidence of schools persuading parents to take their children out of school this should be shared with the education safeguarding team.</li> <li>• KG asked whether people who share intelligence on line receive an acknowledgement so that they know it is being dealt with.</li> <li>• AB welcomed the sharing of intelligence on individual level but asked how broader messages about vulnerability</li> </ul>	
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	<p>are being shared? DL replied that a force CSE profile is being written that will inform multi-agency discussions.</p> <p><b>Action: Confirm when the Topaz CSE data profile will be completed and arrange to share with SSCB.</b></p>	MP
8.3	<p><b>Analytical presentation on available data on risk and vulnerability</b> Martin Carnell attended for this item.</p> <p>MC gave a presentation about the potential use of the Office of Data Analytics system to map and predict vulnerability and associated safeguarding risks.</p> <p>The benefits and limitations of this approach were discussed. Key points included.</p> <ul style="list-style-type: none"> <li>• Which and how much data would be needed?</li> <li>• How would data be transferred?</li> <li>• What is the goal?</li> <li>• Governance</li> <li>• Issue of consent and data sharing</li> </ul> <p>It was recommended that the issue should be dealt with by the Joint Protocol Strategic Chairs Meeting, as its application would be relevant to all multi-agency strategic partnerships.</p>	
8.4	<p><b>Contributions from Board members on Child Exploitation from their perspective</b></p> <p>A number of Board members had responded to the request for information about their agency experience of and perspectives on child exploitation.</p> <p>BC talked about the experience of YDH.</p> <p>She commented that the window of opportunity to identify CE concerns is short for acute hospitals and it depends on children feeling safe to be able to share information.</p> <p>The numbers seen in YDH are not significant so few CSE referrals are made. Sometimes referrals are made to CAMHS or CSC because of concerns that are unclear and CSE may become evident at a later stage.</p> <p>SH thanked all those who had sent in slides. These would be reviewed by the Business Planning Group and key themes would be reported back to the Board. Those agencies which had not responded to the request were asked to do so asap.</p>	

9.	<b>Information Items</b>	
	There were two items for information. <ul style="list-style-type: none"> <li>• Update on unaccompanied asylum-seeking children</li> <li>• Information about children on CP and CIN plans by education establishment and GP practice.</li> </ul>	
10.	<b>Any other business</b>	
	There were no other items of business.	
12.	<b>Dates of future meetings</b> Thursday 2 <sup>nd</sup> May 2019 at 14.00 – Wynford House, Yeovil	

### Attendance

Name	Role and agency	Present
Alison Bell	Consultant in Public Health, Public Health	Present
Peter Brandt	Assistant Chief Officer, Community Rehabilitation Company	Absent
Sandra Corry	Director of Quality, Safety and Engagement, Somerset Clinical Commissioning Group	Present
Maria Davis	Designated Nurse for Safeguarding Children and Children Looked After, Somerset Clinical Commissioning Group	Present
Dave Farrow	Head of Outcomes and Sufficiency, Somerset County Council	Apologies
Sally Halls (chair)	Independent Chair, Somerset Safeguarding Children Board	Present
Simon Lewis	Assistant Director, Taunton Deane Borough Council	Mark Antonelli attended
Shelagh Meldrum	Director of Nursing and Elective Care, Yeovil District Hospital NHS Trust	Bernice Cooke attended
Pauline Newell	Service Manager, CAFCASS	Apologies
Frances Nicholson	Cabinet Member for Children and Young People, Somerset County Council	Present
Kevin O'Donnell	Community Member, Somerset Safeguarding Children Board	Present
Richard Painter	Director of Safeguarding, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust	Present
Hayley Peters	Chief Nurse, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust	Apologies – Rich Painter attended

Mike Prior	Superintendent, Avon and Somerset Constabulary	Present
Penny Quigley	Community Member, Somerset Safeguarding Children Trust	Apologies
Nick Rudling	Deputy Safeguarding Lead, NHS England South (South West)	Apologies
Liz Spencer	Assistant Chief Officer, National Probation Service	
Claire Winter	Deputy Director Children and Families. Somerset County Council	Apologies
Julian Wooster	Director of Children's Services, Somerset County Council	Apologies

### **In attendance**

Caroline Dowson	Interim Business Manager, Somerset Safeguarding Children Board	Present
Kate Greenwood	Training Manager, SSCB	Present
Jennie Ross (notes)	Senior Business Unit Officer, SSCB	Present
Paul Shallcross	Strategic Manager, Safeguarding, Care and Quality Assurance, SCC	Present
Gemma Vidak	Service Improvement Officer, SCC Children's Services and SSCB	Present

### **Observers**

Julia Burrows	Associate Director of Safeguarding, Somerset Partnership & Taunton and Somerset NHS Foundation Trust	Present
Jane Sprague	Service Manager – Child Protection Chairs	Present