**Torbay Safeguarding Children Board**

**Minutes**

**Chairperson: Ian Ansell**

**Date: 13th June 2019**

**Venue: Rooms 11 & 12, Paignton Library & Information Centre**

**Attendees:**

Rachel Aggett (RA) Safeguarding Lead, Torbay Children’s Centres

Ian Ansell (IA) Independent Chair, TSCB

Dani De Beaumont (DDB) Children’s Services Manager, Torbay Children’s Centres, Action for Children

Laraine Dibble (LD) Designated Doctor for Child Protection, South Devon & Torbay CCG

Caroline Dimond (CD) Director of Public Health

Dr Jonny Graham (JG) Named Doctor for Child Protection, Torbay Hospital

Jo Hall (JH) Detective Superintendent, Head of Public Protection, Devon and Cornwall Police

Alison Hitchings (AH) Contracts Manager, Careers South West

Nick Hollins (NH) TSCB Business Manager / Business Manager Children’s Services, Torbay Council

Cathy Hooper (CH) Lead Designated Nurse for Safeguarding, NHS Devon CCG

Richard Kirkup (RKp) Manager, Checkpoint, The Children’s Society

Russell Knight (RKt) Principal Improvement and Performance Manager, Torbay Children’s Services

Liz Lawrence (LL) Assistant Principal and Safeguarding Lead, South Devon College

David Moffitt (DM) National Probation Service (Representing Anne Proctor)

Carli Peplow (CP) Torbay LADO

Nicky Prentice (NP) Head Teacher, St Marychurch Primary School

Penny Rogers (PR) Managing Partner, Safeguarding, Devon Partnership Trust

Lucie Saunders (LS) TSCB Coordinator (Minutes)

Jacquie Phare (JP) System Director of Nursing and Professional Practice (Torbay) (deputising for Jane Viner)

**Apologies:**

Alison Botham (AB) Director of Children’s Services, Torbay Council

Lyn Gooding (LG) Criminal Justice

Julian Hook (JH) Careers South West

Giselle Jones, (GJ) Head of Service, Torbay Council

Cordelia Law (CL) Cabinet Member for Children’s Services

Anne Osborne (AO) Assistant Director, Children’s Safeguarding, Torbay Council

Steve Parrock (SP) Chief Executive, Torbay Council

Anne Proctor (AP) Assistant Chief Probation Officer, Devon Dorset and Cornwall Community Rehabilitation Company

Chrissie Slaney (CS) Lay Member

Sarah Tomkinson (ST) Headteacher, White Rock Primary School

**Non-attendees:**

Sue Baldwin (SB) NEW Devon CCG

Peter Brown (PB) Headteacher, St Cuthbert Mayne Primary School

Matt Caunter (MC) Head Teacher, Brunel Academy, Paignton

Lorna Collingwood-Burke (LCB) Joint Chief Nursing Officer, CCG

Mandy Davies (MD) Devon & Somerset Fire and Rescue Service

Lynne Gooding Criminal justice, Partnership and Commissioning officer, OPCC (papers only)

Steven Hulme, (SH) Head Teacher, Burton Academy

Pauline Newell (PN) CAFCASS

Chris Rogers (CR) South West Ambulance NHS Trust

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| **Agenda Item 1 – Minutes and actions of the previous TSCB Meeting** |

