



Somerset Safeguarding Children Board
Notes from the meeting held on
Thursday 19th July 2018

Item	Discussion	Action
1	Welcome, Introductions and apologies	
	<p>See attendance list below.</p> <p>Sonia Floyd was welcomed to the meeting and she gave a presentation about the case recently discussed at an SSCB safeguarding conversation. She had been invited to share this example of good practice with the Board to provide a context to the subsequent discussions.</p> <p>The formal write-up of the safeguarding conversation was circulated as annex 4 to the Business Manager’s report.</p> <p>Key points raised by the presentation and subsequent discussion included:</p> <ul style="list-style-type: none"> • The initial child protection conference brought together members of the extended family and reinforced the seriousness of the concerns about the children. • The independent CP chair was key in managing the initial child protection conference and ensuring that the focus remained on the needs of the children. • The importance of the Family Group Conference in bringing together members of the extended family and enabling them to work together with professionals to plan for the children. • The voices of the children were prominent in the process; some of the children attended CP conferences and their wishes were also represented by advocates – these were very powerful statements. • Lead professional role when the case was at early help stage was held by a voluntary agency. • Importance of multi-agency input including from Yeovil4Family, adult mental health and drugs services, schools, health visitor. 	

	<ul style="list-style-type: none"> • The family were very good at hiding the extent of the issues – the mother and children were always well-presented and their schools had no concerns about them. • Importance of good personal relationships. • Need for professional curiosity was one of the learning points from the safeguarding conversation. • Responsibility of housing providers who may be aware of safeguarding concerns for children, and the need for involving council staff with expertise in homelessness. • The case illustrated the level of complexity dealt with by professionals. <p>Sonia Floyd was thanked for her contribution to the meeting.</p>	
2.	Minutes of the last meeting and action log	
	<p>The minutes of the last meeting were agreed as an accurate record subject to a minor amendment on page 3.</p> <p>The action log was reviewed, and the following actions closed:</p> <p>SSCB1718_28, 29 and 30 SSCB1819_01,02,04, 05 and 06</p> <p>SSCB1819_13: the issue of the CE Champions was also raised in the Business Manager’s report. SH drew Board members’ attention to annex 6 of the report which gives details of attendance by Champions and asked Board members to address the issues it highlights for their agencies.</p>	
3.	Significant safeguarding events	
1)	<p>CW raised the issue of difficulties in finding both specialist CSC placements and tier 4 CAMHS beds for young people with mental health needs. This is causing difficulties for the acute children’s wards in both Yeovil District Hospital and Musgrove Park Hospital. Young people are admitted to these wards due to issues such as self-harm, suicide attempts or eating disorders but remain there, despite being medically fit for discharge, because there are no suitable placements for them.</p> <p>BC described the impact this is having on the wards where staff are having to manage difficult situations: acute medical wards are not the right place for these young people who learn negative behaviours from each other, develop inappropriate relationships, may abscond and, in the case of children with eating disorders, may need to be Naso Gastric fed using restrictive intervention. A high level of supervision</p>	

	<p>is needed, and staff are learning new skills to manage these situations.</p> <p>In addition, the presence of these young people on the wards has a negative impact on children with medical needs and their families.</p> <p>As a result, there are safeguarding concerns for the emotional welfare of all the children on the wards.</p> <p>SH asked what is being done to resolve the issue and was told:</p> <ul style="list-style-type: none"> • As much as possible is being done to mitigate the effects on the ward, e.g. by making referrals to BASE, continuing CAMHS interventions. • The issue was due to be raised by Musgrove Park Hospital and Yeovil District Hospital at an Operational Group meeting later the same day. • Weekly calls take place between the wards and CSC to review the situation. • The issue has been raised with the Chief Executives of Somerset County Council and each of the hospitals. • The issue has been raised with NHS England as it is a national issue. <p>Actions: Supply the SSCB with the numbers of children affected and the safeguarding impact of the situation. Write to NHS England about the lack of tier 4 placements for young people with mental health issues. Complete a safeguarding impact assessment in relation to the impact on acute medical wards of children with non-medical needs.</p>	<p>CW</p> <p>SH</p> <p>MD</p>
2)	<p>Operation Lakebed: MD informed the Board of an investigation by the Devon and Cornwall Police into a nurse who worked for Somerset and then moved to Devon. While working in Devon he had an inappropriate relationship with a 16-year-old patient who became pregnant and had a termination. He is currently in custody.</p> <p>MD said that there had been a failure by the agencies in Devon to communicate information about the investigation to agencies in Somerset which would have allowed them to assess whether children had been put at risk while the nurse was working in Somerset. This occurred despite an undertaking made at a strategy discussion to inform Somerset. Since the situation came to light there has been a review of the nurse's contacts with young people in Somerset.</p>	