* 1. The Board Members agreed the previous minutes of 21st March 2019 are a true and accurate record.
  2. *Previous Minutes; 2018 09 20 4.3; JV to check Hospital Admissions data.* The data will be revisited in terms of CAMHS referrals. Jane Viner; June 2019. JG has additional figures and data which will be forwarded to Board Members. The meeting discussed the difficulties faced in getting the accurate data and the complexities included in the issues. IA asked that the subject is kept live as an issue of concern. **Action to close.**
  3. ***Previous Minutes; 2018 09 20 9.2;*** *NHs to send the Role Descriptions electronically to members.* This will be further explained in the Working Together Proposals Report. Nick Hollins; June 2019. **Action to close.**
  4. ***Previous Minutes; 2018 12 13 3.10;*** *Updated version of the Improvement Plan to be circulated to Board Members.* This has been updated and will be sent. Anne Osborne; June 2019. **Action complete.**
  5. ***Previous Minutes; 2018 12 13 4.12;*** *NHs will make enquiries to the TDAS coordinator on their current service provision.* NHs is awaiting a response and will chase this. Nick Hollins / TDAS; June 2019. NHs will follow this up and send direct to Board Members. **Action to carry over.**
  6. *Previous Minutes; 2018 12 13 4.13; JH to look into the reasons for the contradiction of DV incidents and children in attendance data.* It will be requested that the police fully complete the forms and cross reference. Jo Hall; June 2019. JH explained the issue appears to be in relation to the interpretation of using a DASH or ViST form, the child being noted as not present although they were in the house, but not in the room of the incident. As part of the development work, the quality of submissions will be explored. This is force wide development being undertaken led by Ed Wright. CD added that links between children’s and DA services have been looked into. An audit was undertaken in relation to children on the edge of care and how in those cases DA was recorded. It was found that the incidents were not necessarily recorded and therefore not referred into DA services for example [CRUSH](http://www.torbay.gov.uk/children-and-families/services-and-support/iyss/young-persons-sexual-health/) and RESPECT. These services are available to take referrals but are not receiving them from children’s services. Professionals have been put into children’s services to promote the DA service but this remain an issue. IA spoke of his concern that the data suggests children are not being identified. RA advised this has been discussed at Targeted Help and for those cases the relevant services are always discussed. RKt has taken this issue to the Monthly Performance Management Process from which an away-day at Parkfield was arranged. This was targeted at Torbay Social Care staff to highlight the services on offer but just one social worker attended. RKt will continue to raise the issue as DA features highly in the work undertaken and needs appropriate response. JH suggested she could bring back to the next meeting clarification on how many of the completed forms were ViST, DASH or Encompass. JH will query what the Police process is and if one of the forms is missed, are children being identified for safeguarding. (**Action**) RKt shared that the proportion of referrals over last 18 months due to information received from police has grown positively and they are now the largest source of social care referrals. The profile of where concerns are now matches other Local Authorities. RA asked how Early Years settings can be involved in relation to data sharing. CD discussed their Champions Network which includes working with the police which could also explain the increase in the referral activity, anyone feeling they can benefit from having a DA Champion can contact Jason Preece.
  7. ***Previous Minutes; 2018 12 13 4.1;*** *The data in relation to abuse related crimes on children to be further clarified in relation to how many are peer on peer and how many adult on child. Jo Hall* Jo’s response; *“This information used to be looked at the Child Centred Policing group chaired by Yvonne Surman but this has not met for some time and is being reviewed as to the best way to approach. Police Performance and Analysis department could do some work on this if required. We would just need to agree scope and timescale and I could make a submiss/request” Jo Hall; June 2019* JH advised that for a data request, the specific parameters need to be identified. IA advised the information required is peer on peer sexual offences and serious physical offences with weapons within the under 18’s. JH will request information in relation to sexual offences and rape. JH can also request what the top five crime types are for under 18’s, peer on peer, with a break-down on the abuse. **Action to close.**
  8. ***Previous Minutes; 2018 12 13 7.4;*** *NHs and Nhn will discuss point 3.7 in relation to the young person’s participation in CIN meetings and amend with fuller explanation on how this will happen.* Neil Holden and Nick Hollins; June 2019. NHs advised the response from the service was that whilst children subject to a Child in Need plan don’t have an advocate, their social worker will work alongside the child and identify whether it is appropriate to invite them to attend or seek their views through a nominated person who will represent them within the meeting. **Action complete.**
  9. ***Previous Minutes; 2018 12 13 10.2;*** *NHs to update the TSCB Business Plan for the next meeting for reassurance in relation to the areas of the plan progressing in anticipated timescales and those which have not.* Add to the Agenda for June 2019 Board. Nick Hollins. OnAgendatoday. **Action closed.**
  10. ***CSP Update and Turning Corners; 2019.03.21 2.25;*** *Threshold tool conversations in relation to adolescents to be held at the MET Subgroup. 1st April 2019. TSCB Coordinator / MET Subgroup* **Action to carry over.**
  11. ***CSP Update and Turning Corners; 2019.03.21 2.30;*** *Referral numbers and supporting evidence on how Turning Corners is working as a preventative measure to be reported to the Board. 13th June 2019. Alex Stuckey.* A response received from Alex Stuckey stated their referrals was at around 100 for South Devon which is not sustainable. This has however highlighted some gaps**,** particularly at an Early Help stage. Alex has suggested in order to provide any service, the Turning Corners threshold needs to be reviewed to reduce the caseload to a realist level. CH shared her concerns how the project has identified young people at a high risk who are unable to receive the provision. The Board will ask why there is being consideration to lower the threshold, and how the demand is being met. A response to Alex Stuckey will be formulated to seek assurance. **Action to carry over**
  12. ***CSP Update and Turning Corners; 2019.03.21 2.31;*** *AS to provide case studies for testing within the MET and QA Subgroups. 13th June 2019. Alex Stuckey.* NHs has received Case Studies which will be shared with Board Members. NHs assured CH this would not create additional work for the QA Subgroup. **Action.**
  13. ***CSP Update and Turning Corners; 2019.03.21 3.3;*** *LS to write to Board members asking what their organisations have been doing in relation to the Neglect Strategy since its launch. 13th June 2019. Lucie Saunders* **Action complete**

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| **Action:** | **By whom:** | **Deadline** |
| ***Previous Minutes; 2018-12-13 4.12;*** *NHs will make enquiries to the TDAS coordinator on their current service provision.* NHs will follow this up and send direct to Board Members. | Nick Hollins | June 2019 |
| **Actions 1.6** JH to bring back clarification on how many of the completed forms were ViST, DASH or Encompass. JH will query what the Police process is and if one of the forms is missed, are children being identified for safeguarding. | Jo Hall | September 2019 |
| ***Previous minutes: CSP Update and Turning Corners***; ***2019-03-21 2.25;*** Threshold tool conversations in relation to adolescents to be held at the MET Subgroup. | TSCB Coordinator / MET Subgroup | April 2019 |
| ***Previous minutes: CSP Update and Turning Corners; 2019-03-21 2.30;***A response to Alex Stuckey’s view to reduce threshold in Turning Corners will be formulated to seek assurance. | Nick Hollins | September 2019 |
| ***Previous minutes: CSP Update and Turning Corners; 2019-03-21 2.31;*** *AS to provide case studies for testing within the MET and QA Subgroups. 13th June 2019. Alex Stuckey. NHs has received Case Studies which will be shared with Board Members***.** | Nick Hollins / Lucie Saunders | September 2019 |

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| **Agenda Item 2 – LADO Role** |

* 1. CP attended today to introduce herself as the appointed LADO for Torbay. CP took over from John Edwards In February 2019.
  2. CP oversees the allegations management process against professionals working with children. CP has many years of safeguarding practice although this is a new role for her.
  3. The main objectives has been in reviewing current processes and raising awareness of LADO role. This is being achieved through networking with statutory and voluntary agencies.
  4. The LADO referral form has been updated and is available on the TSCB website [here](http://www.torbaysafeguarding.org.uk/workers/managing-allegations/).
  5. Emphasis is on those making the referrals to decide which area the referral falls in to meet criteria. The referrer is able to seek advice in the first instance.
  6. CP advised referrals can be made anonymously and there is a section to request anonymity. If LADO criteria is met, this can be discussed further to make a referral.
  7. CP acknowledged difficulties for professionals choosing the criteria as Ofsted have advised to refer all issues into LADO, however this does require balance. To ensure balance is maintained, CP is happy to consult prior to a referral being made.
  8. CP has found meeting agencies and groups has helped professionals understanding of the LADO criteria.
  9. CP has met with the Safeguarding Leads for the Catholic Church and Church of England. This was positive in relation to the safeguarding in place and what is offered. With around 20,000 people attending church on a weekly basis this is a positive link.
  10. CP is meeting with the Language Schools tomorrow and planning to meet with as many agencies as possible.
  11. CP wants to make links into Children’s Centres, Police, Health and Probation services and would appreciate named contacts in those agencies. LS will coordinate contact details from Board Members for CP to link in with as LADO**. Action**
  12. CP is meeting with Rachael Williams on Friday to discuss linking into schools and is attending the DSL Forum next week.
  13. RA shared that the 157/175 Audits currently being undertaken have highlighted out of date information is being held by schools in relation to the LADO.
  14. CP took questions from Board Members.
  15. IA asked for an overview on the numbers of referrals.
  16. CP advised in the last 8 weeks there has been a higher number of referrals which could be due to a raised profile. When a notification comes in, this is loaded onto an ‘information and advice’ basis where it is then decided whether to take to a full referral.
  17. CP shared that referrals are at around 5-7 per week, not all convert to a full referrals. Currently there are 31 ongoing allegations being worked on, some of which are complex cases.
  18. CP explained her role is to coordinate the investigation, bringing together those involved to decide on the best way forward. The investigation can be police, social care or employer based as an internal issue. CP will ensure there is no drift and that relevant authorities are notified of any disciplinary or criminal prosecution.
  19. CP has also visited social work teams to explain her role. It was identified that cases weren’t being referred to LADO where they should be and were being dealt with within the teams.
  20. CP summed up that for any allegations, it is crucial for the action taken to be proportionate to the allegation and by contacting the LADO the correct, timely, proportionate response will be ensured.

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| **Action:** | **By whom:** | **Deadline** |
| 2.11 LS will coordinate contact details from Board Members for CP to link in with as LADO**.** | Lucie Saunders | June 2019 |

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| **Agenda Item 3 – Working Together 2018 Update** |