	<p>MD will follow Devon’s Resolving Professional Differences process to escalate her concerns about the failure to communicate with Somerset.</p>	
3)	<p>PS informed the Board of the case of X, a 16-year-old young man who was in care to Dorset but placed in Somerset and has recently died of a drugs overdose. The Dorset Safeguarding Children Board has reported this to the National Panel and will be carrying out a Serious Case Review to which Somerset agencies will be invited to contribute.</p> <p>The young man had been placed with a private unregulated provider in semi-independent accommodation for 16-18 year olds. This raises broader issues as the provision is not regulated by either Ofsted or the CQC.</p> <p>Action: ask the Learning and Improvement subgroup to scope the safeguarding issues in relation to unregulated provision of semi-independent accommodation.</p> <p>NB the Chair will follow up with Dorset LSCB as required.</p>	CW
4.	<p>Delivering the Business Plan</p> <p>HM presented the Business Manager’s report and drew attention to the following:</p> <p>Business plan –the Business Plan has been updated following the SSCB development session on 29th May where it was agreed that priorities 1-4 should continue but that priority 5 would be dropped.</p> <p>Priority 1 – early help HM said there were concerns about the differential engagement within the health community with the early help assessment process, particularly in relation to level 4 cases. This remains unresolved.</p> <p>The independent chair drew the Board members’ attention to the information items circulated with the agenda. Item 10.2 is an update on progress towards the development of an early help scorecard. Items 10.3 and 10.4 set out the thinking of health commissioners about the Early Help Assessment. These were due to be discussed at an Operational Meeting later in the day.</p> <p>The issue will be re-visited at the October Board meeting if differences of views remain.</p>	

<p>Priority 2 – multi-agency safeguarding The Think Family strategy has now been launched with a series of roadshows which promote good practice.</p> <p>HM asked for suggestions for the theme of the annual practitioner conference. Options included safeguarding children with disabilities, thresholds, broader child exploitation or contextual safeguarding. Jane W said that education will be running a conference for schools on exploitation of young people in November.</p> <p>Priority 3 - neglect The neglect SCR is nearing completion and findings will be published in the autumn. Messages from the neglect peer challenge will be reported to the Board meeting in October.</p> <p>Priority 4 – child exploitation Positive developments include the launch of Operation Topaz in Somerset and a revised Return Home Interview process and form which are being piloted. There are concerns about a lack of commitment to the CE Champion role and about leadership resources.</p> <p>AB challenged the RAG rating for priority 1 which was graded in the business manager’s report as G/A, i.e. ‘work is in progress in line with target date’. She felt that the Board is not on track with early help given the need for progress on measuring the impact of early help and the on-going issues and challenge regarding the early help assessment process. She suggested that the rating should be A/A, i.e. ‘initial work commenced appropriate to target date’.</p> <p>Action: Review the RAG rating for priority 1 – Early help – in light of the comments made in the SSCB meeting</p> <p>The independent chair highlighted that the new Working Together guidance has now been published. Chapters 3 and 4 are particularly relevant to the SSCB. The chair pointed out that the three major partners need to plan new arrangements and ensure that these are in place by 29th September 2019.</p> <p>The data on the use of the Resolving Professional Differences protocol was discussed. The inappropriate use of the escalation to level 3 in a number of cases was noted.</p> <p>Action: The Business Unit to lead a review of the RPD process to ensure it is properly understood and used.</p>	<p>Q&P subgroup</p> <p>Business Unit</p>
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5.	Performance – Quality and Performance Plan	
	<p>PS gave a brief overview of the report from the Quality and Performance subgroup, which included data on contacts, referrals, assessments, children in need, and aspects of the child protection process.</p> <p>Key points were as follows:</p> <ul style="list-style-type: none"> ▪ Data about early help is mixed. ▪ There is a disconnect between data in relation to neglect recorded in EHAs and in the CP process. ▪ Conversion rates (from contact to referral and from referral to assessment) are high for education and health visitors but poor for the health community as a whole. The largest number of contacts are made by the Police. ▪ 60% of CSC assessments are ending in NFA, suggesting either that referrals area being accepted inappropriately, i.e. that thresholds are wrongly applied, or that issues are being over stated in referrals. Becky Hopkins is looking at the issue. <p>The independent chair said pointed out that this finding suggests that too many children and families are being brought into the system at level 4 and subjected to an intrusive process unnecessarily.</p> <ul style="list-style-type: none"> ▪ Neglect peer challenge has taken place with mixed feedback. ▪ Attendance at Q&P subgroup meetings needs to improve. <p>Concerns and areas for improvement highlighted in the report were noted, as were the workplan and focus for the next 3 months.</p>	
6.	District councils’ safeguarding report – housing and homelessness	
	<p>Jai Wick of Mendip District Council attended the meeting to present this item, which was in part one strand of the Board’s follow up to the Grenfell Tower fire.</p> <p>The report highlighted significant changes that are being introduced by the Homeless Reduction Act 2018. From October 2018 a duty will be placed on statutory agencies, including hospitals, mental health services and children’s social care, to report people who are at risk of becoming homeless to housing options teams.</p>	