1. NH updated Board members that proposals put forward to create an overarching Plymouth and Torbay Strategic Partnership Board made up of the three statutory partners (Local Authority, NHS Devon CCG and Devon and Cornwall Police); along with two separate Partnership Boards (Torbay and Plymouth) with a new merging and role of Independent QA overarching both, has been approved by all agencies involved.
2. The Proposals were shared with Plymouth Cabinet and Torbay on Tuesday. It was also shared at an Executive Board of the CCG on Tuesday and received sign-off from Devon and Cornwall Police.
3. This is now moving into publication phase with publication to be made by 29th June 2019 to the Secretary of State for Education outlining the new arrangement intentions. This will then move to a transition phase with a view to transition by 30th September 2019. NH will email to the Board the Final Report including responses from consultations. **Action**
4. NH stressed that now is the time to ensure the details are right. NH is drafting Terms of References for the Partnerships and Strategic Partnership. Tracey Watkinson will be completing the draft job description for the Independent Chair.
5. The next Board meeting is on 26th September 2019, Plymouth have their Board meeting the week prior to that. New responsibilities will be drafted and circulated for comment as part of the transition plan.
6. The QA Subgroup have been asked from their Work Plan to look at the work to be directed by the Ofsted Improvement Board and the Improvement Plan. The current Subgroups will be phased out as the new arrangements phase in.
7. NH reminded the Board that beneath the local partnership will be two designated Subgroups. Education Subgroups in both Plymouth and Torbay, and new for Torbay, the Children and Young Peoples Subgroup providing continuity into the local partnership.
8. The rest of the work the Partnership will look at will be based around specific Task and Finish Groups.
9. Performance will figure heavily within the new arrangements. A joint dashboard across Torbay and Plymouth is being considered. NH advised that this will not be in place by 30th September 2019.
10. The new arrangements will be in a more finalised position by the next financial year.
11. The funding allocations for 2020/21 have not been agreed. Working Together 2018 is specific that the role of the three statutory partners is equitable and therefore funding should be equitable across the partnership.
12. IA acknowledged the new arrangements give the opportunity to enhance and develop the safeguarding of children. This will require commitment from agencies to ensure staff are able to participate in the new Quality Assurance Forum, for example, which will drive work forward as things develop.
13. NH shared a key role in the new arrangements is that of the Independent Chair for the QA function. This will oversee CDOP arrangements and SCR arrangements with a larger role. This role will ensure learning is embedded in organisations from CDOP, National Reviews, Local Reviews and MACA’s.
14. The QA Chair will hold to account those organisations where the learning is not being embedded and what the barriers are. There will be direct insight into the lived experience of the child and communicate this across the Partnership.

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| **Action:** | **By whom:** | **Deadline** |
| 3.3 NH will email to the Board the Final Report including responses from consultations. | Nick Hollins | June 2019 |

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| **Agenda Item 4 – Response from Sharon Matson, Children’s Commissioner re new CCG Contract** |

* 1. CH’s report was shared with Board Members prior to today’s meeting and is attached below.
  2. CH shared the risks identified in Section 3 were some time ago and may now be unfounded. Work is being undertaken closely with the provider and planned time to review the risks and provide assurance to CCG and the Board that all the risks are resolved is in place.
  3. A response from the provider is expected by the end of next week which CH will report back to the Board with.
  4. The recommendations are within the Next Steps of the report and CH wanted to assure the Board a close eye is being kept on the transition.
  5. The Board agreed to endorse the recommendations within CH’s report.

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| **Action:** | **By whom:** | **Deadline** |
| CH’s Report to Board | | |
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| **Agenda Item 5 – Future Training Arrangements** |

* 1. Lu Wills’s report was shared with Board Members prior to today’s meeting for a response. This is also attached below.
  2. As a member of the Training Subgroup, JG presented this Agenda item.
  3. IA advised there is a significant reduction in training being offered and the current arrangement’s not being viable. The arrangement in Torbay is for training to be paid for by individual agencies on booking. The Training Subgroup have been asked to look at what the training need will be for organisations within Torbay and what the level of take-up would be for the training options within the report.
  4. A joint Training Subgroup will run under the new arrangements. The agreements made today will carry forward into discussions with Plymouth on how the training provision can meet need.
  5. It has been clarified the approach and model of Signs of Safety for Torbay will continue, although this is not the model for Plymouth.
  6. JG shared there have been queries in relation to funding, and a suggested payment for non-attendance etc.
  7. NH advised the aspiration from the Partnership is for shared learning between Plymouth and Torbay. Plymouth includes training within their central formula which provides funding for the Board. Therefore, contributions are slightly higher but training is free at the point of entry. This is a principal hoped to be adopted by Torbay, subject to the right funding agreement.
  8. An identified barrier in the current training offer is budget which results in training not being accessed.
  9. JG asked how the Board want the Training Subgroup to operate. Would this be commissioned, provided directly or quality assured and externally assessed.
  10. NH advised it will be a multi-layered approach. Plymouth deliver in-house and also commission training. Torbay want the ability to do the same. NH acknowledged that for some agencies, multi-agency training is not possible for numerous factors. The Board’s aspiration is to develop a kite-mark. The training needs of Torbay will be shared with a commissioned trainer, to ensure they are covering the Torbay factors which will then be quality assurance kite-marked.
  11. JG asked if his GP colleagues were being trained, would they be able to apply for a kite-mark. NH confirmed this would be the case.
  12. JG questioned what neglect training looks like for social workers and how this will correlate with health. NH suggested this is discussed in more detail today under Agenda item 8. NH advised this is also being discussed in Plymouth.
  13. CD agreed it is the role of everyone to identify early issues to prevent further issues. Families attending GP surgeries creates huge opportunity to help in safeguarding children. CD suggested conversations are held between Health and Social Care in relation to GP’s identifying neglect and where to refer to within primary care and beyond. The Board agreed this needs further discussion.
  14. JG shared that small surgeries would know their families well but larger ones may mean families see a different GP on each occasion.
  15. CD advised she would like to be part of the group discussions.
  16. NH asked for an Action to bring together a group for Health and Social Care to discuss identifying neglect and the referral processes for this. **Action**.
  17. IA asked Board members if they had identified any gaps in the proposals or items which would not be of interest to their organisation.
  18. IA will feedback to Lu Wills the Board had no objections to the proposals. This will form the basis of initial discussions. In September 2019 more concrete proposals will be presented. Board Members agreed this would be helpful, particularly in relation to budget.
  19. LL shared South Devon College take up some of the training offered but not all applies to them. LL felt that some of the training is too generic and training in relation to local issues of specific age groups would be helpful for learning and sharing.
  20. NH advised some training needs to be generic for the whole picture. SCR and learning reviews outcomes are targeting Best Practice Forums to the right audience.
  21. LD shared feedback from course attendees who have found the training to be ‘watered down’ due to a mix of different levels attending which has challenged the trainer on the day. LD suggested it is made clear what level of training is being offered and keeping to that agenda.
  22. IA asked how confident agencies will be that their staff have a good knowledge base from the training attended.
  23. CH asked for focus on ‘young people’s’ issues and needs rather than ‘children’. CH asked if within child protection planning are we meeting the needs of young people. Consideration could be given to threading this within all aspects of training.
  24. NH explained that the National Serious Case Review Panel has announced its first National Thematic Review which NH will share with Board Members. The review question in the draft Terms of Reference is; ‘Do adolescents in need of state protection from criminal exploitation get the help they need when they need it, and how can services be designed to keep adolescents safe from criminal exploitation and the way those services work together to be improved to prevent further harm.’ The lines of enquiry are; ‘who are we talking about; how do we best identify and engage with young people of concern; why are they more at risk; what is the current approach to managing that risk; is that approach effective; what are the examples of best practice; how could practice be more effective and how can we measure effectiveness.’
  25. NH shared that the Chair of the Child Safeguarding Practice Review Panel, Edward Timpson, has advised this theme has come from a number of serious safeguarding cases. The findings from the Thematic Review will be shared with the Board as it becomes available.
  26. LD explained two of the indexed cases selected are Devon young people and therefore organisations covering the whole area will become part of the experience. Learning will be shared back with Torbay and Plymouth.
  27. NH further explained the Panel have stated they will continue to refine their methodology scope between now and March 2020. The review will draw on learning from serious cases which have been to Panel since July 2018 involving the death or serious harm of adolescents who have been subject to criminal exploitation or suspected of being so.
  28. **Break**

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| **Action:** | **By whom:** | **Deadline** |
| Lu Wills’ report to Board | | |
| * 1. NH asked for an Action to bring together a group for Health and Social Care to discuss identifying neglect and the referral processes for this. | Nick Hollins | June 2019 |

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| **Agenda Item 6 – Dartington Research Document and Good Childhood Index** |

* 1. The research survey and good childhood index was shared with the Board prior to today’s meeting and is attached below.
  2. RKp drew the Board’s attention to the Good Childhood Index which is a survey of 6000 children and young people within Torbay and South Hams. Most of the schools visited were in Torbay.
  3. LD raised how this survey echoes the information highlighted within the Health Watch Survey.
  4. The Good Childhood Index was developed around 13 years ago by the Children’s Society and highlights both Torbay and National statistics of subjective wellbeing.
  5. CH asked if there is a narrative behind the statistics. RKp advised these can be found on the [Good Childhood Report.](https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/the-good-childhood-report-2018)
  6. The Survey highlights a pattern of when children reach adolescence their sense of wellbeing declines. The survey had a lot of engagement from primary school children but not so much from the older age ranges. From the age of around 10 years is an evident change in the responses to wellbeing.
  7. The gap between the national and local statistics widens for Torbay in relation to satisfaction to appearance. For the 15 and 16 year olds this gap is significant.
  8. The Board further discussed why appearance was a significant factor for young people in Torbay and asked if further discussions should be held in relation to this. RKp explained that the issue with appearance was also a low satisfaction point 20 years ago and social media is not a factor in this.
  9. The factors impacting the most on young people’s overall life satisfaction are friends, family and appearance.
  10. There is a correlation between having a low life satisfaction rate and the likelihood of self-harm. The figures of 15 year old’s satisfaction with their appearance may therefore be a factor in the self-harm issue in Torbay.
  11. RKp asked Board Members for questions.
  12. RKt asked what we can now do with this information which is presenting a clear picture of the issues.
  13. RKt acknowledged that PHSE lessons raise these issues in schools but how can this be turned around. RKt discussed the success of a model in Leeds whereby the Council and its partners have created a child friendly city. The Health Watch Survey highlighted that young people are not feeling safe, respected or valued in the community.
  14. RKp advised in terms of children and young people’s wellbeing, their relationships with family and peers are key and are the areas to look at to effect change.
  15. LD shared that the CCG commissioned data was presented to the collective provider around CCG and was in relation to understanding young people’s mental health and to assist in mapping out the Mental Health Strategy, looking at key areas to focus on.
  16. CD shared with the Board, funding has been secured to put numerous programmes in schools at SDP level Devon-wide. CD is unsure of what this will mean for Torbay schools. A bid has also been made for national money for a mental health one point of contact in schools, working in conjunction with Louise Arrow. A self-harm trail blazer of family intervention in schools is also being developed. CD acknowledged how this is an obvious issue, mental health issues start in childhood and services are being withdrawn. CD is able to share further information with the Board as this evolves.
  17. LL spoke about useful tools South Devon College use for young people, for example, [Kooth](https://www.kooth.com/) and [Calm Harm](https://calmharm.co.uk/#row1) which would be helpful to promote.
  18. RKp agreed the interventions are helpful but are used at a point of crisis; how can a good sense of wellbeing be sustained. The issue of appearance is not a national issue, the survey shows this is more prevalent in Torbay. The impact is coming from the environment being created.
  19. NH advised the Health Watch survey commissioned by the TSCB has now been presented to the Children and Young People’s Strategic Partnership Board. They have asked for this to be presented to all Councillors to highlight the issues to be aware of. NH asked if the Darting Research Surveys should also be included.
  20. CD responded this was included in the presentation to the partnership but is not open to public scrutiny. The reasons for this are unknown.
  21. CH will request clarification on whether the data can be shared from the survey. **Action**
  22. CD shared the head of the National Institute of Health Research had visited with colleagues. They went to children’s centres as the biggest pressing issue for Torbay health services is the number of looked after children. The visit was to understand the issues and how work was being undertaken in an integrated way to address these. CD met yesterday with researchers from the Trust to request funding for in-depth research to find out why. This will begin in one geographical area and be community based. It will take 2-3 years to collate a good set of data. CD will report back to the Board if this has been successful.