In the past, homelessness teams only dealt with people who presented as homeless in a crisis situation and the solutions, e.g. B&B accommodation, were expensive. Now local authorities are being encouraged to prevent homelessness by working with people at the earliest opportunity which should be cheaper.

An on-line referral mechanism is being developed to allow agencies to report people at risk of homelessness and this will be publicised when it is available. Those referred will be case managed and have a personal housing plan which will set out the advice given to them and what the homelessness team will do.

Issues raised in the discussion about the report included:

- Intentional homelessness –homelessness teams will be offering advice to all people who are at risk of becoming homeless, the issue of intentionality does not apply at the prevention stage.
- When asked what happens when a person has no recourse to public funds, as occurred in the family in the GO learning review, Jai Wick confirmed that LA homelessness teams cannot use public funds to help people in this situation and can only them give advice.
- Looked after children who are placed out of county and then become homeless or at risk of homelessness may now be supported by the local authority in which they are living – in the past they would have been referred back to the placing authority. Numbers affected are likely to be small.
- Likely impact of Hinckley C with a risk of landlords increasing rents and evicting tenants in order to increase their incomes. Jai Wick felt that there had been an initial impact on the market but that it was now settling. Sedgemoor and West Somerset District Councils are developing lodgings schemes to mitigate against the effect.
- There are no known examples of children who are rough sleeping; some young people are known to be ‘sofa surfing’ however.

The report was welcomed, in particular the overall improving situation regarding homeless households in Somerset and the commitment within the revised homelessness strategy to

	<p>continue the focus on prevention and support to those at risk of homelessness.</p> <p>The request for a commitment from partners to work alongside Districts in support of a multi-agency approach to prevent tenancy breakdown and homelessness was accepted.</p>	
7.	<p>Harmful Sexual Behaviour in Schools</p>	
	<p>Jane Weatherill attended to present this item.</p> <p>The context for the report is a significant increase in the number of incidents of under 18s carrying out sexual offences against other children. Around Christmas time there was a spike in referrals made by schools in relation to harmful sexual behaviour and these raised concerns about how they were handled. Schools were unclear about the process to follow, were reluctant to involve the police even when a crime had been committed as this would criminalise children and some schools gave parents the opportunity to decide whether or not offences should be reported to the police when they had a responsibility to report a crime that had taken place on their premises. There was also confusion about when to involve the education psychology service and when to involve the risk assessment and treatment specialist social worker.</p> <p>As a response Mark Barratt set up a task and finish group to review the processes and issues including dealing with cross boundary incidents, managing victims and alleged offenders in the same class and how and where to report incidents. However, the momentum seems to have been lost since MB left SCC. JW stressed the need for a strategy.</p> <p>Nonetheless a one-minute guide has been written for schools and has been shared.</p> <p>CW said that the key message was to follow Working Together which defines children who offend as vulnerable.</p> <p>The support of the SSCB was requested in a number of areas:</p> <ul style="list-style-type: none"> • Clear strategy for all agencies working together on managing harmful sexual behaviour • Ensure DSL Somerset Direct Adults Early Help offer corresponding advice • Public Health involvement? • Reference in the Effective Support for family and children to be added (BH and CS will clarify the interface with CP processes) 	<p>BH/CS</p>