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| **Action:** | **By whom:** | **Deadline** |
| Richard Kirkup’s report to Board | | |
| 6.21 CH will request clarification on whether the data within the Dartington Research Survey and Good Childhood Index can be used and shared wider. | Cathy Hooper | June 2019 |

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| **Agenda Item 7 – TSCB Business Plan Update** |

* 1. IA advised this will be updated and circulated within the next two weeks. This is to be signed off by September 2019 as we go into the new arrangements.
  2. IA asked Board members on receiving the document, to read through and be satisfied that it accurately records the activity undertaken.

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| **Agenda Item 8 – Graded Care Profile / Neglect Tool** |

* 1. Launched 18 months ago was the Neglect Strategy which included the Graded Care Profile as a tool available to practitioners to use in identifying potential neglect.
  2. It is unsure if the Graded Care Profile is being used by the majority of partners or practitioners. Within Children’s Services, it is being used by a small element of the service, in particular the Intensive Family Support Service. It is not widely used by social workers.
  3. The question was posed to Board members this week around what tool is being used to help detect potential neglect within families, and is there a tool being used. Graded Care Profile 2 is now available to buy a licence for at a National level. Torbay has a Neglect Strategy which refers to the Graded Care Profile but this does not appear to be used across the partnership. Therefore a consistent method of helping score the level of neglect is not in place or measuring the journey.
  4. RA advised Action for Children have their own Neglect Tool which is much the same as the Graded Care Profile. All staff are trained in this and it is used for all families being worked with. RA noted when cases are stepped down to Targeted Help the Graded Care Profile is not talked about. Due to this, the continued measurement to the journey which would highlight any dips is not being done.
  5. JG shared that in health, appointments only a brief snapshot of the child is available and GP’s are not a position to carry out an in-depth assessment. Most of the difficult neglect cases which JG has been involved in have been where teachers/health visitors/GP’s have raised concerns but are not able to prove the concerns of neglect to the MASH and are not scoring on the thresholds.
  6. RKp advised a challenge is staff aren’t seeing enough of the family to make an assessment. If a GP was able to identify the medical element of the Graded Care Profile, part of the picture is completed. It is felt that the completion of the assessment needs to be a multi-agency task.
  7. JG explained the GP is unable to request information from the school in relation to attendance etc without consent from the parent.
  8. NP agreed that even with evidence, the threshold is not being met. NP feels the Graded Care Profile is not being matched to the support needed.
  9. RKt discussed how the form is not the solution. RKt suggested that if neglect is being identified but not meeting threshold, to take this through the MASH steering group and ask for focus and reflection on why that is. RKt reminded the Board the tool is for everybody, not just Social Care.
  10. The Board acknowledged if the assessment of the risk was made right there is the potential to raise the issue of neglect. People are not always cognitively thinking and linking up issues as neglect. The form has been invaluable for some children however.
  11. RKt asked if the questions map across into the threshold. This will be looked into.
  12. IA explained the question was brought to the Board to firstly look to having a consistent understanding and approach to neglect; and secondly transparency and fairness in how the process is working. The tool is also for assisting people to work through to the same point, a working document approach. The concerns raised from the different agencies is that staff have different awareness and enthusiasm of the form. It appears that sometimes it is too much trouble to complete the form.
  13. NH will take the details back to the MASH Steering Group with examples of where partners have felt the evidence was enough. **Action.**
  14. JP shared that Health Visitors and School Nurses use the tool. Safeguarding Supervisors and Safeguarding Nurse Practitioners use the tool to support staff when they are concerned about neglect. The tool helps to gauge the situation, gain context and to build a picture.
  15. CH advised from the MACA held in relation to CP Medicals will be a recommendation on how to focus on neglect where this cannot be highlighted in a CP Medical. This could assist in underpinning and supporting the tool.
  16. JG suggested this is also looked at in relation to S47 enquiries where the numbers for neglect are six to seven times that of physical abuse. There may be specific information in health which is not being looked at properly, for example poor dental hygiene, overweight or underweight, non-attendance to appointments. GP’s refer all dental work to the dentist, so it may be the right person is not being asked for the information on the child. Dentist have shared that they are seeing a large number of problems currently. JG feels the MASH under S47 needs to look in the right places for the health information to make a case.
  17. CD agreed dental caries is a huge marker and there are real issues of this in Torbay. CD explained the form can be completed but is has to be known where to refer to. There is little at Level 2 and less at Level 3 meaning less opportunity to stop the issues from escalating.
  18. RKt asked if RKp’s presentation can be made available to Social Care.
  19. NP responded in relation to Education she is not aware of the Graded Care Profile being launched or information on how it is to be used. NP does use the form as she is aware of it but there does not appear to have been a specific delivery of the tool. NH agreed part of the problem is there not being a training offer in relation to neglect.

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| **Action:** | **By whom:** | **Deadline** |
| 8.13 NH will take the responses to the MASH Steering Group with examples of where partners have felt the evidence supplied in the Graded Care Profile was enough. | Nick Hollins | MASH Steering Group meeting |

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| **Agenda Item 9 – Looked After Children – Increase in Activity** |

* 1. JP discussed how Torbay have seen a significant increase in the number of looked after children and are currently the second highest in the country. Torbay has 129 per 10,000, Plymouth have 80 per 10,000; and Devon have 48 per 10,000.
  2. JP advised the children looked after nursing team is a small resource and these numbers are creating pressure in ensuring RHA’s are completed, of which around 85% are. The nurses are focussing on this work and are not able to undertake preventative work.
  3. The number of looked after children is at around 350, an increase of 25% over last 2 years.
  4. The actual number of looked after children is not on the post Ofsted Improvement Plan. Work around the IHA timeliness and notifications are. Ofsted have not said Torbay have used care inappropriately, the criticism has been in the time taken to accommodate.
  5. NH explained the issue has been raised to the Children and Young People’s Strategic Partnership. A piece of work is being undertaken to look at the needs analysis to get an underlying understanding on what is different about Torbay to cause the trend of young people being accommodated. Equally, once accommodated children and young people are not returning home.
  6. CD advised the reasons are not clear and difficult to identify. Also, there are different patterns of service provision. National work is being undertaken on why so many young people are being accommodated.
  7. A number of local authorities are looking at the needs analysis and the CCG are looking at the data. This includes Wigan who have the ‘Wigan Deal’; Leeds and Southend-on-Sea all of whom have similar areas of deprivation but less looked after children. It has been identified this is not due to need. It may be the policies and practices in those areas which are different.
  8. The Partnership meets quarterly with the next meeting being held in September 2019.
  9. RKt raised caution in looking for quick fixes and previously numerous factors have been looked into as to why the numbers of looked after children continues to rise. Public Law Applications have been consistently high and currently around 79 children are in proceedings. Most other authorities are now reaching the same level as Torbay. Nationally, the data for the last financial year has not been made available, RKt suspects this will show a significant rise. Due to the number of children in proceedings there will not be a decline in the numbers of looked after children.
  10. JP agreed the issue for health is to ensure sufficient resource is available in line with the numbers of children looked after.
  11. CD acknowledged that not enough preventative work is being undertaken due to reductions and cuts in provision to the universal service. The Board have heard today how many problems there are around self-harm, neglect and mental health where budgets are being cut. The Partnership needs to give this consideration and response as the local authority alone do not have the funding to deal with and raise the issues.
  12. CD left the meeting.
  13. LD explained for all those children, data is also gathered on how they are doing. Being in care is protective but any drift to the point of accommodation can potentially cause more harm. LD asked if there is a profile of children looked after, are the assessments clear on what the children need. Also to look at the services pre and post accommodation is more relevant than the figures.
  14. RKp suggested due to there not being an increase in service provision to young people, the local authority have no option but to accommodate them. This in turn creates further strain on the resources.
  15. JP will feedback the responses to Jane Viner.
  16. LL left the meeting.
  17. RKt raised the challenge in finding local suitable placements for children. Children are being placed further away from Torbay due to the limited options available. This includes out of county residential placements which have time and budget implications and is disruptive for the child in terms of maintaining links with family, school and friends.