	<ul style="list-style-type: none"> Continued promotion, MAPIG ? Ensure strategy is completed and develop policy <p>CW confirmed that BH will replace MB as chair of the task and finish group and lead action in these areas.</p>	BH
8.	Civil contingencies update	
	The report was accepted by the Board. The chair welcomed the fact that the issue was being taken so seriously and will feedback to Michele Cusack as requested.	
9.	Learning review – suicide of young people	
	<p>AB presented the report. It was stressed to Board members that the report is not for wider circulation as it deals with a small number of young people who are highly identifiable.</p> <p>Findings of the review will be published and the aim will be to work with the press to ensure that the appropriate messages are promoted but causing undue distress to the families affected is avoided as far as possible.</p> <p>SH thanked the review panel for their work and Georgina Angel who did most of the work and wrote the report.</p> <p>AB said that the report relates to a number of children who have completed suicide or probable suicide (in some cases suicide was not the verdict of the coroner).</p> <p>Numbers appear to fluctuate over time but there is no rising trend and there is no national reporting of data to provide a benchmark against which to judge the Somerset figures. However, there is no indication that Somerset is out of line.</p> <p>The figures include a small number of 14-year olds which is worrying.</p> <p>AB stated that the recommendations in the report are based on an overall prevention and early intervention approach rather than risk identification.</p> <p>The report's recommendations were accepted with slight amendments by the Board as follows:</p> <ol style="list-style-type: none"> Support the work of the Somerset Suicide Prevention Partnership group to take forward the Somerset Suicide Prevention Strategy and its action plan 	

	<p>2. Promote a Somerset wide whole-school approach to children and young people’s wellbeing, utilising the Somerset Wellbeing Framework.</p> <p>3. Promote strategies to create suicide-safer environments across schools and colleges in Somerset, utilising the “Building Suicide-Safer Schools and Colleges: a guide for teachers and staff” and the Somerset suicide prevention skills training ASIST</p> <p>4. Improve identification and response to self-harm as an important antecedent of suicide. Work is currently being undertaken by the self-harm steering group.</p> <p>5. Promote effective communication and enhanced multi-agency working in respect of all Somerset children of school age in receipt of mental health services through the adoption and use of Individual Health Care Plans, as set out in the Department of Education Statutory Guidance, Supporting Children in School with Medical Conditions (2015).</p> <p>6. Ensure that mechanisms are in place at early help level to identify and support children who are not thriving emotionally, through the Team Around the School model, so that each community knows what support is accessible to schools.</p> <p>This work will be taken forward by the suicide prevention group.</p> <p>The Board noted that TW currently sits on the group but will soon be leaving.</p> <p>Action: Write to the national network of CDOPs to recommend routinely recording information about the sexuality/gender identity of in child death statistics.</p>	<p>AB</p>
10.	<p>Information items</p>	
	<p>10.1 Attendance at SSCB meetings and subgroups: the Board has previously requested that this should be circulated before each Board meeting.</p> <p>10.2, 10.3 and 10.4 are referred to under item 4</p>	
11.	<p>Any other business</p>	
	<p>11.1 Jane Wetherill raised the issue of summer schools which are being run in independent schools over the summer. Three whistle blowing reports of concern have been received in relation to one of these summer schools.</p> <p>Action: Write to the Independent Chair setting out the concerns and issues in relation to summer schools held on independent school sites.</p>	<p>Jane Weatherill</p>

	11.2 The Independent Chair thanked TW and HM who are both leaving their jobs for their contributions to the Board.	
12.	Dates of future meetings Thursday 18 th October at 9.30am, Yeovil Town Hall Thursday 24 th January 2019 at 9.30am – venue to be confirmed	

Attendance

Name	Role and agency	Present
Alison Bell	Consultant in Public Health, Public Health	Present
Peter Brandt	Assistant Chief Officer, Community Rehabilitation Company	Apologies
Sandra Corry	Director of Quality, Safety and Engagement, Somerset Clinical Commissioning Group	Apologies
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	Nicola Fensham 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	Apologies
Hayley Peters	Chief Nurse, Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust	Alison Wootton 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	Clare Evans attended
Tom Whitworth	Strategic Manager, Vulnerable Young People	Present
Claire Winter	Deputy Director Children and Families. Somerset County Council	Present
Julian Wooster	Director of Children's Services, Somerset County Council	Apologies

In attendance

Kate Greenwood	Training Manager, SSCB	Present
Helen MacDonald	Business Manager, Somerset Safeguarding Children Board	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