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| **Agenda Item 10 – Performance Report (Standing Agenda Item)** |

* 1. RKt’s report was circulated to Board Members prior to today’s meeting and is attached below.
  2. RKt felt the discussions today have been encouraging as a number of the issues and actions have their root in the information from the Board over the last two years. As chair of the Performance group, this is positive due to being intelligence led enquiry. RKt noted specifically the rates of self-harm and the current MACA in relation to re-registrations.
  3. The rise in child protection numbers over the last month is concerning. The number of children subject to a child protection plan is now at around 200.
  4. In relation to contacts, there are around 700-750 every month from all partners including members of the public. This then leads to social care referrals of around 150. There have been three peaks of activity over the last 6 months of S47 enquiries.
  5. In December 2018 there were over 100 children subject to a S47 investigation. The two months following saw S47 investigations of 90 plus, a significant number for an authority of this size.
  6. The outcome of the investigations causes subsequent increase in the number of ICPC’s being held. An emerging profile now is the higher basic rates of ICPC’s. The conversion rate is consistent with other authorities however.
  7. This has been raised with the Assistant Director for further enquiry. This is a peak not seen at this level since around 12 months previous.
  8. Around 70% of children on a child protection plan will have a period of being looked after at some point, and is nationally recognised as the case.
  9. DDB asked what impact Skylakes has had. RKt shared the outcomes for children will be in addressing issues of drift and delay by giving social workers lower caseloads and more time to work the cases with management direction. In Torbay, as a small local authority, for the teams to function effectively, the balance of staff and management needs to be sustained. The issues arise from gaps within teams due to staff leaving, sickness etc putting further pressure on colleagues to cover additional cases.
  10. LD noted the Social Care section of the report details the number of children on plans due to physical abuse continues to rise. The performance measure does not assure that children who require medical assessments are receiving them. LD asked if there is further narrative behind this. RKt explained this was to advise the Board that although there is a rise in children being registered for physical abuse, there cannot be assurance that the need to adjust practice is happening on cases.
  11. A ‘Deep Dive’ was undertaken for reassurance on this matter. Ofsted were also reassured in April 2019.

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| **Action:** | **By whom:** | **Deadline** |
| Russell Knight’s Performance Report |  |  |
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| **Agenda Item 11 – Any Other Business** |

* 1. NH advised Board Members that he is phasing back into his existing role in the Local Authority. As of yesterday Clare Farquhar was appointed as temporary Board Manager. Clare will undertake the day to day operational Board work and NH will continue with Plymouth overseeing the Working Together work.

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| **Chairs Signature** |

As Chair of this Torbay Safeguarding Children Board, I agree that these minutes are an accurate representation of the discussion and decisions that took place at this meeting.

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| Signature  F:\childrens services\Restricted\LSCB & SUB GROUPS\Signatures\Ian Ansell signature.jpg | Date  **9TH July 2019** |
| **Ian Ansell** |

**Torbay Safeguarding Children Board Actions**

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| **Agenda Item** | **Minutes No** | **Action** | **Action Owner** | **Deadline** |
| ***Previous Minutes*** | ***2018-12-13 4.12*** | *NHs will make enquiries to the TDAS coordinator on their current service provision. NHs will follow this up and send direct to Board Members.* | Nick Hollins | June 2019 |
| **Actions** | **1.6** | *JH to bring back clarification on how many of the completed forms were ViST, DASH or Encompass. JH will query what the Police process is and if one of the forms is missed, are children being identified for safeguarding.* | Jo Hall | September 2019 |
| ***Previous Minutes; CSP Update and Turning Corners*** | ***2019-03-21 2.25*** | *Threshold tool conversations in relation to adolescents to be held at the MET Subgroup.* | TSCB Coordinator / MET Subgroup | April 2019 |
| ***Previous Minutes; CSP Update and Turning Corners*** | ***2019-03-21 2.30*** | *A response to Alex Stuckey’s view to reduce threshold in Turning Corners will be formulated to seek assurance.* | Nick Hollins | September 2019 |
| ***Previous Minutes; CSP Update and Turning Corners*** | ***2019-03-21 2.31*** | *AS to provide case studies for testing within the MET and QA Subgroups. 13th June 2019. Alex Stuckey. NHs has received Case Studies which will be shared with Board Members***.** | Nick Hollins / Lucie Saunders | September 2019 |
| LADO Role | ***2019-06-13 2.11*** | LS will coordinate contact details from Board Members for CP to link in with as LADO**.** | Lucie Saunders | June 2019 |
| Working Together 2018 Update | ***2019-06-13 3.3*** | NH will email to the Board the Final Report including responses from consultations. | Nick Hollins | June 2019 |
| Future Training Arrangements | ***2019-06-13 5.16*** | NH asked for an Action to bring together a group for Health and Social Care to discuss identifying neglect and the referral processes for this. | Nick Hollins | June 2019 |
| Dartington Research Survey | ***2019-06-13 6.21*** | CH will request clarification on whether the data within the Dartington Research Survey and Good Childhood Index can be used and shared wider. | Cathy Hooper | June 2019 |
| Graded Care Profile / Neglect Tool | ***2019-06-13 8.13*** | NH will take the responses to the MASH Steering Group with examples of where partners have felt the evidence supplied in the Graded Care Profile was enough. | Nick Hollins | MASH Steering Group meeting |